



Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers

Final Report
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In collaboration with



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Summary of Annexes

This document is Vol. II of an evaluation report produced by EHG on the operationalisation of Gavi's strategy. The evaluation explores 15 Evaluation Questions (EQs), as set out in Annex 2. Vol I. includes key messages, an executive summary, and a report with key findings, conclusions, and recommendations, which should be read in conjunction with Vol II. The Annexes in Vol II. provide supporting evidence and more detail on key findings.

1. Terms of reference

Below we have pasted the Terms of Reference (ToR) from the Gavi's request for proposals, which was the basis for EHG's proposal and which we have responded to in our evaluation design.

Part 2. Gavi's Requirements

Background

Gavi Mission

To save children's lives and protect people's health by increasing access to immunisation in poor countries.

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases. The Vaccine Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Bill & Melinda Gates Foundation and other private sector partners. Since its inception in 2000, Gavi has helped immunise a whole generation – over 822 million children – and prevented more than 14 million deaths, helping to halve child mortality in 73 developing countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningitis and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation and reaching the unvaccinated children still being left behind, employing innovative finance and the latest technology – from drones to biometrics – to save millions more lives, prevent outbreaks before they can spread and help countries on the road to self-sufficiency. Learn more at www.gavi.org.

Gavi Project

In [December 2020](#) the Board confirmed the Alliance's recalibrated priorities for Gavi 5.0 in light of the pandemic and the successful replenishment, confirming that Gavi should focus on maintaining, restoring and strengthening immunisation services, and on reaching zero-dose children and missed communities. It also reconfirmed the importance of ensuring access to COVID-19 vaccines and safeguarding domestic financing for immunisation. In addition, potential future investment priorities were also noted, including in innovation, vaccine preventable disease surveillance, Gavi's strategic partnership with India, and Gavi's approach to financial management and fiduciary risk assurance.

Gavi's overall strategy operationalisation model to improve access to new and underused vaccines for children living in the world's poorest countries has remained broadly the same since it was established in 2000. Key aspects of the model include:

- Gavi's support aims to assist countries in advancing their national immunisation plans and improving immunisation coverage and equity in a sustainable way.
- Objectives are set in successive 5-year strategies that are endorsed by the Gavi Board.
- Gavi's programmatic policies set out principles for Gavi-supported countries and programmes.
- Gavi support is delivered through three main funding levers, namely: (i) vaccine procurement (ii) grants that are applied for by countries; (iii) grants to partners at global, regional, and principally country level and are supported through the portfolio management process. The funding levers support the 5-year strategy objectives to ensure priorities in individual countries are aligned with Gavi's strategy. Funding through these levers is intended to provide

support and contribute to more effective, evidence-based national immunisation programmes that are embedded in supportive broader health systems.

- The funding levers are operationalised through the portfolio management process with a focus on simplification and differentiation with an aim of enabling a stronger focus on zero-dose children and missed communities in programming. Key elements to the processes include: a) an application kit which grounds support to countries in a single, integrated strategic 'Theory of Change' across all streams of support (Vaccines, TCA and health systems and immunisation strengthening (HSIS) support); and b) multi-year approval of support on the recommendation of the Independent Review Committee (IRC) providing longer term visibility of support to countries and partners and reducing the significant administrative burden associated with annual renewals for countries and the Alliance. In terms of differentiation, the Secretariat is moving away from a one-size fits all approach for engagement with countries, to one that is more targeted based on a country's expected impact on reaching zero-dose children and overall risk profile. The Gavi portfolio has therefore been divided into four segments¹ to allow for this differentiated engagement. The High-Level Review Panel (HLRP) will act as the decision-making body to review country segmentation, adjusting if needed, based on changes in country context and performance.
- Gavi also provides Programme Funding Guidelines which help instruct how Gavi support can be used to overcome specific barriers to immunisation, such as those related to gender or demand, and for creating robust and sustainable immunisation systems, building on the technical guidance provided by partner organisations.

Gavi does not impose a single approach to what a policy is or how it should be delivered. **Annex D** provides detailed background on Gavi's programmatic policies. The policy framework² is intended to influence the operationalisation of the funding levers in support of Gavi's strategies, both in terms of what is agreed with country level stakeholders and the degree to which grants operate in specific circumstances. It should be noted that not all aspects of non-financial levers such as advocacy, political will and strategic engagement are fully covered within formal policies and how these levers influence Gavi's strategy operationalisation model will be explored during the inception phase.

Some policies have remained broadly the same across successive strategic periods with others revised periodically to reflect changing priorities and learning. Some are delivered to support operationalisation of specific strategic commitments made under a strategic plan.

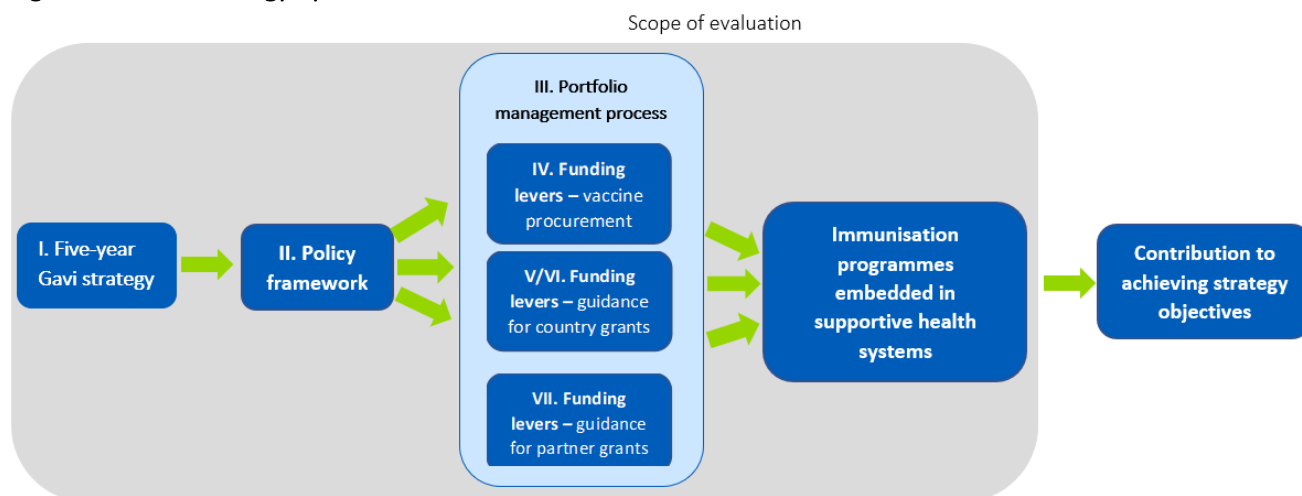
The degree to which this strategy operationalisation model works dictates how effectively Gavi support contributes at country level and hence, in aggregate, to the strategic objectives set out in the 5-year strategy.

This strategy operationalisation model is summarised in the conceptual framework set out in Figure 1 below, which will be further developed in this evaluation.

¹ The four segments are High Impact, Priority, Fragile/Conflict and Standard Countries

² 'Policy framework' in Gavi context refers to policies, strategies, frameworks as detailed in Annex D

Figure 1: Gavi's strategy operationalisation model



It should be noted that although the use of levers and policies is widespread terminology within the Gavi Secretariat, understanding of what a lever is and what constitutes a policy varies to a significant degree. For information, further details related to the operation of aspects of the conceptual framework can be found below:

- I. The current Gavi 5.0 strategy is summarised here - [Gavi 5.0](#)
- II. Gavi's programmatic policies set out principles for Gavi-supported countries and programmes. These are approved by the Gavi Board and reviewed on a regular basis, these policies aim to ensure that Gavi support is efficient, transparent, and fair - [Programmatic Policies](#) – Annex D provides detailed background on Gavi's policy framework
- III. A description of the portfolio management process can be found here - [How our support works](#)
- IV. The guidelines for implementing countries applying for new vaccine support – [Gavi Vaccine Funding Guidelines](#)
- V. The current process for agreement of grants that country governments apply for can be found here – [Gavi Application Process Guidelines](#)
 - I. The operational guidelines on how Gavi funding should be used can be found here - [Gavi Programme Funding Guidelines](#)
 - II. A summary of how grants are awarded to partners can be found here - [PEF Targeted Country Assistance \(TCA\) Guidance for 2021 Annual Planning](#)

Scope of Work

Gavi is commissioning an evaluation to assess the degree to which the strategic intent within its programmatic policies is efficiently and effectively operationalised through its funding levers and the application process to enhance its potential contribution to delivery of national immunisation programmes' priorities.

Objectives

The principal objective of this evaluation is to assess the effectiveness of Gavi's strategy operationalisation model. The evidence generated by this evaluation will:

- Support identification of strengths and weaknesses in the strategy operationalisation model
- Generate organisation level learning on the Gavi's strategy operationalisation model

The evaluation's conclusions, lessons learned, and recommendations are intended to inform ongoing changes to Gavi's strategy operationalisation model. In addition to other evaluations such as COVAX Facility and COVAX AMC and Gavi's initial response to COVID-19, this evaluation will also provide critical

evidence to inform Gavi's mid-term evaluation to be completed by early 2023. The primary audiences for this evaluation are the Gavi Board and Gavi Secretariat.

Scope

The evaluation will cover operationalisation of Gavi's strategy through its programmatic policies, funding levers and the application process since 2015 (the period covered by the Gavi 4.0 and Gavi 5.0 strategies). The intent is not that the evaluation assesses the contribution and success of individual programmatic policies or other support modalities, but rather draws on Gavi's experience of designing and translating such policies into action at country level through the funding levers and application process. The following programmatic policies are out of scope [Vaccine Donation Policy](#).

Within the three funding levers, the components within the evaluation scope include:

1. Vaccine procurement³ - [Vaccine Funding Guidelines](#)
2. Grants directly applied for by governments

Lever	Programme Funding guidelines	Process guidelines
Vaccine Introduction Grants (VIGs)	Gavi Programme Funding Guidelines	Gavi Process Guidelines
Operational Support for Campaigns (Ops)		
Health System Strengthening (HSS)		
Cold Chain Equipment Optimisation Platform (CCEOP) ⁴		

3. Grants disbursed through partners

- Gavi's partnership model for the 5.0 strategic period will maintain the 4.0 Partnership Engagement Framework ([PEF](#)). Figure 2 below illustrates PEF support areas which are divided into three major buckets of support:
 1. **Targeted Country Assistance (TCA)** through the Partners' Engagement Framework (PEF) provides funding to partners to respond to the specific technical assistance (TA) needs of countries. [PEF-TCA guidance for 2021](#).
 2. **Strategic Focus Areas (SFAs)** are identified as critical for the implementation of Gavi's 5.0 strategy.
 3. **Foundational Support (FS)** is long-term support to Gavi's partners (WHO, UNICEF, World Bank and the Centers for Disease Control and Prevention). This support is used to coordinate Alliance activities at the global and regional levels.

³ Support provided in accordance with the Co-financing policy and Eligibility & Transition policy

⁴ CCEOP is linked to HSIS support in two ways: (1) the process for requesting support is consolidated; and (2) countries may use HSIS support to cover a portion of the costs of cold chain equipment procured through the platform. However, the Gavi subsidy is not HSIS because it is sent directly to UNICEF to procure equipment in-kind, as done with vaccines, rather than to the country as financial support.

Figure 2: PEF funding levers



Programmatic flexibilities directly related to delivery of the COVAX Facility and COVAX AMC (including Gavi support for COVID vaccine delivery) will be out of the scope of this evaluation as there is standalone evaluation underway in this area.

Effectiveness of the operationalisation of Gavi's policy framework and funding levers should be assessed in terms of what is reflected in national immunisation programmes and the degree to which commitments in national programmes are likely to deliver against the strategic intent set out in Gavi's policies and other support modalities. Evaluation of implementation of national immunisation programmes is not within scope of this evaluation.

Evaluation questions

To meet the purpose and objectives of the evaluation, two broad evaluation questions are to be answered. Potential evaluation sub-questions have also been identified, which will be reviewed during the inception phase. The evaluation supplier is expected to identify any proposed changes in evaluation sub-questions and how they would enhance the utility of the evaluation.

Broad evaluation questions	(Potential) Sub-evaluation questions
<p>1. To what extent is Gavi's strategy operationalisation model coherently designed and implemented?</p>	<ul style="list-style-type: none"> a. Describe the strategy operationalisation pathways and assess the degree to which they are the same and where significant variations are found. b. To what extent do Gavi's policies and funding levers provide a comprehensive framework for linking Gavi's strategic intent and policy priorities with what is agreed at country programme level? How well do they complement each other and are they designed to be coherent? c. To what extent is the right balance between rigidity and flexibility achieved across how Gavi's programmatic policies influence the funding levers and application process? d. What are the barriers to effective operationalisation (i.e., model, process)? e. What are the key enablers? f. Do the current approaches to translating strategy into the funding levers allow clear assessment of the match between ambition and resources allocated? g. What are the main successes and challenges of Gavi's strategy operationalisation model and lessons learned to date?
<p>2. To what degree does Gavi efficiently and effectively use its strategy operationalisation model to ensure ownership⁵ and likely implementation within national programmes of its programmatic policy intents?</p>	<ul style="list-style-type: none"> a. How do Gavi's programmatic policies and funding levers bring about changes in programme/ policy intent at country level? b. To what extent is the strategic intent set out in Gavi's programmatic policies operationalised in national immunisation programme plans? c. What contextual factors at country level influence policy operationalisation through the funding levers? d. To what extent do Gavi's levers support constructive negotiation of mutually agreed priorities in national programmes that address both Gavi's strategic intent and country level priorities?

⁵ The assessment of this question should reflect a sufficient and relevant description of national contexts including the variation by country within which the operationalisation of the model is operating.

	e. To what extent do the funding levers focus on addressing key barriers to implementation at country level and agreement on realistic approaches to addressing them?
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Methodology

Bidders are free to propose their preferred evaluation design and methods to be used and will be assessed on the strength of what is proposed in terms of credibly delivering against the purpose and objectives of the evaluation. Whilst recognising the limitations imposed by the demands placed on Secretariat staff in responding to the COVID-19 pandemic, to the extent possible the evaluation design should reflect a strong utilisation focus, to maximise the opportunity for learning by the Secretariat.

The assumption is that the design will be theory based, utilising a theory of action building on the conceptual framework set out in Figure 1 above. Sources of evidence that might be used in developing the theory of action (ToA) could include review of Gavi documentation and relevant evaluations, interviews with selected key informants and the broader organisational theory literature. Any ToA should be developed to recognise that the impact pathways will vary by policy and there may be significant variation in practice within each of the funding levers.

The degree to which the ToA has delivered change in the national programmes and ownership of the intended changes by the key decision makers at country level might be explored through a set of case studies. If case studies are used, a strong approach to generalisation from the case studies to overall organisational performance would be expected. The main sources of evidence will probably be KIIs and documentary review, but bidders are free to propose other methods. Bidders are expected to clearly explain how they would deliver a high-value evaluation where most data collection will either be done remotely or by team members based in case study countries.

The evaluators are expected to deliver a strong set of conclusions and lessons learned, as the basis for developing recommendations, that reflect both the findings and the understanding of a conclusion and lesson learned as defined in the OECD DAC's Glossary of Key Terms in Evaluation and Results Based Management. In development of conclusions, the evaluators are expected to triangulate Gavi's strengths and weaknesses with those identified from a literature review of funders like Global Fund, Global Partnership for Education (GPE), Global Financing Facility (GFF) as well as experiences of General Budget Support and Sector Budget Support on development of agreed national programmes that also have adequate national ownership.

The evaluation design should be informed by the current context and the potential challenges this presents and should mitigate against identified risks/barriers to delivery.

Key Dates

Milestone/Deliverables	Due Date	Description
Bi-weekly update calls (including meeting minutes)		
Monthly Progress reports (Format TBD)		
Milestone 1:		
Deliverable 1: Draft inception phase report including approach and methods, interview guides, a communication and learning plan for the evaluation, and a draft Theory of Change	11 th March 2022	To be reviewed by the Secretariat, Steering Committee and EAC
Deliverable 2: Steering Committee T/C engagement (with slide deck presentation)	w/c 28 th March 2022 (TBC)	
Deliverable 3: Final inception phase report with an Executive Summary (format TBC) as well as finalized evaluation theory of change (word document)	08 th April 2022	
Milestone 2:		
Deliverable 1: Progress update report including preliminary findings (relevant Annexes)	27 th May 2022	
Deliverable 2: Steering Committee T/C engagement (with slide deck presentation)	w/c 06 th June 2022	To be presented to Secretariat and Steering Committee
Deliverable 3: Draft Report 1 (word doc)	08 th July 2022	To be reviewed by Secretariat
Deliverable 3: Revised Draft 1 (word doc)	08 th August 2022	To be reviewed by Secretariat and Steering Committee
Deliverable 4: PowerPoint slide deck summarising the Revised Draft report, including draft recommendations	12 th August 2022	Pre read for the Cocreation meeting
Deliverable 5: Facilitate recommendation cocreation meeting	w/c 22 nd August 2022 (TBC)	
Deliverable 6: Draft 2 (word doc)	09 th September 2022	To be reviewed by Secretariat and Steering Committee
Deliverable 6: Draft final (word doc)	30 th September 2022	To be quality-assessed by the EAC and reviewed by the Secretariat
Deliverable 7: Final Report, with an Executive summary (word doc) and slide deck summarizing the Final Report	21 st October 2022	Assessed by the EAC and reviewed by Secretariat

Milestone 3:		
Deliverable 1: Draft Policy Brief summarising the main findings, lessons learnt and final recommendations	07 th October 2022	Reviewed by Secretariat
Deliverable 2: Final Policy Brief summarising the main findings, lessons learnt and final recommendations	24 th October 2022	
Deliverable 2: Presentations of Final Report at Gavi Secretariat (including slides)	w/c 24 th October 2022	

Duration of the Work

Effectiveness of the operationalisation of Gavi's policy framework and funding levers should be assessed in terms of what is reflected in national immunisation programmes and the degree to which commitments in national programmes are likely to deliver against the strategic intent set out in Gavi's policies and other support modalities. Evaluation of implementation of national immunisation programmes is not within scope of this evaluation.

Annex D: Gavi's Policy Framework

Prior to the COVID-19 pandemic and as part of operationalising Gavi 5.0, the Secretariat undertook a two-phase review of Gavi's core funding policies: Eligibility & Transition Policy, Co-Financing Policy and the Health System & Immunisation Strengthening (HSIS) Support Framework. The review process also covered the Cold Chain Equipment Optimisation Platform (CCEOP), which is not currently part of the HSIS framework. The culmination of this process is set to be an integrated **Funding Policy** that is anticipated to be taken to the Board for decision in June 2022. [Board, June 2020 - paper 03 Annex D](#).

Based on the current status of 5.0 operationalisation, the evaluation scope will cover the following policy areas:

- The [Health Systems and Immunisation Strengthening \(HSIS\) Support Framework](#) sets out the objectives, funding levels and essential requirements for HSIS support to contribute to sustainable improvements in equitable coverage of immunisation (includes HSS, VIGs, Ops).
- The [Eligibility & Transition Policy](#) articulates which countries can access Gavi support and how this support phases out over time. In conjunction, the [Co-financing Policy](#) helps build long-term financial sustainability of vaccines introduced with Gavi support by requiring countries to invest resources to procure a certain share of these vaccines.
- The [Fragility, Emergencies and Refugees \(FER\) Policy](#) provides flexibilities to a country facing significant challenges due to exceptional circumstances as identified by humanitarian and emergency response partners. Flexible approaches are offered in response to country requests, and may be programmatic, administrative or financial in nature and are designed to lighten processes, take into account the needs of vulnerable populations, build resilience and maximise Gavi's impact.
- Gavi's [Gender Policy](#) is designed to ensure that a gender lens is taken in Gavi's approach to supporting countries and country programming of Gavi's support to ensure access to immunisation for all.
- Partner engagement⁶: The **Partners' Engagement Framework (PEF)** established in Gavi 4.0 leverages the comparative advantage of WHO and UNICEF as well as over 60 different partners providing technical assistance to countries. The vision for PEF in Gavi 5.0 complements the four existing principles of country ownership, accountability, transparency, and differentiation with an increasing focus on zero-dose children and missed communities, context-appropriate partnerships, embracing non-immunisation partners and sustainability.
 - Due to limited capacity to engage in long-term changes to PEF in the context of COVID-19, Gavi will move gradually towards this new structure (e.g. engaging new humanitarian partners, investments in innovation for zero-dose agenda), with 2021 as a bridge year during which the support to regional and global levels of WHO and UNICEF will increase to add surge capacity needed in the context of COVID-19 (see details in Doc 02b)
- Gavi's approach to engagement with former and never-eligible middle-income countries (**MICs Approach**) is designed with the objectives to prevent backsliding in former-Gavi countries and to drive the sustainable introduction of key missing vaccines in former and select never-Gavi countries, with an explicit equity lens applied to both objectives. In light of COVID-19, it is proposed that the MICs Approach be implemented gradually. [Board, December 2020 - paper 07](#).

⁶ Gavi Board [Paper 05a](#) December 2020

- The **Market Shaping Strategy 2021-2025** will evolve from a predominantly vertical market approach to an integrated market approach. The aim is to influence cross-market dynamics in more depth and breadth and over the long-term, to effectively manage the increased scope of Gavi's reach, and to help capture opportunities for favourable market evolutions during the critical 2021-2025 period that follows the distinct efforts and progress related to COVID-19. [Board, June 2021 - paper 01f Annex D.](#)
- Gavi's [self-procurement policy](#) outlines the requirements for countries self-procuring vaccines and injection safety devices using Gavi financial support in lieu of in-kind support. In line with the Paris Declaration and the principles regarding aid effectiveness, Gavi countries have the option to self-procure vaccines and injection safety devices with Gavi support. This policy aims to ensure that only vaccines and injection safety devices of assured quality are purchased using Gavi funding.
- The **Identify, Reach, Monitor & Measure, Advocate (IRMMA) framework** is an organising structure to identify challenges and potential interventions during country dialogue on Gavi investments to reach zero-dose, under-immunised children and missed communities, aiming to strengthen Primary Health Care across the life course. [Gavi Zero-dose Funding Guidelines \(interim\)](#)
- Gavi support to **Maintain, Restore and Strengthen** routine immunization in countries aims to help countries adapt and restart immunisation services; rebuild community trust and catch up those who have been missed both before and during the pandemic, while also investing in strengthening immunisation systems to be more resilient and responsive to the communities they serve. [The guidance on use of Gavi support to Maintain, Restore and Strengthen immunization in the context of COVID-19](#) describes how Gavi support can be used for 12-18 months following the publication of these guidelines (October 2020).

There are policy priorities that are not reflected in formal policies but where a tacit approach to implementation is emerging and where it is possible that a formal policy will be recommended during implementation of this evaluation (e.g., innovation). The degree to which it would add value to look at practice in some of these policy areas should be assessed as part of the inception phase.

2. Evaluation matrix with evaluation questions

The following four tables set our Evaluation Questions alongside our analytical and data collection methods, including the criteria that were used to make transparent judgements for each question, and the data sources drawn on.

Table 1: Workstream 1 - Right design – High level evaluation question 1

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
To what extent is Gavi’s strategy operationalisation model coherently designed and fit for purpose?					
EQ1: Describe the strategy operationalisation pathways and assess the degree to which (the need for and established) differentiated approaches provide(d) significant variations.	<ul style="list-style-type: none"> Theory based Utility focused 	<ul style="list-style-type: none"> Thematic analysis Process evaluation Policy framework timeline mapping 	<ul style="list-style-type: none"> Global KIIs Doc review 	<ul style="list-style-type: none"> Mapping of all policies, programmatic approaches and funding levers – their intent, what problem they were solving, timeframe they became active Descriptive narrative of the pathways (process mapping?) of their operationalisation, linking with ToC assumptions 	<ul style="list-style-type: none"> Board & PPC reports workstream reports instrument documents Partner guidance documents IRC review summary Country grants <p>KIIs:</p> <ul style="list-style-type: none"> Gavi secretariat business and process owners Global & regional stakeholders (core partners and other CSOs)
EQ2: To what extent do Gavi’s policies and funding levers provide a comprehensive framework for linking Gavi’s strategic intent and policy priorities with what is agreed at country programme level? How well do they (policies, levers	<ul style="list-style-type: none"> Theory based Utility focused 	<ul style="list-style-type: none"> Thematic analysis Process evaluation Policy framework timeline mapping 	<ul style="list-style-type: none"> Global KIIs Doc review Case studies 	<ul style="list-style-type: none"> Number of funding streams, complementarity of process, templates & timelines to access them (complementarity between funding streams and also consistency of the process for 1 funding stream over time). Clarity of operational guidance documents and their complementarity (mapping of OGs – number and length of document, documenting relationships between the OGs) How the FPP process and multiyear approvals (approving TA and vaccines for several years) is designed to address previous concerns with transaction costs 	<ul style="list-style-type: none"> Board & PPC reports workstream reports instrument documents Partner guidance documents IRC review summary Country grants <p>KIIs:</p> <ul style="list-style-type: none"> Gavi secretariat business and process owners Global & regional

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
and guidance) complement each other and are they designed to be coherent?				<p>Documenting ways in which reprogramming HSS & vaccine specific grants within current grants might be the means through which 5.0-aligned outputs/outcomes are influenced</p> <p>Cases and contexts where the design of policies and funding levers may lead to working in opposition to each other vs. cases where they are likely to be synergistic</p>	<p>stakeholders (core partners and other CSOs)</p> <ul style="list-style-type: none"> Country KIIs
EQ3: To what extent is the right balance between rigidity and flexibility achieved across how Gavi's programmatic policies, strategies, and approaches influence the funding levers and application process?	<p>Theory based</p> <p>Utility focused</p>	<p>Thematic analysis</p> <p>Process evaluation</p> <p>Policy framework timeline mapping</p>	<p>Global KIIs</p> <p>Doc review</p> <p>Case studies</p>	<p>Mapping/Identification/distinction between allowable flexibilities vs cases where exceptions need to be requested due to lack of a flexibility existing.</p> <p>Identification of how Gavi operates/allows flexibilities in conflict settings</p> <p>Identification of nature, frequency and context of "exceptions" granted to policies and rules (e.g. HR % cap, co-financing in the face of fiscal challenges) and the result of allowing such exceptions</p> <p>Identification of cases and contexts where exceptions to rules have not been granted and the result of this</p> <p>Gavi's approach to risk appetite and what this might mean for applying flexibilities</p>	<ul style="list-style-type: none"> Board & PPC reports workstream reports instrument documents Partner guidance documents IRC review summary Country grants <p>KIIs:</p> <ul style="list-style-type: none"> Gavi secretariat business and process owners Global & regional stakeholders (core partners and other CSOs) Country KIIs
EQ4: Do the current approaches to translating strategy into the funding levers allow clear assessment of the match between ambition and resources allocated?	<p>Theory based</p> <p>Utility focused</p>	<p>Thematic analysis</p> <p>Process evaluation</p> <p>Policy framework timeline mapping</p>	<p>Global KIIs</p> <p>Doc review</p>	<p>Identifying variation in SCM capacity and technical team support (HSIS, Vaccine, sustain/finance) allowed for in different country segments and in alignment with workload, linking with risk appetite</p> <p>Variation in application process according to country segment, linking with risk appetite</p> <p>Process by which decisions are made about what vaccines to introduce – mechanisms to consider what's sustainable once a country exits Gavi</p>	<ul style="list-style-type: none"> Board & PPC reports workstream reports instrument documents Partner guidance documents IRC review summary Country grants <p>KIIs:</p> <ul style="list-style-type: none"> Gavi secretariat business and process owners

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
				<p>VIS – bringing in new products and new cohorts (e.g ,HPV, malaria, covid vaccines) and new delivery channels - what are the operational implications for countries and for Gavi (capacity to work e.g. in schools and communities)</p> <p>PEF expanded partners including involvement of humanitarian organisations – puts different requirements on Gavi for grant management – exploration re: Gavi's capacity/resourcing to work with expanded partners</p> <p>Funding policy – revisions of eligibility & co-financing and implications of these revisions on countries and on Gavi</p>	<ul style="list-style-type: none"> • Global & regional stakeholders (core partners and other CSOs)
<p>EQ5: How are Gavi's programmatic policies and funding levers foreseen to bring about changes in programme/ policy intent at country level?</p>		<p>Thematic analysis</p> <p>Cross-case analysis, mechanisms and countries</p>	<p>Doc review</p> <p>Global KIIs</p> <p>Case studies</p>	<p>Validation of operationalisation process in programme guidance used by countries.</p>	<ul style="list-style-type: none"> • instrument documents • Partner guidance documents • IRC review summary • Country grants <p>KIIs:</p> <ul style="list-style-type: none"> • Gavi secretariat business and process owners • Global & regional stakeholders (core partners and other CSOs) • County KIIs

Table 2: Workstream 2 - Right ways - High level evaluation questions 1 and 2

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
To what extent are Gavi's strategic goals and objectives operationalised and prepared for implementation at country level?					
<p>EQ6: What are the barriers to effective operationalisation (i.e., model, process, partnerships)?</p> <p>EQ7: What are the key enablers?</p> <p>EQ8: What contextual factors at country level influence policy operationalisation through the funding levers?</p> <p>EQ9: To what extent do Gavi's levers support constructive negotiation of mutually agreed priorities in national programmes that address both Gavi's strategic intent and country level priorities?</p>	<p>Process evaluation</p> <p>Utility-focused</p>	<p>Thematic analysis</p> <p>Process evaluation</p> <p>Cross-case (instrument) analysis</p> <p>Cross-country analysis</p>	<p>Doc review</p> <p>Global KIIs</p> <p>Case studies</p>	<p>Validation of operationalisation process, including underlying assumptions, through systematic application of process evaluation, especially with regards to decisions for country programming purposes.</p> <p>Presence of evidence that Gavi's strategic intent is translated into country plans</p>	<ul style="list-style-type: none"> • Gavi and Alliance partner publicly available documentation • Gavi internal documentation • IRC reviews summary • KIIs with diverse mix of stakeholders • GAVI-country Communication • Country case studies: <ul style="list-style-type: none"> ○ KIIs ○ Doc review

Table 3: Workstream 3 - Right results - High level evaluation question 2

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
To what extent will Gavi's strategy operationalisation model contribute to the delivery of national immunisation programme and Gavi strategy priorities in the manner intended?					
EQ10: How do Gavi's programmatic policies and funding levers bring about changes in programme/ policy intent at country level?	Process evaluation Utility focused	Thematic analysis informed by ToC Cross-case analysis	Doc review Global KIIs Case studies	Validation of ToC, including underlying assumptions, through systematic application of process evaluation	<ul style="list-style-type: none"> • Board reports • Gavi and Alliance partner publicly available documentation • Gavi internal documentation • KIIs with diverse mix of stakeholders • Country case studies
EQ11: To what extent is the strategic intent set out in Gavi's programmatic policies operationalised in national immunisation programme plans?		Thematic analysis Quantitative analysis Cross-case analysis	Doc review Global KIIs Quantitative data Case studies	Validation of ToC, including underlying assumptions, through systematic application of process evaluation Presence of evidence that Gavi's strategic intent is translated into country plans	<ul style="list-style-type: none"> • Gavi and Alliance partner publicly available documentation • Gavi internal documentation • KIIs with diverse mix of stakeholders • Country funding applications and reprogramming requests • IRC and HLRP reports, and country comments • Country case studies
EQ12: To what extent do the funding levers focus on addressing key barriers to implementation at country level and agreement on realistic approaches to addressing them?		Thematic analysis Cross-case analysis	Doc review Global KIIs Case studies	Presence of diagnostic analysis in funding applications Alignment between presence of strategic intent in country plans and evidence on barriers to country implementation	<ul style="list-style-type: none"> • Country funding applications and reprogramming requests • KIIs with technical specialists • Country case studies

Table 4: Lessons learnt – cross cutting

Evaluation questions	Approach	Analytical methods	Data collection	Judgement criteria	Data sources (docs / KI category)
<p>EQ13: What are the main successes and challenges of Gavi's strategy operationalisation model and lessons learned to date?</p> <p>EQ14: What lessons can Gavi learn from best practice in strategy implementation that could inform improvements to its strategy operationalisation model?</p> <p>EQ15: What are the likely constraints and possible opportunities for change and/or further alignment of common goals, i.e., of Gavi and supported countries?</p>	<p>Builds on other workstreams' approaches; mapping EQs from WS 1 to 3 against these EQs and seeing where data gaps are likely to be (i.e., new Qs to add to KIIs).</p> <p>Using co-creation workshop to identify lessons learnt by Gavi.</p>	<p>Thematic analysis – gap analysis against relevant models, if not already being used by other WS leads.</p> <p>Builds on and synthesises findings from other workstreams.</p> <p>Ideally involve Gavi Evaluation Team in lesson identification and validation.</p> <p>Presenting as a set of lesson headlines (with illustrative stories) that cover the three areas of interest in the EQs.</p>	<p>Global KIIs Case studies Doc review Under WS 1-3.</p> <p>all informed by ToC.</p> <p>Comparator study.</p> <p>Co-creation workshop.</p>	<p>The extent to which Gavi's strategy operationalisation model follows good practice.</p> <p>Relevance of lessons learnt of individual and mutual operationalisation processes.</p> <p>Extent to which Gavi's policy framework and levers provide significant guidance to the secretariat and countries to implement Gavi's priorities, now and in the future.</p>	<p>Docs - Internal reviews of learning/AARs, reports to the Board; Alliance members' reviews.</p> <p>Findings from WS 1 -3, and comparator study.</p> <p>Co-creation workshop.</p>

3. Mapping of findings to EQs and ToC assumptions

Please see the following mapping of evaluation questions and ToC assumptions, as presented in the Inception Report submitted on 7 November 2022, to findings in the report.

Table 5: EQs mapped to findings in Vol.I

Evaluation question	Related Findings
HLEQ1: To what extent is Gavi's strategy operationalisation model clearly designed and fit for purpose?	
HLEQ2: To what extent does the strategy operationalisation model work to translate Gavi's strategic priorities into Gavi grant design and national immunisation programme plans?	
EQ1: Describe the strategy operationalisation pathways and assess the degree to which (the need for and established) differentiated approaches provide(d) significant variations.	1.1, 1.5, 1.6, 1.7, 1.8, 1.9
EQ2: To what extent do Gavi's policies and funding levers provide a comprehensive framework for linking Gavi's strategic intent and policy priorities with what is agreed at country programme level? How well do they complement each other and are they designed to be coherent?	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
EQ3: To what extent is the right balance between rigidity and flexibility achieved across how Gavi's programmatic policies, strategies, and approaches influence the funding levers and application process?	2.2, 2.3, 2.4
EQ4: Do the current approaches to translating strategy into the funding levers allow clear assessment of the match between ambition and resources allocated?	1.3, 1.4, 1.8, 1.9, 1.13, 2.4
EQ5: How are Gavi's programmatic policies and funding levers foreseen to bring about changes in programme/ policy intent at country level?	1.2
EQ6: What are the barriers to effective operationalisation (i.e., model, process, partnerships)? EQ7: What are the key enablers?	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
EQ8: What contextual factors at country level influence policy operationalisation through the funding levers? EQ9: To what extent do Gavi's levers support constructive negotiation of mutually agreed priorities in national programmes that address both Gavi's strategic intent and country level priorities?	2.5, 2.6, 2.7, 2.8, 2.10
EQ10: How do Gavi's programmatic policies and funding levers bring about changes in programme/ policy intent at country level?	2.1, 2.7, 2.9, 2.10
EQ11: To what extent is the strategic intent set out in Gavi's programmatic policies operationalised in national immunisation programme plans? EQ12: To what extent do the funding levers focus on addressing key barriers to implementation at country level and agreement on realistic approaches to addressing them?	2.11, 2.12, 2.13, 2.14, 2.15, 2.16
EQ13: What are the main successes and challenges of Gavi's strategy operationalisation model and lessons learned to date?	Section 6.1
EQ14: What lessons can Gavi learn from best practice in strategy implementation that could inform improvements to its strategy operationalisation model?	Section 6.2
EQ15: What are the likely constraints and possible opportunities for change and/or further alignment of common goals, i.e., of Gavi and supported countries?	Section 6.1

Table 6: ToC assumptions mapped to findings in Vol.I

Area of ToC	Assumption(s)	EQ	Related Findings
Inputs: Strategy	Strategy sets out an ambitious yet achievable set of priorities for the organisation and Alliance	EQ4*	1.3, 1.4, 1.8, 1.9, 1.13, 2.4
Inputs: Strategy to Policy Framework	Policy framework reflects Strategy priorities	EQ2	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
Inputs: Policy framework	Frameworks, strategies and programmatic policies are complimentary and coherent	EQ2	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
	Policy framework sets principles and rules that are internally efficient, locally responsive, and globally adaptable to the diverse set of evolving contexts Gavi works across	EQ3, EQ8	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.10
Inputs to outputs: Policy framework to vaccine funding, programme and PEF TCA guidelines, application process guidelines and templates/tools	Guidelines reflect Strategy and policy priorities	EQ2	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
	Guidelines are complimentary and coherent (with each other and the Policy Framework)	EQ2	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
	Guidelines link to the set of principles and rules established in the Policy framework	EQ2	1.1, 1.2, 1.7, 1.10, 1.11, 1.12
Output: Advocacy, political and strategic engagement	Gavi Secretariat, supported by partners, conducts advocacy, political and strategic engagement around strategy priorities	EQ9	2.5, 2.6, 2.7, 2.8, 2.10
Output to intermediate outcome: Funding applications are developed and submitted to Gavi	Countries willing and able to complete funding templates/tools as intended, drawing on relevant guidelines and support from partners	HLEQ2	2.1-2.15
Output: IRC review process	IRC works to ensure that strategic priorities and policy framework is translated into grant design	HLEQ2	2.1-2.15
Output to intermediate outcome: Portfolio management process to funding application design	The portfolio management process supports constructive negotiation of mutually agreeable priorities between Gavi and national programmes	EQ8	2.5, 2.6, 2.7, 2.8, 2.10
	Political will and country contextual factors are conducive to the adoption of Gavi strategic priorities	EQ8	2.5, 2.6, 2.7, 2.8, 2.10

Intermediate outcome: Funding applications are approved	The constituent parts of the portfolio management process are necessary and sufficient to influence programme/policy intent at country level	EQ2 and EQ10	1.1, 1.2, 1.7, 1.10, 1.11, 1.12, 2.1, 2.7, 2.9, 2.10
	The portfolio management process ensures that approved Gavi grants and country priorities are focused on address key barriers to implementation at country level	EQ12	2.11, 2.12, 2.13, 2.14, 2.15, 2.16
Underlying assumptions	Partners work collaboratively to develop and agree joint priorities within frameworks, strategies and policies, and to develop and agree guidelines	EQ8	2.5, 2.6, 2.7, 2.8, 2.10
	There is strong leadership and political will within the Secretariat to operationalise shifts in strategic priorities	EQ1	1.1, 1.5, 1.6, 1.7, 1.8, 1.9
	There is internal accountability for strategy operationalisation and change management, with a plan and process in place for translating strategic priorities into action with objectives, goals, strategies and measures	EQs 6 and 7	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
	The internal culture, style and shared values within the Secretariat are conducive to operationalising shifts in strategic priorities	EQs 6 and 7*	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
	There is sufficient capacity (institutional and individual) within the Secretariat to operationalise shifts in strategic priorities	EQs 6 and 7*	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
	There is sufficient SCM capacity to translate shifts in policy framework and/or guidelines through soft power and to country processes	EQs 6 and 7*	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
	Secretariat structures, systems and processes enable the strategy operationalisation	EQs 6 and 7*	1.13, 1.14, 2.1, 2.3, 2.4, 2.5, 2.6
	Market shaping activities create the desired market dynamics, related to demand, supply and innovation, that enable implementation of the strategy operationalisation model and desired results	EQ4*	1.3, 1.4, 1.8, 1.9, 1.13, 2.4

*Out of scope of the evaluation, but still related to these EQs.

4. Evaluation Methodology & limitations

Annex 4 provides a summary of the evaluation methodology and any limitations and biases that are important to bear in mind when interpreting findings; a full description is included in the Inception report of 7 November 2022 Vol. I, Section 3.

Purpose and objectives of the evaluation

The primary purpose of this evaluation is to assess the degree to which the Gavi policy framework instruments are efficiently and effectively operationalised through its funding levers and application processes, thus enhancing Gavi's contribution to the delivery of national immunisation programmes' priorities.⁷

The principal objective of this evaluation is to assess the effectiveness of Gavi's strategy operationalisation model. The evidence generated by this evaluation will:

- support identification of strengths and weaknesses in the strategy operationalisation model; and
- generate organisation-level learning on Gavi's strategy operationalisation model.

The evaluation's conclusions, lessons learned, and recommendations are intended to inform ongoing changes to Gavi's strategy operationalisation model. In addition to other evaluations, such as the COVAX Facility, Gavi's initial response to COVID-19, and the Zero-Dose strategy implementation, this evaluation will also provide critical evidence to inform Gavi's MTE,⁸ due to be completed in 2024.

Evaluation approach and methodology

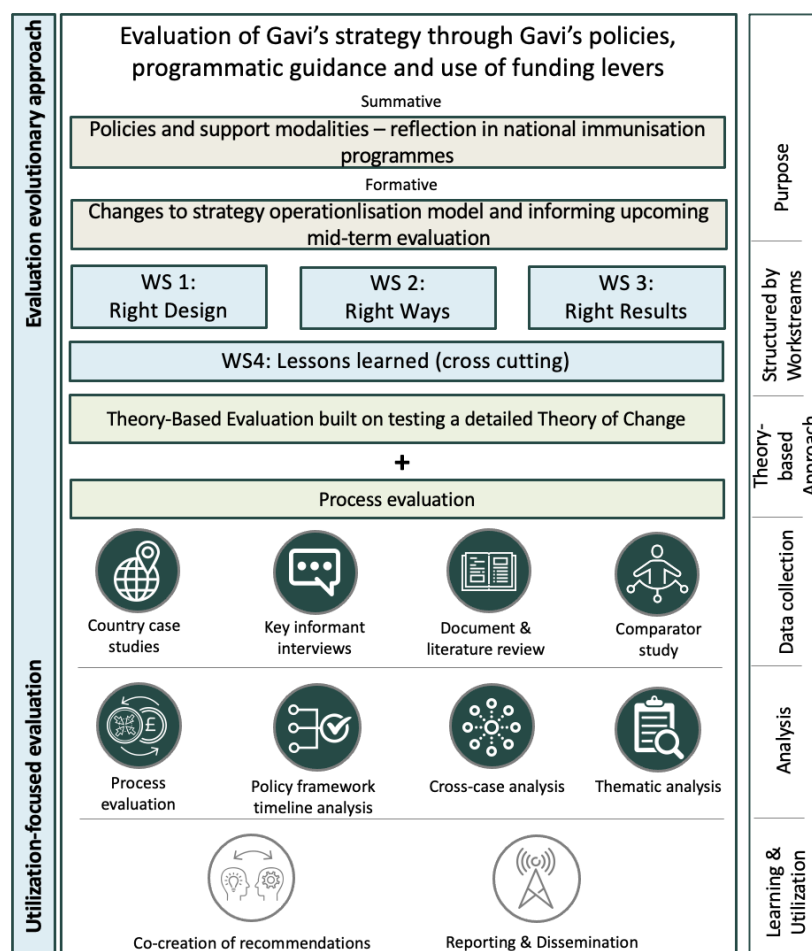
Our overall evaluation design is theory-based (see Annex 5) and utilisation focused (see Annex 7). We employed a mixed methods approach using a variety of data collection and analytical methods. As requested in the RfP, and following guidance from Gavi Evaluation Unit, our design utilised a Theory of Change (ToC) that provides an analytical framework for understanding and evaluating the strategy operationalisation model supporting the implementation of the Gavi 5.0 and subsequent strategies.

Evaluation questions (EQs) have been divided into four workstreams, focusing on 1) right design, 2) right ways, 3) right results and 4) cross-cutting lessons learnt to ensure that all EQs are covered systematically and to streamline our mixed methods approach for data collection and analysis.

⁷ We rephrased the purpose to be in line in the more detailed description of the assignment in the RfP and, also reflected in the Theory of Change further on in the document.

⁸ An external independent midterm evaluation as well as an internal midterm review conducted by the Gavi Secretariat itself.

Figure 3: Evaluation design



Methods and related data collection tools have been developed during the inception phase in consultation with Gavi to ensure the final methodology adequately captured all aspects needed to answer the EQs and fulfilled Gavi’s information needs, while remaining lean and feasible. Data collection tools have been collaboratively developed by and peer-reviewed among WS leads and QA-ed firstly by the TL and then by EHG. Further detail on EHG QA processes to ensure quality at all stages is available in the Inception Report. The following methods were used for each workstream (see Table 7).

Table 7: Approach, analytical methods, and data collection

Work Stream	ToC and assumptions	Thematic analysis	Process evaluation	Policy framework timeline mapping	Cross-case analysis	KIIs	Case studies	Document review	Comparator study
WS1 – Right Design	X	X		X	X	X	X	X	X
WS2 – Right Ways	X	X	X		X	X	X	X	X
WS3 – Right Results	X	X	X		X	X	X	X	X

WS4 – Cross-cutting lessons learnt		X			X	X	X	X	X
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We undertook a **document** review of global-level documents and various external secondary data sources, both to ensure the strongest possible evidence base for our findings, and to ensure that KIIs and interactions with Gavi staff are optimized and as efficient as possible. Key documents were thematically coded and analysed against a pre-established coding frame based on the evaluation questions and elements of the ToC using qualitative analysis software (*Dedoose*) (detailed in Vol. II in the Inception Report). Then, workstream leads analysed excerpts to identify patterns across countries and explore how and why these exist. Additional documents (listed in Annex 11) were also reviewed by workstream leads for inclusion in the report.

We relied on a range of **key informant interviews** (KIIs), including interviews from **three country case studies and five desk studies**,⁹ to generate an in-depth understanding of the operationalisation process at the country level and inform all workstreams. Our selection of case study countries was chosen based on an explicit set of criteria detailed in Box 1 and further exemplified in Annex 9.

Box 1: Case study country selection criteria

Case study countries were selected in consultation with Gavi, informed by the following criteria:

- Primary: breadth across Gavi portfolio segments, the presence of a wide range of funding levers to ensure a richer dataset from which to draw findings, application/experience with newer processes and policies which came about with the 5.0 strategy, and capacity of the country to engage with the evaluation;
- Secondary: countries where EHG/Khulisa have extensive experience and a trusted network of specialists/partners and national consultants.

An initial proposal of eight countries was made to Gavi by the evaluation team based on these criteria. Gavi reviewed, taking into view operational considerations – such as other ongoing evaluations or audits. Through this process, final case study selection was significantly informed by Gavi.

We conducted **key informant interviews** with **127** Gavi stakeholders (Secretariat and Board), global, regional, and country partners including those conducted in case study countries and in a comparator study to look at how equivalent organisations have tackled similar challenges to those faced by Gavi. KIIs were conducted using a semi-structured KII guide based around the evaluation questions and four workstreams. It was not possible to pre-test tools due to the sequencing of country case studies, but experience from the first case study (Cambodia) was used to inform revision and application of KI guides and other data collection tools.¹⁰

All interviews were conducted on a voluntary basis, with informed consent. Confidentiality was maintained through a unique identifier coding system for each key informant. Key points from the interview were noted in summary, and audio recordings of interviews were made with permission. All interview notes and audio recordings were stored on a project-specific Microsoft SharePoint owned by EHG and will be deleted by the Project Coordinator after the evaluation has concluded.

⁹ In-country study in Cambodia, hybrid studies in Nigeria and DRC, and desk studies in Djibouti, Ethiopia, India, South Sudan, and Yemen.

¹⁰ Experience in Cambodia – which was implemented ahead of other case studies, but not sufficiently far to consider a 'pilot' as such – was fed back to the team during weekly team calls. These provided an opportunity to highlight what was working/not working with tools and KI questions, and to identify modifications required to both tools and questions in other case studies.

As far as possible, global KIIs were **timed to enable us to discuss emerging hypotheses from document review and country case studies** – so that our enquiry was targeted and used key informants' time efficiently.

We also undertook a **comparator study** of the Global Fund and Global Financing Facility for Women, Children, and Adolescents, specifically looking at strategy operationalization in general, the Fragility, Emergencies and Displaced Populations Policy (FED) formerly known as Fragility, Emergencies and Refugees Policy (FER) and Civil Society and Community Engagement (CSCE) policies (and their equivalents in the Global Fund and GFF). See Box 2 for the criteria for selection of these organisations, and Annex 17 for a more detailed explanation.

Box 2: Comparator organisation selection criteria

Comparator organisations were selected in consultation with Gavi, informed by the following criteria: ¹¹

- Primary: similar health development objectives, business models, challenges, and policies but different operational processes, experience and learning from designing and implementing a policy relevant to the 5.0 strategy, and reliance upon effective partner engagement and technical support for the implementation of their strategies, including at country level.
- Secondary: access to relevant interviewees and key documents in each organisation.

We undertook **cross-workstream workshops** at three points during the evaluation: 1) to feed into preliminary findings; 2) after all global data collection and country case studies had been completed, and 3) during workstream analysis to facilitate generation of conclusions and recommendations. At each cross-team analysis workshop, workstream-, case study, and comparator study-leads presented findings for peer review by the rest of the evaluation team. The EQs and evaluation criteria (see Annex 2) were used as an overall framework.

Triangulation in our analysis happened at multiple levels:

- Data (drawing on multiple sources of information from implementing partners) and from KIIs and country level case studies;
- Respondent types (for example, between Gavi internal stakeholders, Alliance partners and different categories of country level stakeholders);
- Workstream leads presented emerging trends and findings to the rest of the team during virtual cross-workstream analysis and recommendation workshops in order to further triangulate findings among all members that were involved in data collection;
- In our reporting, we used a strength of evidence rating (see below) for findings under each workstream and EQ in order to orient the reader to the strength of each finding based on the level of triangulation that was possible.

Assessing the **strength of evidence** requires considering the underlying “quality” of the evidence as well as the triangulation/ “quantity” of evidence. We applied the robustness rating shown in the table below for our findings, as shown in Section 2, Vol. I of the report:

Table 8: Robustness rating for main findings

Rating	Assessment of the findings by strength of evidence
Strong (1)	• Evidence comprises multiple data sources, both internal (e.g., Gavi Secretariat and Board) and external (good triangulation from at least two difference sources, e.g., document review and KIIs or multiple KIIs of different stakeholder categories), which are generally of good quality.

¹¹ While these criteria were used, not all were applicable to selected organisations. Secondary criteria also had an influence; i.e., while GFF did not have the same business model as GFF, there were similarities in objectives and policies, and availability of key informants.

Moderate (2)	• Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation, e.g., only documents of KIIs of one stakeholder category) of decent quality.
Limited (3)	• Evidence comprises few data sources across limited stakeholder groups (limited triangulation) and is perception-based, or generally based on data sources that are viewed as being of lesser quality.
Poor (4)	Evidence comprises very limited evidence (single source) or incomplete or unreliable evidence. Additional evidence should be sought.

Ethical considerations

As set out in the inception report, our aim was to provide credible and useful evidence, to strengthen accountability for development results and contribute to learning processes in conformity with 2020 United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation¹² of integrity, accountability, respect and beneficence.¹³ To that end, we adhered to the professional, ethical and quality standards highlighted in Table 9.

Table 9: Professional and ethical standards

PROFESSIONAL & ETHICAL STANDARDS	
Objectivity	The team will undertake the evaluation objectively. All efforts will be taken to avoid and dismiss any preconceptions so as not to bias the assessment process or final analysis.
Confidentiality	The team will commit to complete confidentiality during and after the evaluation process. Any information or data provided in confidence will be kept as such. KIIs will be confidential, information from KIIs will not be quoted/presented in a way that is traceable to the exact individual. We will delete all Gavi docs from our laptops/systems once the evaluation is over and will not disseminate any findings from the evaluation without Gavi's consent.
Open Communications	The team will commit to maintaining open and frequent communications with the evaluation management team at Gavi. Specifically, any issues that come up during the evaluation that may affect timing or outcome of the reporting will be communicated to Gavi in a timely manner.
Integrity	The team will commit to complete integrity of the evaluation process in line with EHG business integrity systems. Should there be any actual or perceived conflict of interest, it will be brought immediately to attention of Gavi.
Thoroughness	The team will commit to obtaining sufficient information needed to make professional judgments.
Incorporate Feedback	The team will allow sufficient time for the Secretariat to review all draft documents, consider the implications and provide any feedback. From the feedback and questions received, the team will incorporate all valid changes and clarifications requested

Limitations and challenges

- **Recall bias:** We asked all KIIs to recall events that, in some cases, took place more than four years ago (mostly going back to the initial development of the Gavi 5.0 one-pager as well as reflecting on the operationalisation of Gavi 4.0) and to make distinctions between Gavi's wide array of available instruments. This may have affected the accuracy of their recall and their interpretation of events. However, this is not an uncommon challenge in evaluations of this nature. The team has used its experience to help interviewees to focus on the right set of events by clearly emphasising our evaluation scope before and at the beginning of each interview. This risk was also mitigated through rigorous triangulation of interview data with data from the comprehensive document review.

¹² <http://www.unevaluation.org/document/detail/2866>

- **Limited ability to generalise from eight country case studies:** As noted in our inception report, we did not intend to achieve a representative sample of the overall programme but to provide significant, illustrative examples of the programme operations in various carefully selected and important contexts. Case studies were initially proposed based on transparent criteria, including breadth across Gavi portfolio segments, a broad range of funding levers, and recent experience in applying for Gavi funding (see Annexes 5 and 10). However, the final selection was significantly informed by Gavi. In addition, while the country case studies were initially intended to consist of four in-country studies and four desk studies, delays due to ongoing audits and other competing country priorities led to the shift to one in-country study, two hybrid studies, and five desk studies, resulting in less robust and generalisable interview data.
- In addition, the **countries chosen, along with Gavi countries in general, had limited experience in applying for grants under Gavi 5.0** due to delays in the operationalisation process, postponement of new applications due to resource constraints during the COVID-19 pandemic, and the timing of the evaluation at the end of 2022, two years into the new strategy.
- **Timely access to data:** Throughout the evaluation, there have been delays in receiving necessary documents and scheduling of interviews, at the global and country levels, hampering timely review and analysis. To mitigate this, we maintained flexibility, considering data received late in the process. Where feasible, with the support of the EvLU, we employed additional data collection processes (e.g., follow-up calls with KIs) to fill gaps in our understanding and for validation purposes. Whilst there may still be gaps in our understanding despite efforts to access and analyse all relevant information, we mitigated this by fully triangulating all available evidence and by providing an explicit rating for the strength of the evidence for each individual finding. This ensures the transparency of the evidence base on which findings rest and allows the reader to judge the validity of the findings.
- **The challenge of addressing a dynamic portfolio management context:** The EVOLVE¹⁴ project has started to address pain points associated with portfolio management processes, similar to those identified under this evaluation, through targeted in-depth analyses and proposals for solutions. This raised concern in the evaluation team that our findings and conclusions are coming 'from behind' (hence a challenge). However, this also presented an opportunity for further elaboration and allowed us to complement the EVOLVE process. To stay abreast of the EVOLVE exercise, we received regular updates on the project's latest developments.

Learning and dissemination

Given the context within which the evaluation is being conducted, our commitment to the principle of **utilisation-focused evaluation**¹⁵ is particularly important to maximize the usefulness of and buy-in to evaluation findings, conclusions, and recommendations. Further information on our how we have and will continue to do so is set out in Annex 7 below.

¹⁴ EVOLVE is a long-term transformation project focusing on defining and designing an innovative grant management future for Gavi informed by mapping of processes and frameworks and meeting with key stakeholders. The project includes the development of a detailed cost-benefit analysis of the to be developed innovative grant management model and a transformation roadmap ultimately forming part of the future operating model for Gavi. The project completed the first phase which resulted in an "As-Is Report" highlighting various pain points for Gavi.

¹⁵ Patton, 2013. Available at: https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

5. Detailed Theory of Change

Figure 4 presents a theory of change (ToC) for the strategy operationalisation model, which is described below. The ToC is focused on the aspects of the model that are relevant to the evaluation – i.e., it is not comprehensive of the full strategy operationalisation model. This is supplemented by Table 10, which outlines the critical assumptions in the strategy operationalisation model and how these relate to the scope of the evaluation.

Strategy: The primary input for the model is the strategy itself, which sets out the organisation and Alliance's priorities for the forthcoming five-year period, as endorsed by the Board. It is not within the scope of this evaluation to assess the appropriateness of the strategy, but as assumption underpinning the wider ToC is that it sets out an ambitious yet achievable set of priorities for the organisation and Alliance.

Policy framework: These priorities (and others that are raised during strategic periods) are reflected in a 'policy framework' comprised of policies, strategies and frameworks that set out common principles across partners and rules to guide operational decision-making across the diverse range of country contexts within Gavi's portfolio.¹⁶

An example is gender, which has been a long-term priority for a sub-set of Gavi donors and Board members, and which was first translated into a Board-approved policy in 2008. This policy has been updated over time, including in 2020, to increase the organisation's commitment in this area and the degree to which grants include a dedicated focus on addressing specific gender-related barriers to equal immunisation access. The evaluation will seek to understand the justification for the 2020 update, how the update was made and what it intended to do, particularly in terms of influencing Gavi grant design. These intentions which will then be analysed through process evaluation of the subsequent steps in the ToC to understand whether, how and why they are realised in practice.

More generally, the evaluation will test the following assumptions to understand how well the process of translating strategic intentions into a policy framework works in practice:

- The policy framework comprehensively reflects all Gavi strategic priorities.
- The frameworks, strategies and programmatic policies that comprise the policy framework are complimentary and coherent.
- The policy framework sets principles and rules that are internally efficient, locally responsive, and globally adaptable to the diverse set of evolving contexts Gavi works across.

Cross-cutting assumptions on the role of partners, notably WHO in relation to its role in policy setting, and UNICEF in terms of facilitating in-country implementation of immunization programmes, are also of relevance to this part of the ToC.

Portfolio management process

Guidelines, templates, and tools: Through the portfolio management process the policy framework seeks to interact with the funding and application process guidelines (and other parts of the model) to influence how the funding levers are operationalised – i.e., such that the funding levers support Gavi objectives to ensure priorities in individual countries are aligned with Gavi's strategy. The funding levers can be grouped into the three main ways that Gavi (encapsulating Gavi's financial support and the work of the Gavi Alliance) provides support to countries – i.e., vaccine procurement, cash support, and targeted country assistance (TCA). One important aspect of the evaluation has

¹⁶ We note that this process of translating strategic priorities into the policy framework sometimes needs to be clarified. The emergent shifts in strategic priority for Gavi 5.0/5.1 will be analysed through the evaluation to understand how this translation process works in practice, such as for Zero Dose and MICs. Some other shifts that started beforehand will also be considered (e.g. for FER, gender).

been to assess how the Full Portfolio Planning (FPP) process, which intends to bring country applications for all types of Gavi support together under one process, is designed and implemented. This has included an assessment of whether the guidelines, templates and tools have been in place to facilitate this process and what, if any, differentiated processes have been in place to streamline requirements for a subset of Gavi-eligible countries. Acknowledging that FPP process have been delayed in part due to the COVID-19 pandemic, the evaluation has also sought to understand how reprogramming and other processes have been used to operationalise the 5.0 Strategy.

Drawing again on the example of gender, the evaluation will seek to understand how the strategic shifts in the 2020 update to the Gender Policy have been articulated in the funding and application process guidelines and application templates for each of the relevant funding levers. This will involve, for instance, reviewing the guidance to see what additional content is requested of applicants and where the templates and tools make provision for this to be included.

This analysis will be conducted systematically across the agreed set of strategic shifts for Gavi's 5.0 strategy and in so doing, will test the following assumptions that underpin the ToC:

- Guidelines, templates, and tools reflect Gavi 5.0 Strategy and policy priorities.
- Guidelines, templates, and tools are complementary and coherent with each other and the policy framework.
- Guidelines, templates and tools link to the principles and rules established in the policy framework.

Advocacy, political and strategic engagement: The policy framework also seeks to influence the extent and nature of Gavi's advocacy, strategic and political engagement with all Board constituencies and global health actors (e.g. related to IA2030), around strategic priority areas. For instance, based on what each policy, framework or strategy seeks to achieve, we would seek to gather evidence on whether and how the Secretariat has sought to engage countries around the issue and if this has served to influence perceptions and behaviours in the manner intended. We would also consider if partners (notably UNICEF and WHO at the regional and country level) are engaged (through the PEF or otherwise) in a way that supports Gavi's objectives and is in line with their pre-defined roles.¹⁷

Realising that gender and inclusion is one of Gavi's core principles, the evaluation will seek to understand the nature of the Secretariat's engagement, if partners are engaged in this space, how this relates to the strategic shifts of interest, and whether this was perceived to work as intended.

This will test the following assumption underpinning the ToC:

- The Gavi Secretariat, supported by partners, conducts advocacy and political and strategic engagement around strategic priorities.

Completion of funding application tools and processes: Drawing on the guidelines, templates, and tools, as well as Gavi Secretariat's advocacy, political and strategic engagement, and Gavi-supported technical assistance, countries complete the set of funding application tools and processes. The evaluation will seek to understand (a) how countries understand Gavi's strategic priorities and interpret the suite of documents, tools and processes that Gavi provides to aid their application development; and (b) whether this aligns with the initial strategic intent, as articulated through the policy framework. The evaluation will also seek to understand if/how TCA providers, including Alliance partners (notably UNICEF and WHO at the regional and country level), support the

¹⁷ The role of key partners is articulated here: <https://www.gavi.org/our-alliance/operating-model/gavis-partnership-model>.

application development process. It will also be important to understand whether and how the differentiated FPP process (and other processes where an FPP has been delayed) has supported or hindered country applications and the translation of Gavi's strategic intents within them.

For gender, the evaluation will focus on whether the strategic shifts, as per the 2020 policy update, have been acknowledged and understood at country level and how these are intended to be articulated within the application to Gavi. This will include assessing whether Alliance partners and TCA providers have engaged on this topic.

This will test the following assumption underpinning the ToC:

- Countries are willing and able to complete funding templates/tools as intended, drawing on relevant guidelines and support from partners.

IRC review process and application finalisation: The IRC is an important component in the portfolio management process, where independent experts critically review country applications against set criteria. The evaluation will assess whether these criteria reflect the strategic shifts of interest and also whether IRC reviews, as articulated through published (internal or external) reports, comments, and recommendations, reflect these strategic shifts. This will be noted where comments reflect that strategic shifts have been adequately addressed in applications. Where they do not, and recommendations are made, we will assess whether and how this feedback is responded to by countries working with the Secretariat through a review of the final approved set of grant documents (this is limited to case study countries only).

For gender, the evaluation will seek to understand how the IRC has considered this for each application and what comments and recommendations have been made. We will then assess whether and how the IRC's recommendations related to gender have been addressed.

This will test the following assumptions underpinning the ToC:

- The IRC ensures that strategic priorities and the policy framework are translated into grant design.
- The Gavi Secretariat systematically follow-up on IRC recommendations to ensure that they are reflected in approved grant documents.

Two further assumptions cutting across the portfolio management process will also be tested:

- The portfolio management process supports constructive negotiation of mutually agreeable priorities between Gavi and national programmes – i.e., that respect the principle of country ownership.
- Political will and country contextual factors are conducive to adopting Gavi's strategic priorities.

Achievement of intermediate outcome: The evaluation will assess whether the cumulative effect of the policy framework and portfolio management processes leads to a set of approved Gavi funding applications and national immunisation programme plans and priorities that reflect Gavi's strategic objectives and policy priorities. For gender, this would involve a specific review of whether and how approved Gavi grants to countries reflect Gavi's strategic objectives around gender. For civil society and community engagement it would involve a review of, among other things, whether an expanded set of partners have been engaged to implement Gavi grants, in line with the CSCE approach.

In doing so, the following assumptions underpinning the ToC will be tested:

- The constituent parts of the portfolio management process are necessary and sufficient to influence programme/policy intent at country level.

- The portfolio management process ensures that approved Gavi grants and country priorities are focused on addressing key barriers to implementation at country level.

This reflects the cut-off point for the evaluation. However, the intent is that funding through these levers will support and contribute to more effective, evidence-based national immunisation programmes that are embedded in supportive broader health systems. This cut-off point has been agreed upon with Gavi primarily as this study is focused on the strategy operationalisation model and given limited new grant implementation experience since Gavi 5.0 was approved.

The ToC is underpinned by a series of cross-cutting assumptions relating to the role of partners and the institutional requirements to operationalise the strategy and enable the desired change. These are detailed in Table 10 below.

Besides, this evaluation cannot be seen in isolation from other major evaluations currently ongoing, i.e., the Zero-Dose evaluation, the Mid-Term Evaluation and the nearly concluded evaluation on COVAX and Covid-19¹⁸. The Theory of Change for this evaluation, as presented below (and part of a larger overarching Toc for Gavi¹⁹), shares its intent and assumptions, especially with the Zero-Dose and MTE evaluations.

This evaluation assesses the operationalisation of the different instruments to the point where they are available for use by the Secretariat, partners, and countries to inform country programs and develop grant applications. It also assesses, to a lesser extent, how countries engaged with Gavi in these operationalisation processes, as Gavi is a country-driven organization.

The Zero Dose evaluation will assess in more detail how the different instruments supported key interventions in the countries during immunization programme implementation as per Strategic Goal 2: Strengthen health systems to increase equity in immunization.

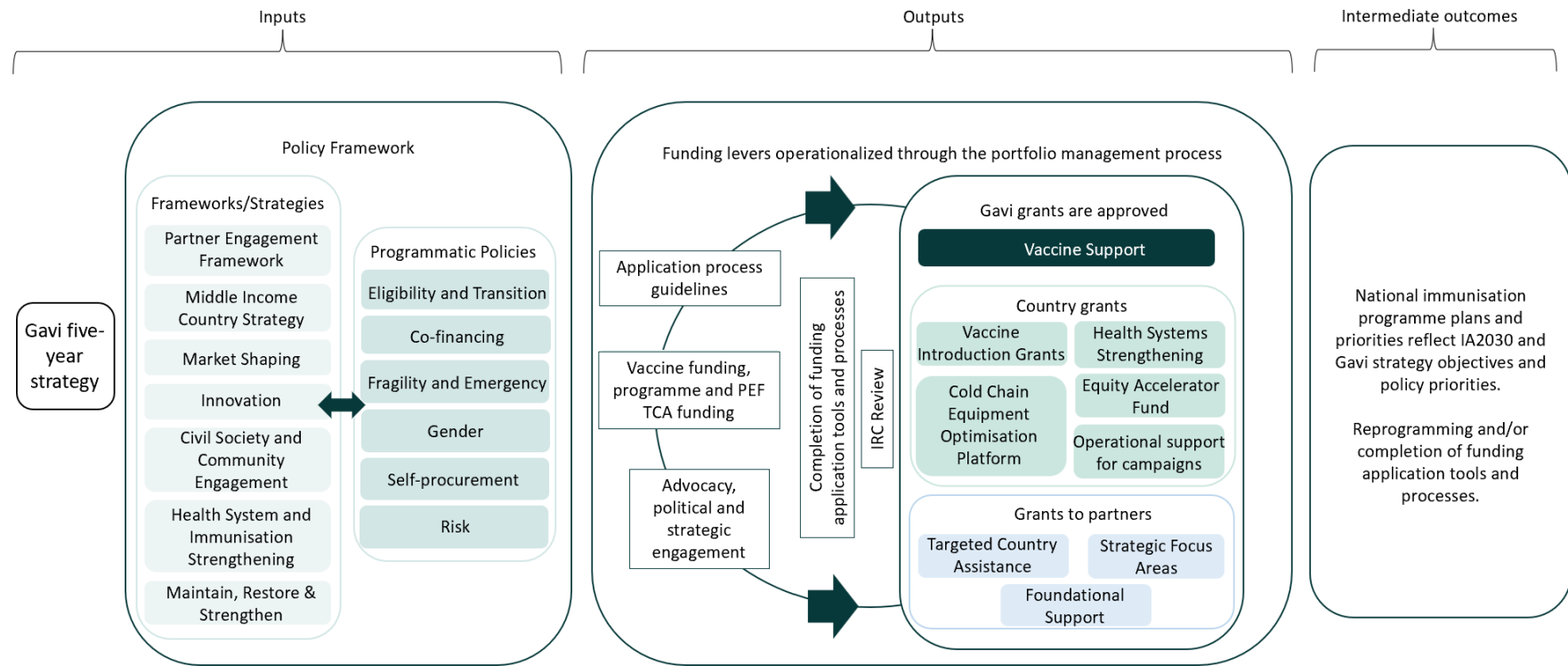
The MTE will synthesize not only the provisional outcome from the Zero-Dose evaluation but also how the operationalisation of the instruments (our evaluation) supported key intervention areas under Strategic Goals, 1) Introduce and scale up vaccines, 3) Improve the sustainability of immunization programmes and 4) Ensure health markets for vaccines and related products, to get to the intended outputs/intermediate outcomes.

This role division and intent assume several assumptions (beyond the detailed ToC assumptions in Table 10) that will be further discussed and investigated with KIs whether they have held or not, in close collaboration with the other two teams and consultation with the EvLU.

¹⁸ We are aware of the impending 'IRC' evaluation and a 'Sustainability' evaluation scheduled for next year; both are out of scope for this and the other ongoing evaluations.

¹⁹ See Annex 6: Overarching ToC for Gavi 5.0

Figure 4: Expanded ToC for the evaluation of the Gavi strategy operationalisation model²⁰



²⁰ It is noted that the objectives of the market shaping strategy (and other strategies and policies) are not fully reflected in the outcomes and impact of the ToC. This is reflective of the scope of the evaluation, not necessarily the full scope of the policies themselves.

Table 10: Set of assumptions underpinning the ToC²¹

Area of ToC	Assumption(s)	Scope of evaluation
Inputs: Strategy	Gavi's strategy sets out an ambitious yet achievable set of priorities for the organisation and Alliance.	Not formally covered within scope of evaluation but critical for the Operationalisation model to work effectively and related to EQ4
Inputs: Strategy to Policy Framework	The policy framework comprehensively reflects all Gavi strategic priorities.	EQ2
Inputs: Policy framework	The frameworks, strategies and programmatic policies that comprise the policy framework are complimentary and coherent.	EQ2
	The policy framework sets principles and rules that are internally efficient, locally responsive, and globally adaptable to the diverse set of evolving contexts Gavi works across.	EQ3, EQ8
Inputs to outputs: Policy framework to vaccine funding, programme and PEF TCA guidelines, application process guidelines and templates/tools	Guidelines, templates and tools reflect Gavi 5.0 Strategy and policy priorities.	EQ2
	Guidelines, templates and tools are complimentary and coherent with each other and the policy framework.	EQ2
	Guidelines, templates and tools link to the set of principles and rules established in the policy framework.	EQ2
Output: Advocacy, political and strategic engagement	Gavi Secretariat, supported by partners, conducts advocacy, political and strategic engagement around strategy priorities.	Related to EQ 9
Output to intermediate outcome: Reprogramming conducted, and funding applications developed and submitted to Gavi	Countries are willing and able to reprogramme existing grants and/or complete funding templates/tools as intended, drawing on relevant guidelines and support from partners.	Related to EQs 6, 7 and HLEQ 2
Output: IRC review and grant finalisation process	IRC works to ensure that strategic priorities and policy framework is translated into grant design	Related to HLEQ 2
	The Gavi Secretariat systematically follow-up on IRC recommendations to ensure that they are reflected in approved grant documents.	Related to HLEQ 2
Output to intermediate outcome: Portfolio management process to funding application design	The portfolio management process supports constructive negotiation of mutually agreeable priorities between Gavi and national programmes – i.e., that respect the principle of country ownership.	EQ8

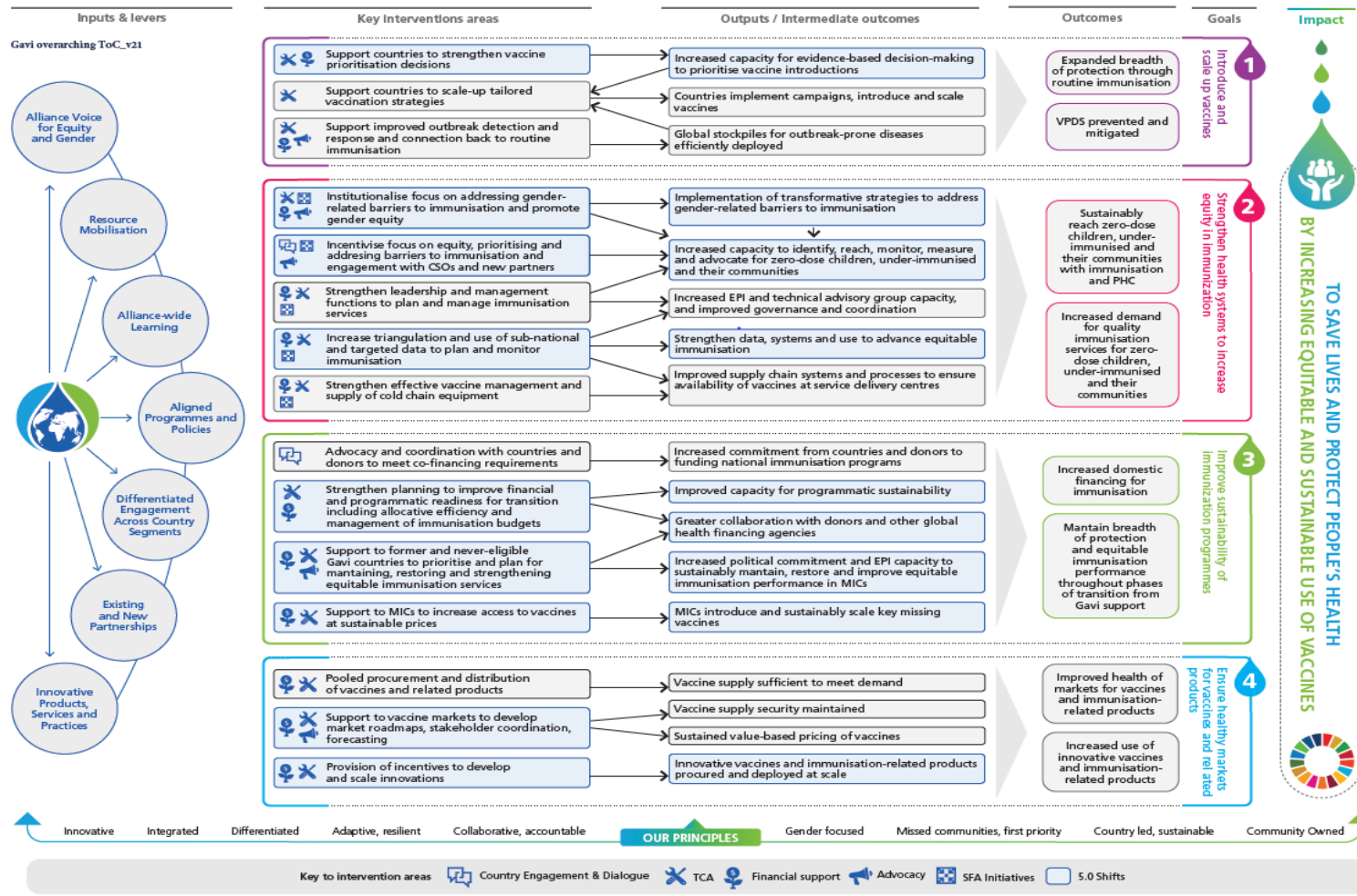
²¹ These assumptions draw on a range of literature and frameworks for organisational effectiveness and change management, including the 7S and OGSM frameworks, and the Six Systems of Organizational Effectiveness.

Area of ToC	Assumption(s)	Scope of evaluation
	Political will and country contextual factors are conducive to the adoption of Gavi strategic priorities.	EQ8
Intermediate outcome: Funding applications are approved	The constituent parts of the portfolio management process are necessary and sufficient to influence programme/policy intent at country level.	EQ2 and EQ10
	The portfolio management process ensures that approved Gavi grants, and country priorities are focused on address key barriers to implementation at country level.	EQ12
Underlying assumptions	Partners work collaboratively to develop and agree joint priorities within frameworks, strategies, and policies, and to develop and agree guidelines.	Role of partners to be acknowledged but not evaluated. Related to EQs 6 and 7
	There is strong leadership and political will within the Secretariat to operationalise shifts in strategic priorities.	EQ8
	There is internal accountability for strategy operationalisation and change management, with a plan and process in place for translating strategic priorities into action with objectives, goals, strategies and measures.	Related to EQ 1
	The internal culture, style and shared values within the Secretariat are conducive to operationalising shifts in strategic priorities.	Not within scope of evaluation but related to EQs 6 and 7
	There is sufficient capacity (institutional and individual) within the Secretariat to operationalise shifts in strategic priorities.	Not within scope of evaluation but related to EQs 6 and 7
	There is sufficient SCM capacity to translate shifts in policy framework and/or guidelines through soft power and to country processes.	Not within scope of evaluation but related to EQs 6 and 7
	Secretariat structures, systems and processes enable the strategy operationalisation.	Not within scope of evaluation but related to EQs 6 and 7
Market shaping activities create the desired market dynamics, related to demand, supply and innovation, that enable implementation of the strategy operationalisation model and desired results.	Not within scope of evaluation but related to EQs 6 and 7	

6. Overarching Gavi 5.0 Theory of Change

See below the overarching Gavi 5.0 theory of change, which the Strat-Ops evaluation fits into.

Figure 5: Overarching Gavi 5.0 ToC



7. Learning and communications plan

A communications plan for how and when the evaluation team will engage stakeholders with this evaluation was submitted as an annex to the Inception Report, and an updated version is included below.

The evaluation's conclusions, lessons learned, and recommendations are intended to inform ongoing changes to Gavi's strategy operationalisation model (i.e., its policies, funding levers, and application processes) and provide critical evidence to inform Gavi's mid-term evaluation. This intention has driven our approach to identifying lessons and is the emphasis of our communications plan.

Our approach to identifying lessons in response to learning questions under workstream 4

The purpose of workstream 4 is to generate lessons that will be the foundation for a set of evidence-informed recommendations for improving the effectiveness of Gavi's strategy operationalisation model. The approach we have taken to identify these lessons was refined in response to our learning advisor's experience in supporting the identification of lessons in the evaluation of Gavi's COVID-19 response and facilitating its recommendations co-creation workshop.

The evaluation questions for workstream 4 are:

EQ13: What are the main successes and challenges of Gavi's strategy operationalisation model and lessons learned to date?

EQ 14 What lessons can Gavi learn from best practice in strategy implementation that could inform improvements to its strategy operationalisation model?

EQ15: What are the likely constraints and possible opportunities for change and/or further alignment of common goals, i.e., of Gavi and supported countries?

We have answered these EQs through analysis of findings about Gavi's approach (WS1 – WS3) and setting them in the context of the approaches taken by other comparable organisations (comparator study). This has been informed by literature on strategy and policy implementation.²² To ensure the data needed would be available we:

1. Incorporated learning questions into the evaluation matrix, the coding tree and specific KII guides.
2. Briefed EHG's coding team and those undertaking KIIs on learning objectives and how to elicit lessons learnt from relevant KIIs.
3. Reflected on lessons learnt in the case study template. Country teams were encouraged to identify potential lessons for Gavi as they wrote up their findings from data collection in each country.
4. Identified points of interest and further exploration through the comparator study. Based on preliminary findings, we identified points of interest where we could compare Gavi's approach and experience with that of relevant organisations (see Annex 17 for more on this).
5. Reflected on lessons that can be learnt through cross-country analysis. Workstream leads reflected on learning (drawing on data from points 1-3 above) and the implications for Gavi, facilitated by the WS4 workstream lead, at cross-team analysis workshops (February and March).

²² Including the Consolidated Framework for Implementation Research <https://cfirguide.org/>, Yang, L., Sun, G.H. and Eppler, M.J., 2010. Making strategy work: A literature review on the factors influencing strategy implementation. *Handbook of research on strategy process.*, Tang, V., 2018. Impedances that Cause Strategy-to-Implementation Gaps. Massachusetts Institute of Technology System Design and Management Conference 2018 (MITsdm). In *Characterizing the Gap* (pp. 94-104), Abok, A.M., 2014. *Factors affecting effective implementation of strategic plans in non-governmental organizations in Kenya* (Doctoral dissertation). and Mankins, M., 5. Ways the Best Companies Close the Strategy-Execution Gap. *Harvard Business Review*, 5(1), pp.1-4.

Analytical approach

In identifying lessons that would be useful for Gavi, the Evaluation Team sought to follow the following principles: lessons should be generalised while being clearly related to the evaluation findings, include the consequences of acting on the learning (if you do X, in this context, then Y will happen) and lend themselves to being responded to by Gavi through a set of strategic and tactical recommendations.

The team leader and learning advisor led inductive and deductive approaches to identifying lessons. Our KIIs included questions that served to elicit lessons already learned by Gavi (although, perhaps not previously expressed or documented), and the data collected through the evaluation was used as the source for identifying patterns and themes. In we used models of good practice and lessons learned on strategy and policy implementation more widely, to conduct further analysis of our data. Through a process of synthesis and discussion, a set of draft lessons were produced for comment by Gavi as part of the draft report which were then refined and are presented in the final report.

EHG has stayed in close contact with the Gavi EvLU to ensure our approach to learning aligns with Gavi's learning system and supports evidence-based planning. This has helped us to develop appropriate activities, such as the stakeholder meeting in June (see Box 3), which generated the key themes illustrated in Figure 6 and Figure 7 below. As the evaluation moves into its final phase, we will continue to work in partnership with the Gavi EvLU to look for opportunities to share learning with intended users of the evaluation, particularly the primary intended users – the Gavi Secretariat and Board.

Box 3: The role of the Stakeholder Meeting

The Gavi strategy operationalisation evaluation stakeholder meeting was held on 20th June at the Gavi Campus, with several participants joining remotely via Zoom. Participants included stakeholders identified from several departments relevant to operationalisation, including (but not limited to) the Executive Office, Strategy, Policy, Country Programmes, HSIS, and Market Shaping. Feedback and overarching themes arising from the workshop. The purpose of the meeting was to support Gavi to explore challenges in the recommendations made to them by previous evaluations and how these could be overcome. The meeting also served to help EHG refine its draft recommendations from the strategy operationalisation evaluation through a process of gaining and discussing feedback from groups of participants. The design for the meeting was informed by BCG's experience in running co-creation meetings for Gavi and was facilitated by an external expert with substantial Gavi experience, supported by a graphic facilitator. A member of the EHG Evaluation Team joined remotely and facilitated the online participants, ensuring that their comments and questions were heard in the Geneva meeting.

Figure 6: Brainstorming on previously identified issues related to operationalisation

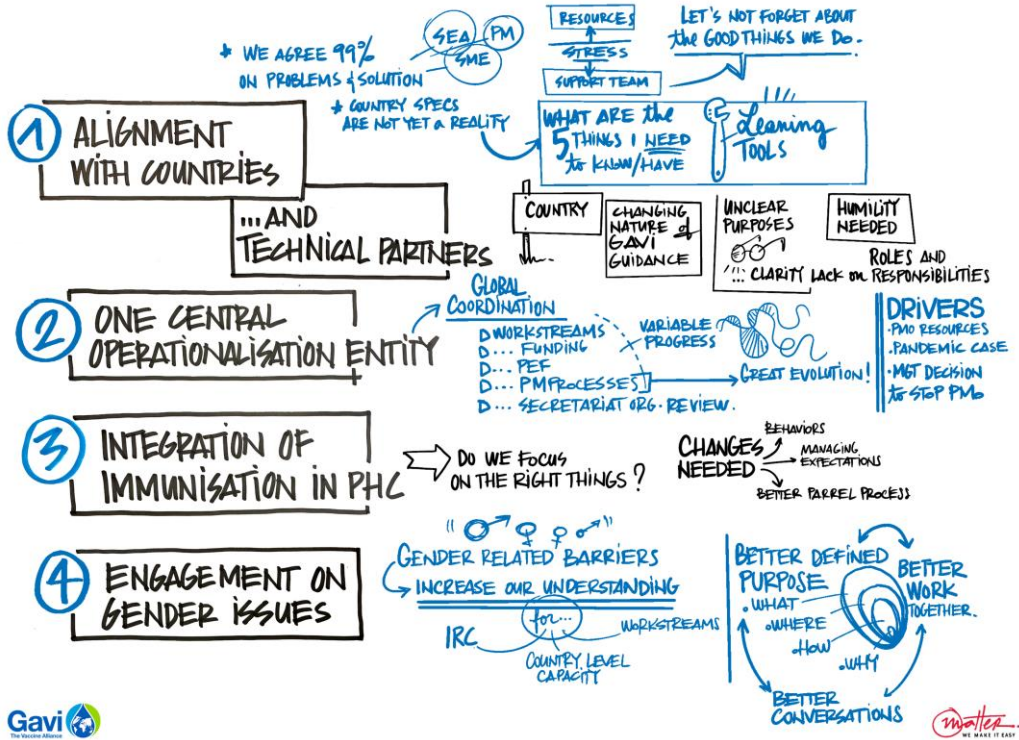
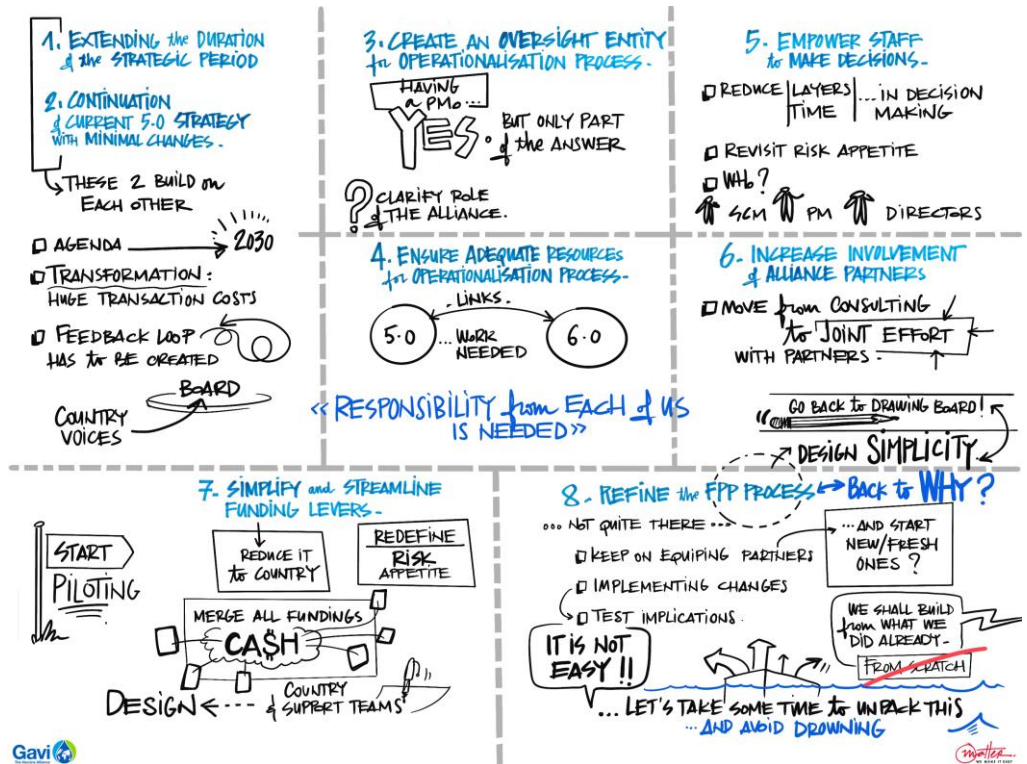


Figure 7: Feedback on draft recommendations



How and when we are engaging stakeholders in the evaluation

Stakeholder mapping

As part of our KII preparations, we drew up a list of potential key informants who will need to be included within our communications plan.

We understand the **primary audiences** of this evaluation to be:

- Gavi Board (including appropriate standing Board committees): to inform their oversight and amendment of relevant Gavi policies, strategies and internal guidelines.
- Gavi Secretariat: for operational learning about the implementation of these policies, strategies and guidelines and how this might be made more effective.
- Gavi Evaluation and Learning Unit (EvLU)/MTE team: to provide a robust evidence base that is communicated in a timely and appropriate way to have maximum contribution to the MTE and whose lessons and recommendations can be accessed easily in the future.

While these are our priority audiences for communicating about the evaluation, we also identified **secondary audiences** (to whom it would be useful to communicate the evaluation to):

- Alliance partners and countries: those looking to identify lessons to inform future action
- Networks with links to Gavi: those with an interest in learning about operationalising their policies and strategies.

We will regularly continue to consult with the EvLU on how and what is communicated about the evaluation with these secondary audiences.

Identifying communications channels

We understand the primary audiences for this evaluation are internal and used the Inception Period to update our knowledge on the internal communication channels within Gavi that may be appropriate for inclusion in our communications. For example, we have made contact with and will keep in touch with, Christina Scaduto and Colin Paterson on the Gavi Learning Portal and how it can be used to make sure that evidence from the evaluation is accessible across Gavi. Due to the composition of our Evaluation Team, we already have close links with the team leading the MTE and have been able to keep up-to-date on the optimum times for communicating with them and ensuring relevant findings and data from the strategic operationalisation evaluation is available to the MTE for analysis.

Table 11 below summarises at what stages in the evaluation we are interacting with the evaluation stakeholders as key informants or reviewers. We have identified six categories of stakeholder based on their likely interest in the evaluation and our purpose for communicating with them. The table shows the demands the evaluation has already and will continue to place on the stakeholders and this has influenced how we propose to engage with them on learning from it.

Table 11: Evaluation team interactions with stakeholders

Stakeholder Category	Gavi Evaluation Unit	Gavi MTE Evaluation Team	Gavi country programmes	Gavi theme leaders	Gavi Board & PPC	Alliance core partners	External audiences – (comparator) organisations
Inception consultation	Y	Y		Y	Y		
Reviewing inception report	Y						
Data collection	Y		Y	Y	Y	Y	Y
Reviewing draft preliminary findings	Y	Sent for info only					

Reviewing draft report	Y						
Stakeholder meeting	Y			Y			
Reviewing 2nd draft report	Y	Sent for info only					
Reviewing final report	Y	Sent for info only					
Reviewing draft policy brief	Y						

Engaging evaluation stakeholders with lessons learnt by Gavi

We proposed offering three levels of communications to support stakeholders to engage with the learning from the evaluation and these levels respond to what we understand about their differences in information and learning needs and their capacity to engage:

- **Distribution** – making the evaluation findings available to stakeholders who need to know about the evaluation for accountability purposes and where it is good practice to do so, e.g., circulating a report or policy brief by email, sending relevant findings to key informants.
- **Personalisation** – sharing deliverables by email with stakeholders who have limited capacity to engage with the evaluation but for whom the learning is likely to be highly relevant. An appropriate approach here would be to send a report by email with a covering note that includes key findings that are particularly relevant to the recipient and telling them where to go to in the attachment for more on these areas. Ideally this email would be sent by someone that the recipient trusts, to increase the likelihood of it being read and acted upon. If none of our Evaluation Team members are already in contact with the recipient, then this may mean asking the Gavi Evaluation Office to send the email on our behalf.
- **Interaction** – for stakeholders with interest and capacity in engaging with the evaluation at a deeper level, we will offer live presentations of evaluation findings and recommendations e.g., a webinar on a specific topic, and provide opportunities to participate in discussions that help identify lessons learnt by Gavi and explore the implications this has for Gavi 5.0 and the wider organisation. Within this category we expect there to be different levels of capacity to engage but it will be important to extend the invitation to participate to all members of this category and make recordings and notes available if they are unable to attend. The co-creation workshop is another example of an interactive approach to communication that we will be using in this evaluation.

Table 12 below summarises which of these approaches we anticipate taking for the stakeholder groups and examples of how this could be delivered. Final decisions about the means through which we communicate with each group, the thematic focus and timing have been and will be made in consultation with the Gavi Evaluation Office. We expect this to be an iterative process throughout the duration of this evaluation with fixed points (e.g., dissemination of the final report) supplemented by communications that responds to emerging opportunities (e.g. internal Gavi learning events). Our mapping of these approaches against stakeholder groups signals the level of engagement we think it is reasonable to expect but do not exclude wider participation if stakeholders are able to make the time for it.

Table 12: Approach to engaging stakeholders with learning from the evaluation

Stakeholder Group	Communications approach
Gavi Evaluation Office	Interaction - regular engagement at each stage of the evaluation including reflection workshops on preliminary findings and co-creation of lessons learnt.
Gavi MTE Evaluation Team	Distribution – dissemination of relevant outputs (in consultation with Gavi Evaluation Office) at optimal time for use in the MTE.
Gavi Country Programmes	Personalisation – dissemination of country level findings through a debriefing in country and sharing of a brief PPT presentation via email to those who have been interviewed.
Gavi Theme Leaders	Personalisation – dissemination of reports and policy brief with covering email signposting most relevant content.
Gavi Board & PPC	Interaction – making all products available to them by email; using opportunities to share findings in person (or virtually) e.g. webinar.
Alliance Core Partners	Personalisation – dissemination of reports and policy brief with covering email signposting most relevant content; where feasible, additional products tailored to their interests e.g. Knowledge Exchange Talk.
External audiences	Distribution – dissemination of relevant products – if considered appropriate by Gavi Secretariat.

8. Who carried out the evaluation; roles and responsibilities

Table 13: Evaluation team composition

Core Team		
Member/ position	Expertise	General roles and responsibilities
Sjoerd Postma (TL/WS4 lead) – PH evaluation and health system strengthening/ UHC specialist	Sjoerd is a global public health services management specialist focusing on health service delivery, health services management, health systems strengthening as well as health sector development and reform with a particular emphasis on Primary Health Care. He has over 30 years' experience (of which 20 years in leadership positions) in international health sector development. His core areas of technical focus include health services and programme management - planning and implementation, budgeting and financing, logistic management, health infrastructure development, private sector development, information systems, and large program monitoring and evaluation including data quality audits. Specific health technical skills relate in general to Primary Health Care, integrated service delivery and Universal Health Coverage.	Sjoerd served as TL leading the drafting of all deliverables and client engagement on technical matters. He had overall responsibility for ensuring project objectives are met, EHG & KMS QA procedures are followed, and the client's requirements are satisfied/ exceeded in terms of all deliverables. He also led on the Lessons Learned workstream (WS4) with the support of the learning advisor. He led on overall analysis and synthesis.
Jenna Bates (DTL/Project Coordinator/Case study lead) – PH operational research	Jenna Bates has a background in Global Health with mixed-methods public health research and project management experience in the US, Denmark, and Sierra Leone. At Euro Health Group, Jenna serves as project coordinator/research assistant managing implementation of projects from HQ as well as the qualitative thematic organization and analysis of data for document reviews and case studies.	Jenna served as DTL, Case study lead and Project Coordinator, supporting the development of the whole evaluation and all deliverables. She assisted the TL with team management and client relations. Jenna also led the Yemen and Djibouti desk studies.
Cheri Grace (WS1 lead) - PH procurement and supply chain and policy analysis specialist	Cheri has over 30 years of experience in a variety of work settings - pharmaceutical industry; corporate finance; grassroots development; academic research, and more than 20 years in global health management consulting. She has worked in over 20 aid recipient countries managing and/or evaluating programmes. Her areas of technical focus include health systems strengthening, evaluation, health economics, value for money, policy analysis and strategy advice, market dynamics, and product development. Cheri has engaged in campaigns for immunization and mass drug administration, evaluated supply chains and logistics management, led market dynamics and value for money work related to vaccines, has advised on policy and strategy work for various donors including for GAVI: e.g. evaluating GAVI partner roles, cMYPs, IFFim, Gavi's market shaping activities, involvement in the formative stages and well as end-line evaluation of the Pneumococcal AMC, and currently on the technical advisory group of the COVAX evaluation as well as the Gavi COVID-19 response evaluation.	Cheri led WS1 (Right design). She supported one field-based country case study (Cambodia), partook in document review, stakeholder consultations and analysis under Workstream 1 and across all workstreams.
Dr Sanja Matovic Miljanovic (WS2 lead) – PH evaluation and immunisation response specialist	Sanja is a global public health specialist with over 20 years of experience in of technical advisory services and project management experience in health sector development projects (strategic advisory and steering, technical input and quality control). Her core areas of technical focus include health system strengthening, health policy and strategy development, health management, governance, health promotion, disease prevention, behaviour change communication, monitoring and evaluation, and complex program and project evaluations. She has worked for a range of clients including UN agencies (UNAIDS, UNICEF, WHO), World Bank, EU/EC, Global Fund, Gavi, international NGOs and donor agencies (GIZ, SDC, Oxfam GB,	Sanja led WS2 (Right ways). She supported the development of case studies and partook in document review, stakeholder consultations and analysis under Workstream 2 and across all workstreams.

Core Team		
Member/ position	Expertise	General roles and responsibilities
	CIDA, Danida, USAID), serving as an international team leader and/or long and short-term expert and strategic advisor on numerous assignments. Most recently, she has been the team leader of a UNICEF behaviour insights research project about child routine immunization and COVID-19. She was also leading the research project (EHF) related to vaccine hesitancy in the Western Balkans.	
Matthew Cooper (WS3 lead) - Gavi policy and ToC advisor	Matthew has detailed knowledge of the Gavi 5.0 Strategy having led a wide-ranging assignment to develop theories of change (TOCs) across the strategy (civil society and community engagement, demand, gender, health systems strengthening, learning, malaria investments, market shaping, middle-income countries, zero dose strategy), as well as country level ToCs and a ToC for the overarching 5.0 Strategy. He is also in the process of developing a guidance note for the Secretariat to take forward future ToC development processes and taking forward work to develop a ToC for the Funding Policies Framework and nested ToCs for Eligibility and Transition Policy, Co-financing Policy and Health System and Immunisation Strengthening (HSIS) Framework. Matthew is also Team Lead for the COVAX Facility and COVAX Advance Market Commitment Evaluability, Evaluation Design and Baseline study, which has included consideration of how the Office of the COVAX Facility has affected the operationalisation of the Gavi 5.0 Strategy.	Matt led WS3 (Right results). He conducted one country case study (Nigeria). Matt partook in document review, stakeholder consultations and analysis under WS3, recognising that “results” may not be available due to delayed processes. Matt also provided expert advice and analysis across the other three workstreams.
Abdallah Bchir - Gavi policy advisor	Abdallah served as head of the evaluation unit at Gavi from 2004 to January 2020 where he was responsible for developing the unit including the Gavi evaluation policy, guidelines, check lists, various databases, etc. He introduced approaches focus on mandatory capacity building at country levels, partnership between north and south firms. In his role he managed various steering committees, established collaboration with likeminded stakeholders (e.g., Global Fund and WHO) and oversaw multi-year planning processes. He is intimately familiar with the policies, strategies, funding mechanisms and the inner workings of Gavi and has high level diplomatic skills. Abdallah is fluent in French and Arabic.	Abdallah provided expert advice on the design of Gavi 5.0 and the current policy context as well as advising on the conduct of the comparator study. He will bring his decades of knowledge of both the infrastructure and the staff to the evaluation team members. He also conducted the DRC case study.
Cheryl Brown (Learning Advisor and Comparator Study) – Research communication specialist	Cheryl is a specialist in promoting utilisation of evidence and learning among funders and implementers of development programmes. She has 18 years’ experience working in research communication, evaluation and learning roles for research institutes, donor agencies, NGOs, research portals and networks. Cheryl has a particular interest in supporting remote participation in learning and adaptive programming processes. She has considerable experience in designing and facilitating virtual, hybrid and face-to-face workshops and meetings that are sensitive to the barriers to knowledge-sharing and learning and is able to turn evaluation and research reports into plain English insights and practical suggestions for increasing impact.	Cheryl supported adaptive management of the evaluation by finding creative and practical ways to capture and share learning, including supporting the TL/DTL on the design and implementation of internal and external learning events including the analysis workshop, co-creation of recommendations, ToC development, etc. She also co- led the comparator study development.
Support team		
Michele Gross (Project Director and Comparator Study) – PH evaluation and HSS specialist	As the CEO of EHG Michele has led and co-led evaluations of programs and rolled out planning, monitoring, and reporting systems, as well as setting up and overseeing large teams. Michele was recently the Project Director for the Gavi COVID-19 evaluation, a UNFPA maternal child health trust fund evaluation and a UNAIDS prevention for key population evaluation. All three of these have teams of 10+ people and involve development of ToCs, contribution analysis, country case	Michele was the day-to-day manager for the assignment, in terms of both EHG and Khulisa as well as client engagement. She supported Sjoerd and Jenna in managing the delivery of the various workstreams and deliverables. Michele also

Core Team		
Member/ position	Expertise	General roles and responsibilities
	studies, cross case analysis and synthesis. She also currently serves as Project Director on two pieces of COVID-19 research commissioned by WHO and Euro Health Foundation. Michele has served as the USAID mission gender focal point and applies GESI concepts in all of EHG evaluations.	ensured that GESI aspects were integrated into all workstreams. She acted as the reviewer with the TL/DTL of all workstreams. She also co-led the comparator study development.
Ted Freeman - QA Manager/Technical Support	Ted has over 30 years of experience designing and leading large scale, multi-disciplinary evaluations including theory-based evaluation using contribution analysis as an overall analytic approach. He is adept at working with senior government officials and development partners including UNFPA, UNICEF, WFP, WHO, Danida, Sida, etc. He recently served as TL for an early lessons and evaluability assessment of the Secretary General's COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF) for the Office of the Deputy SG and the SG Designate for COVID-19.	Ted provided strategic advice throughout the duration of the evaluation, bringing his global TBE and contribution analysis experience. He assured the robustness of the overall design and methodologies used and the quality of all outputs/deliverables.
Mary Pat Selvaggio - QA for country case studies	Mary Pat is a specialist in public health, research, and monitoring and evaluation (M&E). She has 30+ years of experience in international public health, including 12+ years of data quality assurance (DQA experience). Prior to joining Khulisa as the Director of Health and Research in 1998, she was the Country Director of the Elizabeth Glaser Pediatric AIDS Foundation in South Africa and Swaziland.	Mary Pat provided quality assurance for all country case studies.
Lene Andersen, Line Neerup Handlos, David Ndou - Research Assistants	Lene Klosterskov Andersen has a background in Public Health and nursing and extensive PH research experience. Line Neerup Handlos has a background in public health and migration research with more than 10 years' experience in research and project management. David Ndou has over five years of experience with health evaluations with Khulisa Management Services. Line, Lene, and David were responsible for qualitative thematic organization and analysis of data, document reviews, and the write-up of one desk study.	Together they provided research support to the core team including for document review and analysis. This included supporting primary data collection and inputting into the development of all deliverables as requested by the TL/DTL. They each authored one desk study (Line – South Sudan, Lene – India, David – Ethiopia).

9. Case study sampling criteria

Table 14 includes the selection criteria and corresponding data for each of our proposed case study countries. These data were used in identifying potential countries, and the proposed selection was informed through consultation with Gavi Secretariat staff and confirmed by country programmes staff as described in Annex 4.

Table 14: Presence of funding levers in selected countries

Category (Last Updated)			HSS Grants (15 Sept 2022)						EAF Grants (15 Sept 2022)		FPP Process (15 Sept 2022)	ZD Identification Status (15 Sept 2022)	Ceilings for HSS, EAF, PEF TCA (19 Sept 2022)			Ongoing Audits/Evaluations	
Country	Category	Transition Status	Latest HSS Grant	Year of First Disbursement	Year of Latest Disbursement	End Date of Current Grant	Additional Notes	Summary of 5.0 HSS	EAF Application Status	Date of IRC Review	FPP Status	Status of Identification of ZD	HSS Ceiling for next FPP in 5.0 (x1.000)	EAF Ceiling 2021-25 (x1.000)	TCA Ceiling 2021-25 (x1.000)	Ongoing CET Evaluation	Ongoing Audit
Cambodia	Core (Standard)	Preparatory transition	HSS2	2015	2019	Mar, 2023	N/A	N/A	Yes (through FPP)	N/A	IRC Review	Finalized	13.223	1.906	3.957	Zero Dose	-
DRC	High Impact	Initial self-financing	HSS3	2020	2022	Mar, 2025	HSS4 planned	HSS 1/2, 3	Yes (Standalone application)	Nov, 2022	FPP initiation pending	Finalized	155.024	59.731	25.000	COVAX	Approved and ongoing
Djibouti	Core (Priority)	Preparatory transition	HSS2	2022	2022	2026		HSS2	Yes (through FPP)	N/A	IRC Review	Finalized	3.000	1.000	4.670	Zero Dose	-
Ethiopia	High Impact	Initial self-financing	HSS3	2016	2021	Aug, 2022	HSS4 planned	HSS 1/2, 3	Yes (through FPP)	N/A	FPP Ongoing (Appl. pending)	Ongoing	114.644	59.731	25.000		-

India	High Impact	Accelerated transition	HSS2	2017	2021	Dec, 2021	HSS3 planned	HSS1 /2	No	N/A	FPP Ongoing (Appl. pending)	Ongoing	***	***	***	COVAX, Zero Dose	Approved and ongoing
Nigeria	High Impact	Accelerated transition	HSS2	2019	2022	Sept, 2024	HSS3 planned	HSS1 /2	No	N/A	FPP initiation pending	Ongoing	126.000	-	26.209	C-19	-
South Sudan	Conflict/ Fragile	Initial self-financing	HSS3	2022	2022	Dec, 2022	HSS4 planned	HSS1 /2, 3, FER	Yes (through FPP)	N/A	IRC Review	Finalized	19.880	7.828	14.678	Zero Dose	Approved (2023)
Yemen	Conflict/ Fragile	Initial self-financing	HSS3	2021	2022	2026 (per SAP)	HSS4 planned	HSS3	Yes (Standalone application)	Subsequent 2023 IRC rounds	N/A	Planned for Q3 2022	19.230	10.626	11.221	Zero Dose	Approved and ongoing

10. Case study summaries

We undertook data collection in eight case study countries, selected as described in Annexes 4 and 9 above. Data was collected within the temporal scope of this evaluation, 2015 to the end of 2022. Case study countries included one in-country case study (Cambodia), two hybrid studies (DRC and Nigeria), and five desk studies (Djibouti, Ethiopia, India, South Sudan, and Yemen). We present below a summary of key findings for each of the case studies.

Cambodia (In-Country Study)

1 Country Context

- The National Immunization Programme (NIP) is operated under the National Maternal and Child Health Center (NMCHC) and is mandated to manage and coordinate immunization activities at the national level in collaboration with the relevant departments of the Ministry of Health (MoH) and the sub-national level with the provincial health departments (PHDs) and operational district (OD) health authorities.²³
- The percentage of children aged 12–23 months fully vaccinated against all basic antigens²⁴ was 76% in 2021–22 (2021-22 CDHS).²⁵
- The **main NIP partners are WHO, UNICEF, CHAI, numerous CSOs and local partners**, as well as private hospitals/clinics in urban areas.
- Strategic priority areas of NIP include increasing immunization coverage nationwide, reducing inequities; strengthening the immunization supply system; increasing community awareness of, and demand for, immunization; strengthening the quality of surveillance of all vaccine- preventable diseases and strengthening management capacity at all levels.

Table 15: Support to Cambodia in Gavi 5.0 (updated to the end of 2022)

Grant Type	Date of Application	Date of Approval	Funding Period	Amount (USD)
TCA	June 2022*	<i>In progress</i>	2024-2027	1,409,762
HSS-3	June 2022*	<i>In progress</i>	2023-2027	13,223,184
EAF	June 2022*	<i>In progress</i>	2023-2027	1,906,513
CCEOP	June 2022*	<i>In progress</i>	2023-2025	688,688
TCA	--	--	2022-2023	1,252,194
CDS	--	September 2021	2021-2023	4,599,795
CCEOP	May 2020	February 2021	2020-2021	1,029,792
HSS-2	January 2015	July 2015	2015-2022	28,958,508
NVS – IPV	--	--	2015-2027	9,273,431
NVS – Pneumo	--	--	2015-2027	35,249,842
NVS – Penta	--	--	2010-2027	29,404,713

*HSS-3, EAF, CCEOP, and TCA were applied for as part of the FPP and recommended for approval by the IRC in October 2022.

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- **Finding 1.1: The country segmentation/differentiation principles are potentially not yet fully cascading into operationalisation.** According to the budget template requirements of Cambodia given its (core standard) country segmentation designation, Cambodia was not required to submit a detailed budget for its current grant request, however the Gavi country team (SCM & PM) were not comfortable with the risk inherent in this approach and asked for a detailed budget regardless.
- **Finding 1.2: Two examples showing a lack of coherence/complementarity between strategic intent with policy priorities, funding levers & guidance were i) the tension between meeting co-financing commitments and introducing new vaccines; Gavi and**

²³The National Technical Working Group for Health (TWGH) operates as Cambodia's Immunization Interagency Committee (ICC) and as NIP's core decision-making body

²⁴Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine and DTP-containing vaccine, and a single dose of measles-containing vaccine.

²⁵Information on vaccination coverage was obtained in two ways in the 2021–22 CDHS: from written vaccination records, including vaccination or health cards, and from verbal reports from the mother.

partners had been using soft influence to encourage HPV new vaccine uptake, cohort choice and implementation modalities – based on BoD data - and to discuss the potential addition of rotavirus. Nonetheless, the MoH – reportedly being conscious of their co-financing obligations - has proceeded slowly with HPV, piloting it in two regions in 2018 with nationwide introduction to selected cohorts only happening this year. **ii) the restriction on HR budget ceiling being out of alignment with the need to fund DSA for ZD outreach.** The evaluation team understand that there has now been work to change Gavi's HR budget ceiling policy (HR ceiling) centrally, given this issue was holding up grants for many countries.

- **Finding 1.3: Gavi policy supports complete autonomy of vaccine choice by countries, however the same is not true of CCEOP choice.** The CT can only try to influence vaccine choice through providing TA to model value for money scenarios. However for CCEOP, Gavi takes a more stringent stance and requires a country to procure 25% of a different CCEOP brand from their first choice because Gavi is looking to expand the portfolio beyond a dominant high priced supplier in order to shape the market and achieve better VfM.
- **Finding 1.4: There has been progress in improving the design of programme application guidance and to align with Gavi 5.0 although KIIs suggest that CCEOP and EAF applications need to be simplified and folded into HSS.** The application guidance is a key mechanism to enable translation of Gavi's strategy at country level and accordingly, the activities and objective categorisation between the ToC, budget, and programmatic funding guidance narrative has been changed to better align with Gavi 5.0 objectives. KIIs suggested that further improvements could be realised by simplifying and merging the CCEOP funding lever with HSS and also that EAF needs to be folded into HSS.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: Partner expansion at the central level was initially challenging.** Partner expansion initially encountered pushback particularly from WHO, given that expanded partner TCA would come from the existing TCA funds, creating a zero sum situation. Gavi was subsequently credited with playing a coordinating and supportive role, and eventually CHAI is now recognised as filling gaps that other partners were not filling (e.g. coordinating FPP process and providing managerial support).
- **Finding 2.2: The “push” of certain strategic agendas by Gavi can place TA providers in a difficult situation, given their need for government agreement/approvals of the TCA scope and the need to move at NIP's pace.** With regard to the digital projects funded by the Gavi TCA budget, Gavi may have a certain agenda and pace dictated by its strategic priorities, but TA providers are constrained by the willingness and pace of the NIP and wider government.
- **Finding 2.3: The FPP process was “intense” but fairly well-orchestrated, completed within 6 months, enabled by country programme and partner capacity and pre-work/analysis having already been done in 2021.** KIIs only acknowledged a few issues with making sure inputs into the new workplan document (budget & ToC) and the strategic narrative were done in the correct format.
- **Finding 2.4: KIIs suggested that the FPP process enables transaction cost savings during the grant application stage.** “If each grant had been submitted as a standalone, it would have been 5 times the work as for the FPP - 5 IRC reviews, etc.” (CT KII). It was

not yet entirely clear to the CT whether the FPP transaction savings would also translate into the grant management process.

- **Finding 2.5: The FPP process reportedly resulted in better emphasis on complementarity of TCA partner roles as regards Gavi grant interventions and deliverables, a better understanding of the whole of Gavi grants and their internal alignment, and a more realistic scope of performance indicators.** KIIs also suggested that the FPP process has enabled stakeholders to look at Gavi grants holistically and plan for integrated outreach, not just C-19 delivery specifically. Also, the >150 indicators WHO was responsible for delivering with only 2 people were negotiated down during the FPP process.
- **Finding 2.6 In theory the FPP process should facilitate ease of understanding of complementarities with other funding partners,** however, the FPP narrative only has small section on donor landscape and there is no known accountability mechanism to ensure alignment and complementarity is achieved. Although ensuring partner synergies is a Gavi principle, **the degree to which this is pursued appears to be highly dependent upon the discretion of CT (during grant negotiation process).**
- **Finding 2.7 IRC recommendations were addressed through CT/NIP/partner dialogue.** The CT has the incentive to ensure IRC issues are fully addressed during country dialogue/grant negotiation, so that time is not lost later due to hold-ups with internal management approvals/ further clarifications to issues IRC has raised. Findings related to the exchanges between the NIP, country team and NIP for the recently submitted FPP application are detailed under Workstream 3.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1 The previous and current NIS had already been focused on at risk/under-immunized communities. Gavi's ZD influence is therefore coming through additional resourcing provided by the EAF grant, as well as indirectly through sub-national expansion of partners, improving gender programming and (see subsequent point) improvements in data culture.** The IRC review of the FPP asked for improvements in how under-immunised children would be identified, how gender barriers related to maternal literacy and decision authority would be addressed, and how local partners would be leveraged for service delivery and demand generation. The NIP supplied reasonable answers explaining i) How rapid community assessments and VHS data collection would support identification and quantification of ZD children; ii) how gender focused interventions would go beyond health and incorporate other sectors, utilising appropriate communication formats and iii) the selection process underway to leverage CSOs/local partners for nine activities falling into 3 categories (demand, digital and service delivery).
- **Finding 3.2 The poor data quality in Cambodia inhibits accurate understanding of immunization progress and Gavi has been pushing for improvements via TA under ongoing grants as well as through the new FPP grant negotiation process.** The IRC review of the FPP concluded that NIP needed to develop a plan to address data culture. In response, the NIP clarified that the MOH had recently developed the Digital Health Strategy to support the development of a strong data culture across all MOH programs, including NIP, and noted that the Department of Planning and Health Information (DPHI) was considering an upgrade of the current MOH HMIS to DHIS2. NIP also provided a detailed annex to Gavi, to explain interventions to improve i)

denominators/population estimates including of ZD children ii) numerators/ data quality through improving data recording iii) data quality and validation and iv) accountability through visibility provided by the EPI dashboard. It is not known the degree to which the IRC's request prompted the NIP to develop/strengthen the data quality plan or conversely, whether the data quality plan already existed but had not been communicated in the FPP. According to KII (data quality TCA providers), this has been a challenging area for NIP to address, given links with/reliance on the DPHI for interoperability, progress and recurrent costs.

- **Finding 3.3 Gavi's funding in Cambodia needs to better support integrated service delivery/focus on PHC outcomes, in alignment with UHC and SDG 2030, with the Gavi principle of partner alignment and with Gavi 5.0 SG3 goal of sustainability. This may have implications for the way Gavi provides funding in Cambodia.** UNICEF analysis annexed to the Cambodia FPP application shows that ZD children have a cluster of unmet needs, yet GAVI's funding supports only immunization service delivery/outcomes, and Gavi is not part of the multidonor joint investment fund supporting integrated PHC service delivery/PHC outcomes. This has implications for delivery of integrated services meeting the cluster of needs faced by ZD children, but also the prospect of achieving efficiencies around service delivery, streamlining payments to Village Health Support Group (VHSGs), sharing of supportive supervision, alignment on M&E indicators, and benefits of greater transparency and accountability. The NIP's dialogue with the Secretariat and IRC recognised the need for engagement with DFAT and World Bank who are part of the multi-donor fund and Cambodia Nutrition Programme (covering all Health Centers in country) to ensure that there is no duplication of services.^{26 27}

d. Workstream 4 – Lessons Learned (specifically in this country)

- Cambodia's immunization programming had already been focused on addressing gender related barriers, under-immunised communities, and on ensuring adequate domestic financing. Gavi's grants have appropriately supported the priority areas and strategic objectives of the NIS, while nudging the programme to further heighten emphasis on an improved data culture, new vaccine introduction, gender focused interventions, partner expansion, the Zero Dose agenda, and co-financing, in alignment with the Gavi 5.0 strategy. Zero Dose children face a cluster of needs; the implication of Gavi's focus on these children is that greater emphasis needs to be placed on Gavi's coordination and alignment, and possibly Gavi's funding modalities, to ensure that ZD children's access to a range of health services is enabled.

²⁶ (Mondul Kiri, Ratana Kiri, Kratie, Stung Treng, Preah Vihear, Kampong Chhnang, and Koh Kong)

²⁷ Partner support to the partner-supported HSP4 and PHC Booster are still under discussion in Cambodia and it is known that immunisation will be a critical component of Cambodia's PHC Booster for which funding will be demarcated in the coming 1-2 years. The current community health worker structure, VHSGs, are under management of HC and CCWC: in the longer term, when the community participation policy (CPP) and decentralisation and deconcentration (D&D) are more established, their role, management and incentive scale will be clearer. NIP informed the IRC that they are working closely with partners to assess the overlap between provinces supported by various donors; however the lowest level is where the annual operational planning based on the needs of HCs (and their villages) is done with PHD/OD supervision who then allocate budget accordingly. This microplanning for immunisation is conducted considering commitments from various programs across all funding sources to ensure no duplication in activities occurs. NIP informed the IRC that it will monitor the development and endorsement of the Community Participation Policy and its operationalisation and make adaptations as necessary in communication with Gavi team.

DRC (Hybrid Study)

1 Country Context

- The Democratic Republic of Congo is **the largest and second most populous country in sub-Saharan Africa**, with a total population of 95,894,118 (2021) and a birth cohort of 4,133,987 children (2022).²⁸
- The DRC continues to experience **one of the most complex and protracted humanitarian crises in the world**, exacerbated by recurrent epidemics: cholera, measles, Ebola, and most recently, COVID-19.
- With a GNI of 580 USD per capita in 2021, DRC is currently **initial self-financing**.
- **Routine immunisation coverage** is relatively low, ranging from 52 to 81 percent in 2021.²⁹ Notably, MCV coverage is 55 percent despite having 54,471 measles cases in 2021.
- **Equity concerns** persist, with 734,287 zero dose children at the national level in 2021. Drop-out from DTP1 to the last routine dose of MCV at the national level was 32 percent in 2021. This varies geographically – according to MICS 2017-2018, nine provinces account for 50 percent of the country's unvaccinated or incompletely vaccinated children.³⁰
- In the past few years, the country has pivoted towards **expanding partners** beyond traditional core partners to include CSOs (i.e., VillageReach, Sango Na SMS).³¹
- The **COVID-19 pandemic** led to a significant drop in RI coverage. In 2020, nearly 23 million children missed out on routine immunisations due to the pandemic.³² Health-care delivery in general was disrupted, with a reduction in the number of antenatal care visits, an increase in the number of pregnancies, and increased incidence of sexual and gender-based violence.

Table 16: Support to DRC in Gavi 5.0 (updated to the end of 2022)³³

Grant Type	Date of Application	Date of Approval	Funding Period	Amount (USD)
TCA	April 2022	2022	2022-2024	12,885,173
EAF	November 2022	<i>In progress</i> ³⁴	2023-2025	\$59,730,647
Measles follow-up campaign	November 2021	June 2022	2023	13,513,422
HSS-3	October 2019	March 2020	2020-2024	100,379,999
NVS – Measles 1&2	March 2020	April 2021	2021-2023	10,409,500
NVS – Rota	September 2016	November 2017	2018-2027	79,667,467
NVS – IPV	--	July 2014	2015-2024	81,047,552
NVS – Pneumo	--	--	2008-2027	510,959,062
NVS – Penta	--	--	2008-2024	209,816,495
NVS – Yellow Fever	--	--	2003-2027	78,211,472

²⁸ Congo, DR Country Hub, Gavi, accessed 13 March, <https://www.gavi.org/programmes-impact/country-hub/africa/congo-dr>

²⁹ WUENIC Immunization Dashboard, Yemen, accessed 6 January 2023, <https://immunizationdata.who.int/pages/profiles/yem.html>

³⁰ Multiple Indicator Cluster Survey 2017-2018, DRC, Bureau of Statistics, <https://microdata.worldbank.org/index.php/catalog/4151>

³¹ Targeted Country Assistance Plans, 2017-2020, <https://www.gavi.org/country-documents/congo-dr>

³² Overview, The World Bank in DRC, accessed 15 March 2023, <https://www.worldbank.org/en/country/drc/overview>

³³ Gavi Grant Applications 2014-2022, Decision Letters 2014-2022

³⁴ Comments to the draft report stated that the EAF application was reportedly approved in June 2023, but this was out of the scope of our evaluation.

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- **Finding 1.1: DRC's recent applications are closely linked to the new Gavi 5.0 strategies and correspond to country priorities.** For example, activities of HSS-2, HSS-3, and PEF TCA directly support the objectives of the Mashako Plan, an emergency plan launched in nine at-risk provinces by the Ministry of Health in 2018 with the aim of increasing immunization coverage and reducing zero dose children.^{35, 36 37}
- **Finding 1.2: While there is an interest in accessing support for certain priority vaccines such as HPV and Hepatitis B, stakeholders identified inability to meet significantly increased co-financing requirements as a barrier to introduction.**
- **Finding 1.3: Knowledge of the impacts of differentiation are varied, but some interviewees reported benefits such as more funds, flexibility in the payment of co-financing and the introduction of new vaccines, and more commitment from Gavi staff.** Interviewees noted that visits by Gavi staff are perceived to be more frequent with more engagement.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: The new 5.0 strategy has been communicated in broad outlines, but country stakeholders know little about it aside from the equity/zero dose component.** This may be linked to the delay in the dissemination of the new guidelines. Those who had consulted the new guidelines found them more useful than the old ones.
- **Finding 2.2: Country stakeholders are concerned about the complexity and heaviness of application guidelines and processes.** They expressed a need for greater clarity and simplification of procedures such as the timeframe for disbursing funds and the processes of the fiduciaries. Some interviewees thought that the process could be simpler, citing the example of CDS.
- **Finding 2.3: While the FPP has not occurred yet,³⁸ interviewees offered a nuanced perspective of openness to the initiative alongside concern about the required amount of time and resources.** Interviewees expected some positive outcomes of the FPP process, including reduced duplication of activities and therefore efficient use of funds, streamlining of partner requests, facilitation of program management, strengthening complementarity and coordination. However, potential barriers were already identified, with stakeholders already anticipating that the process would take more than 16 months and could result in delayed disbursement and implementation. Stakeholders also expressed concerns that because the FPP is planned to be completed in time for the end of HSS-3 in early 2025, reprogramming would be necessarily to align HSS-4 with the Gavi 6.0 strategy. They foresaw it as a heavy and complex process and whose details are not well known, described apprehension for the recruitment of a consultant of unknown quality to do the work, and expected difficulties in aligning the schedules of certain supports such as HSS-4 and NVS. Some fear that this will end up being a compilation of the different tools used for each of the isolated applications, in which case there will be no gain in simplification.

³⁵ JSP DRC GAVI RSS3, 10 September 2021, Gavi

³⁶ Implementation and Update Plan Mashako_v2, June 2021, Gavi

³⁷ DRC - Two Years into the Mashako Plan Journey, 16 February 2021, Gavi

³⁸ An FPP as defined under Gavi 5.0 has not occurred yet, but DRC used a predecessor of the FPP (the Country Engagement Framework, CEF) to apply for new grants in 2019.

- **Finding 2.4: The expanded partnership is not seen positively by some country stakeholders, who find it to be a risk to the quality and effectiveness of the interventions and an attack on the cohesion between partners.** Some interviewees saw this as a positive approach due to sustainability, knowledge of the population, and field experience provided by CSOs. However, core partners found that this partnership expansion was done without their consultation, and that Gavi was now taking over some of their roles – i.e., hiring consultants to help country planning activities and logisticians directly, as opposed to hiring them through UNICEF and WHO.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: Approved grant activities during the 5.0 period generally reflect the priorities of the Gavi 5.0 strategy, particularly in relation to the emphasis of zero dose activities emphasized through the EAF application.** The EAF application (applied for at the end of 2022) alongside the Measles follow-up campaign are currently the only new grants applied for under Gavi 5.0.
- **Finding 3.2: Equity and zero dose were not seen as a new approach to Gavi 5.0 due to equity-related national programmes and grant activities in Gavi 4.0.** Equity was a key component of the Mashako Plan (2018) and HSS-3 (2019-2024) under 4.0, and this was continued through the EAF applied for under Gavi 5.0.³⁹
- **Finding 3.3: Gender is not a primary focus for the country, with little mention in the national health strategy.**⁴⁰ However, as part of the PEF TCA 2022-2024 objectives, the country proposes to use the work of the "Mapping 4 Health" project on gender-related obstacles.⁴¹ It will expand the study to identify barriers to reaching missed communities and design an intervention to overcome them, potentially including gender-based programming. Specific activities will be conducted with the support of a gender expert to be identified by one of the technical assistance partners.
- **Finding 3.4: The involvement of civil societies is a strategic axis reflected in recent grant applications (TCA, EAF, and HSS-3), as well as the most recent national health strategy.** Prior to this strategy, most of the TCA funds were allocated to WHO and UNICEF. DRC also has a long history of CSO involvement in implementing Gavi support, although stakeholders expressed discontent that pre-Gavi 5.0, funds were generally channelled through core partners.⁴² Stakeholders also reported discontent with the quality and effectiveness of interventions led by core partners, expressing that they were not always relevant and were, at times, duplicative. Perceptions of the extended partnership under Gavi 5.0 were mixed, with some stakeholders seeing it as imposed by Gavi and a threat to the cohesion of long-standing core partners, and others finding that Gavi is positively contributing to the coordination of partners and sustainability of programming.
- **Finding 3.5: Interviewed stakeholders perceived the IRC and Gavi Secretariat/country team as playing a fundamental role in ensuring that country submissions are in line with Gavi's strategic goals.**

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1: Interviewees suggested that more flexibility in co-financing could allow for more effective operationalization of Gavi 5.0 strategies.** At times, inability to meet

³⁹ JSP DRC GAVI RSS3, 10 September 2021, Gavi

⁴⁰ Plan National Stratégique de Développement (2019-2023), n.d. République Démocratique du Congo

⁴¹ TCA_Narrative_2022_DRC_vF, April 2022, Gavi

⁴² Application for CSO Support, 2014, Gavi

co-financing requirements has been identified as a barrier to seeking key vaccine support (i.e., HPV and Hepatitis B).

- **Finding 4.2: Country stakeholders identified a need for more coordination and harmonization between partners.** Key suggestions for this coordination included clarification of roles and responsibilities of core and expanded partners, development of a mechanism for monitoring and reporting partners' results, and evaluation of technical assistance.
- **Finding 4.3: Stakeholders expressed a desire to have less involvement of the Secretariat in operational decisions such as hiring consultants for the application process, and more assistance with following up on the implementation of activities.**

Nigeria (Hybrid Study)

1 Country Context

- Nigeria is a federal republic comprising 36 states and a Federal Capital Territory, with a **total population of more than 213 million and a birth cohort of 8 million children.**⁴³ In 2021 Gross National Income per capita was US\$ 2,100, meaning Nigeria is categorised as a Lower Middle Income Country (LMIC), although **around 70% of people live in poverty.** In addition, Nigeria has an extremely high burden of communicable diseases with a considerable incidence of vaccine-preventable diseases (VPDs) among children under 5.
- Challenges **hindering the delivery of public health services** and development in Nigeria include poor government funding of the health sector, insufficient number of functional primary health care (PHC) facilities, inadequate and inequitable distribution of qualified human resources for health, poor literacy levels and insecurity.⁴⁴ Wider socio-economic and structural barriers to also exist, such as poor primary and secondary education and gender inequality, as well as having difficult-to-reach populations. This is exacerbated by systemic challenges, such as security challenges, natural disasters, and extreme data quality challenges.
- The **National Primary Health Care Development Agency (NPHCDA)** is mandated to provide policy direction and support to states and local government areas (LGA) for the implementation of primary health care including immunization, supporting the States and LGAs in the implementation of primary care policies, strategies and plans and providing feedback for the subsequent years. The NPHCDA develops the comprehensive multiyear plan (cMYP), annual plans and organizes the quarterly and annual review meetings including the Joint Appraisal (JA) process.
- **Partners also play an active role in the immunisation space and are members of all the core working groups and the Inter-Agency Coordinating Committee (ICC)**, as well as providing substantial technical and financial support to the immunization programme.
- **Routine immunisation coverage remains stubbornly low.** DTP3 coverage at the national level was 56% in 2021, and 45% in the 20% of districts with lowest coverage. MCV1 coverage at the national level was 59% in 2021. The dropout rate from DTP1 to the last routine dose of MCV at national level in 2021 was 49%.
- **Approximately 25% of all Zero Dose children reside in Nigeria, equivalent to approximately 2.3 million children.**⁴⁵ These children are often in rural areas and conflict affected regions.⁴⁶
- **Cash grants to Nigeria were suspended between 2014 and 2017 following audit issues.**⁴⁷
- Having crossed Gavi's eligibility threshold for GNI p.c. in 2018, Nigeria entered into an **accelerated transition** phase. This required the country to transition away from Gavi support in 2021, although this was extended to 2028 based on a 10-year plan for system strengthening to facilitate successful transition – the Nigeria Strategy for Immunization and PHC System Strengthening (NSIPSS 2018-2028). This is a Gavi Board approved strategy that serves as the basis of Gavi (and other Alliance/donor/partner) support to Nigeria.

⁴³ <https://www.gavi.org/programmes-impact/country-hub/africa/nigeria>.

⁴⁴ Federal Ministry of Health - Nigeria, NHA, 2017, <https://www.health.gov.ng/doc/FINAL-VERSION-NHA-2017.pdf>

⁴⁵ <https://www.gavi.org/programmes-impact/country-hub/africa/nigeria>.

⁴⁶ <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001126>

⁴⁷ <https://www.gavi.org/programmes-impact/programmatic-policies/risk-policy>.

Table 17: Support to Nigeria in Gavi 5.0 (updated to the end of 2022)

Grant Type	Application Date	Date of Approval	Funding Period	Amount (USD)
HSS-2	May 2018	July 2019	2019-2023	133,581,103
HSS-3	<i>In progress</i>	<i>In progress</i>	2023-2028	--
CDS	--	October 2021	2021-2022	38,421,616
TCA	April 2022	<i>In progress*</i>	2022-2023	8,349,166
NVS – ISD	--	June 2017	2017-2021	14,928,995
NVS – IPV	--	--	2015-2027	192,915,440
NVS – Measles 1 st and 2 nd dose	--	March 2019	2019-2027	10,181,060
NVS – Measles follow-up campaign	January 2017	July 2017	2017-2021	39,171,363
NVS – Penta	--	--	2012-2025	161,432,719
NVS – Pneumo	--	--	2014-2027	341,294,709
NVS – Rotavirus	June 2016	--	2018-2027	61,110,282
NVS – Yellow Fever diagnostics	July 2019	April 2020	2020-2022	379,743
NVS – Yellow Fever campaign	--	--	2013-2022	275,455,266
NVS – MenA	June 2016	May 2018	2019-2027	23,408,691

*IRC recommended for approval with revisions in June 2022.

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- **Finding 1.1: Nigeria has drawn on a range of Gavi funding levers to support vaccine introduction and programming scale up for a range of vaccines, as well as systems strengthening.** At a high level, stakeholders noted that the objectives of the funding levers were coherent and complementary to national immunisation objectives.
- **Finding 1.2: Not all aspects of Gavi's processes and ways of working are not fully aligned with country (and even Gavi) objectives.** There are a number of examples:
 - **Finding 1.2.1: Despite crossing Gavi's threshold for entering into an accelerated transition phase, the country was not ready to transition within the usual timeframe. Even with an extension to a 10-year transition timeframe, all stakeholders acknowledge that this is unrealistic.** This is due to many factors, but most notably that GNI p.c. (on which country transition status is determined) did not reflect the health sector or immunization program status or capacity. In this respect, Gavi's earlier decision to suspend cash support had stalled momentum and worked against the long-term objectives of the eligibility and transition policy.
 - **Finding 1.2.2: The timing of Gavi strategy periods has not aligned to key country strategic processes. This has hampered the extent to which Gavi grants are designed to meet some 5.0 goals in a timely way.** The NSIPSS was developed in 2018 within the Gavi 4.0 strategic period, alongside a commitment by Gavi to provide substantial HSS support over this period to facilitate its implementation. Gavi's HSS grants are the main funding lever to operationalise many strategic priorities – in Nigeria, the HSS2 grant runs from 2018 to 2023 and the HSS Statewise grant runs from 2020 to 2023. These were both agreed before the 5.0 Strategy and offered very limited opportunity to reprogram funds to meet 5.0 strategic objectives from 2021 onwards. The HSS3 grant starting in 2023 (half way through the 5.0 strategy) offers an

opportunity to ensure that this funding lever meets 5.0 strategic objectives in a more comprehensive way.

- **Finding 1.2.3: Application processes and guidance are viewed as too complicated and rarely fully understood by country stakeholders; yet applications are often too high level for the IRC to meaningfully assess alignment between Gavi and country strategic priorities.** The complexity of application processes was noted by a number of interviewees, despite acknowledging the significant capacity of stakeholders in country. Issues with the IRC's review have been consistently noted in IRC reports over time.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: Accessing so many separate funding levers creates a complex web of grants and significant management burden.** There is almost always an application and/or grant management process ongoing for one or more grants, which was described as complicated and a heavy lift. Stakeholders recognised the potential benefits of an integrated (FPP-like) application process, although the country has not implemented such a process as yet.
- **Finding 2.2: A significant factor affecting strategy operationalization is the NSIPSS and associated Accountability Framework.** These are strong tools for long-term planning and the constructive negotiation of mutually agreed priorities between the country, Gavi and partners centred around systems strengthening and sustainable transition, and accountability for progress being made towards them. This was widely reported by stakeholders, accredited mainly to Gavi but also considered as a good example of Alliance partners working together in a concerted and practical manner with the country. One potentially negative aspect to it, in line with Finding 1.2.2, is that the long-term plan is considered to have limited the extent to which some new/emerging strategic priorities have been reflected in Gavi programming in a timely manner.
- **Finding 2.3: The level of financial support, quality and quantity of technical assistance, and monitoring of select priorities are considered to constrain strategy operationalization.**
 - **Funding** needs in Nigeria are significant, in part related to the scale of the country and its population size. For this reason, Nigeria can be subject to funding caps that limit Gavi allocations. For instance, while Nigeria has the highest 5.0 TCA ceiling allocation (\$26.2), it receives comparatively less TCA funding per child compared to some other countries (e.g. Pakistan, DRC, Ethiopia), due to a \$5m/high impact country per year cap.
 - In terms of **partner support**, this is viewed as helpful but could be optimised, with stakeholders pointing to a lack of capacity and knowledge of Gavi priorities and processes; as well as practical issues in gaining internal approvals to release and reprogram funds for implementation, etc.
 - For **monitoring**, the NSIPSS Accountability Framework defines key indicators for accountability and expected rewards and sanctions based on Gavi's Principles of Engagement. This is, however, mostly focused on co-financing, PFM, PHC integration and planning for sustainability. It was also revised to include metrics on Zero Dose. It does not include other Gavi strategic priorities, such as gender and CSO engagement, which stakeholders reflected, in part as a result, are not such significant strategic priorities.

- **Finding 2.4: A range of contextual factors at country level influence the strategy operationalisation process and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs.** Firstly, stakeholders mentioned political will, which has been strong for several years although may change with the upcoming elections. Stakeholders also mentioned factors that affect how political will translates into action, such as MoH, EPI and health systems capacity.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: The Gavi Secretariat has used diplomacy and soft power to influence country priorities and decision making.** This is primarily through the regular engagement between the Gavi SCM and country stakeholders, as well as through the Gavi Alliance partners, supplemented by high level dialogue between senior Secretariat staff and country stakeholders, including High Level Missions/Delegations. This model for engagement is mostly felt to be effective in communicating Gavi's priorities and advocating for them to be addressed through Gavi support and national immunisation programming.
- **Finding 3.2: Some progress is being made to integrate Gavi's strategic priorities into Gavi grant design and national immunisation priorities, although this varies by priority area.** Overall, good progress appears to have been made in increasing government financing for immunisation, working towards successful transition, and integrating approaches to reach Zero Dose children. Stakeholders widely consider these to be the top priorities of Gavi. Less progress has been made to integrate gender sensitive approaches into programming, and to harness the potential of civil society to support Gavi and country objectives. These are considered to be important priorities of Gavi but second order priorities that are useful but not essential to accessing Gavi funding. More specifically:
 - **Civil society:** Demand for immunization and PHC services is weak and community engagement initiatives have had issues in operationalisation.
 - **Gender:** Gender-related barriers are not fully understood or addressed in Gavi or national immunisation programming.
 - **Equity:** Despite challenges with the timing of Gavi's strategy and HSS grants, the level of focus on in-country equity has increased over time.
 - **Co-financing:** Government vaccine expenditure increased dramatically in 2015 and 2016 but then dropped back to 2014-levels in 2017.

d. Workstream 4 – Lessons Learned (specifically in this country)

- Gavi's processes and ways of working can sometimes hamper country and even Gavi objectives.
- The NSIPSS and Accountability Framework act as a strong tool for long-term planning and the constructive negotiation of mutually agreed priorities, although this may also hamper the adoption/translation rapid changes in priorities mid-term.
- The sheer number of funding levers and different Gavi grants operating simultaneously creates significant complexity and management burden for country stakeholders.
- Application guidance materials are rarely fully understood by country stakeholders and do not influence Gavi grant designs in the manner intended.

- The strategy operationalisation model relies on the interaction of the Gavi Secretariat (at a senior level and through the SCM and partners) to communicate verbally and more simply.
- There remain critical barriers to addressing all Gavi strategic priorities through Gavi grants.

Djibouti (Desk Study)

1 Country Context

- Situated in the **Eastern Mediterranean region** and bordered by Ethiopia, Somalia, and Eritrea. It is a relatively small country, with an area of 23,200 km², total population of 1,105,558 (2021), and birth cohort of 24,549 (2022).⁴⁸
- Djibouti hosts **approximately 35,000 refugees and asylum-seekers**, predominantly from the neighbouring countries of Somalia, Ethiopia, and Yemen.^{49, 50}
- Djibouti relies primarily on **core Gavi partners (WHO and UNICEF)** to provide technical support for their immunization programme.
- **Routine immunisation coverage** is low, ranging from 49 to 70 percent in 2021.
- **Equity** is also limited, with 7,122 **zero dose** children and a birth cohort of 24,549 in 2022.⁵¹ Drop-out from DTP1 to DTP3 is 11 percent and drop out from DTP1 to the last routine dose of MCS is 31 percent. DTP3 coverage in the 20 percent of districts with the lowest coverage is 26 percent.
- While RI was increasing prior to 2020, the **COVID-19 pandemic** led to a decrease in coverage for all routine vaccinations, with coverage decreasing by up to 34 percent from 2019 to 2021.⁵²

Table 18: Support to Djibouti in Gavi 5.0 (updated to the end of 2022)^{53, 54}

Grant Type	Date of Application	Date of Decision Letter	Program Duration	Total Amount (USD)
TCA	January 2022 (through FPP)	October 2022	2022-2023	1,578,603 ⁵⁵
EAF	January 2022 (through FPP)	October 2022	2022-2025	1,000,000
HSS 2	January 2022 (through FPP)	October 2022	2022-2026	2,999,120
PSG – IPV 2	July 2020	October 2021	2022	30,000
CDS-3	--	September 2021	2021-2022	2,999,777
CCEOP	January 2017	July 2017	2017-2021	270,252
NVS – IPV	January 2015	June 2015	2015-2024	536,132
HSS 1	January 2014	September 2014	2015-2021	3,436,480
NVS – Penta	--	--	2007-2024	1,997,848
NVS – Pneumo	--	--	2012-2024	3,164,901
NVS – Rota	--	--	2013-2024	786,598

⁴⁸ Gavi country fact sheet, Djibouti, accessed 6 January 2023, <https://www.gavi.org/programmes-impact/country-hub/eastern-mediterranean/djibouti>.

⁴⁹ Djibouti, UNHCR, accessed 15 January 2023, <https://www.unhcr.org/djibouti.html>.

⁵⁰ Djibouti DTM, IOM, May 2023

⁵¹ WUENIC Immunization Dashboard, Yemen, accessed 6 January 2023, <https://immunizationdata.who.int/pages/profiles/yem.html>

⁵² WUENIC Immunization Dashboard, Djibouti, accessed 5 January 2023, <https://immunizationdata.who.int/pages/profiles/dji.html>.

⁵³ Note that IPV 2 has not been introduced at this point (May 2023), despite approval for 2022.

⁵⁴ While Penta, Pneumo, Rota, and IPV have been approved up to 2027, grant amounts are only listed to 2024 in the most recently available decision letters (dated October 2022).

⁵⁵ The remaining ceiling of 4,665,931 USD is in the process of being approved through 2026.

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- **Finding 1.1: Gavi grants generally support the national immunization programme in Djibouti through multiple mechanisms, new vaccine support grants are constrained by limited abilities to meet co-financing requirements.** For example, the country expressed a desire to apply for measles-rubella and HPV vaccination support from 2018, identifying introduction of MR and HPV as priority items in the 2016-2020 cMYP.⁵⁶ However, they did not do so due to existing difficulties meeting co-financing requirements. The latest FPP workplan aimed to create an environment for MR and HPV vaccinations by 2024, reflecting a projected delay of six years from the initially planned introduction timeline.⁵⁷
- **Finding 1.2: Differences in design, and specifically in flexibilities, of programme funding guidance led to confusion at the country level in some cases (i.e., HSS and CDS).** The country applied for HSS-2 and CDS-1 in the same timeframe, and country stakeholders reportedly found CDS guidelines to be more flexible with less requirements than those for HSS.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: Djibouti experienced significant delays in their FPP application and funding disbursement, in part due to complex and frequently changing funding guidelines.** Guidelines were cited as a key barrier during their lengthy application process (spanning from 2019 to 2022).⁵⁸ In general, The CT emphasized that “150+ pages of guidelines” were difficult to read, especially in the context of competing priorities. In addition, as Djibouti was the first country to apply for FPP under Gavi 5.0, the application template versions were frequently updating throughout the process.⁵⁹ This lack of clarity led to the planning of TCA for two years as opposed to five.^{60, 61}
- **Finding 2.2: The IRC process may have had some influence on the structuring of funding/grant activities to cover certain aspects of Gavi's strategy.** For example, gender-related activities and the sub-contracting of CSOs was questioned in the pre-screening and IRC review process, leading to changes in their final grant structure.^{62, 63}
- **Finding 2.3: Expansion of partners, while not opposed by the country team or existing partners, is limited by Gavi requirements surrounding CSOs and ability to manage funding.** While stakeholders have expressed their willingness to work with CSOs, they said that due to Djibouti being a small country with a limited NGO landscape, there are not many civil societies in Djibouti that can receive funding directly from Gavi due to requirements surrounding inclusion of the organisation in the GMR system and ability to receive funds. NGOs were eventually contracted for

⁵⁶ 2016-2020 cMYP, 2016, Gavi.

⁵⁷ TdC_le Detail de soutien Gavi_DJIBOUTI_PLAN DE TRAVAIL, 19 December 2021, Gavi.

⁵⁸ FPP Screening Template_2022_Djibouti, January 2022, Gavi.

⁵⁹ FPP Screening Template_2022_Djibouti, January 2022, Gavi.

⁶⁰ Interview, Djibouti Country Team Member, 23 January 2023.

⁶¹ TdC_le Detail de soutien Gavi_DJIBOUTI_PLAN DE TRAVAIL, December 2021, Gavi.

⁶² Djibouti_IRCReport_27May2022, May 2022, Gavi.

⁶³ DJI_country response to IRC comments, 29 April 2022.

technical assistance, but they had to do so by sub-contracting through UNICEF.⁶⁴ Stakeholders also expressed concerns that the implementation would be delayed due to necessary capacity-building of contracted CSOs.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: While UNICEF was already sub-contracting CSOs in prior strategic periods, the FPP application and IRC review process brought it to light.**^{65,66} Country stakeholders saw this as a potential benefit to the new CSO funding requirements.
- **Finding 3.2: Gender was not identified as a priority by the country during the FPP preparation in 2020 and was subsequently pushed through the soft influence of the IRC.**⁶⁷ It is still only addressed as a relatively high-level survey of socio-economic barriers to immunization.^{68, 69}
- **Finding 3.3: While there has been a focus on ZD and equity since before Gavi 5.0 (including programming for at-risk groups such as migrants, refugees from neighbouring countries, and nomads),^{70, 71} there is more ZD-oriented language in the FPP grant activities than in prior NIPs.**⁷² The country team found EAF to be particularly useful in focusing ZD activities.
- **Finding 3.4: Djibouti is in accelerated transition as of 2022, but there are concerns due to difficulties with payments, as they nearly defaulted on their 2021 co-financing payment. They have requested to be put back into preparatory transition due to a lack of funding, arguing that a large part of their GNI is comprised of foreign debt.**⁷³ The IRC noted limited reflection on transition challenges in their FPP narrative, and the country management team indicated difficulties with the absence of a transition grant in 5.0 and difficulties in integrating transition activities into a limited HSS ceiling of 3 million USD.^{74, 75}

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1: While the holistic view of FPP was appreciated, the planning was described as a very heavy process.** The amount of requirements and extensive guidelines were found to be challenging for countries, resulting in a prolonged process.
- **Finding 4.2: The grants are not necessarily focused on national immunisation strategies in practice.** Stakeholders recommended following the country's strategy,

⁶⁴ DJI_country response to IRC comments, 29 April 2022.

⁶⁵ Djibouti_IRCReport_27May2022, May 2022, Gavi.

⁶⁶ DJI_country response to IRC comments, 29 April 2022.

⁶⁷ The preparation of the FPP application for Djibouti began prior to Gavi 5.0 (in 2020) and application guidelines included stronger focus on gender during Gavi 5.0.

⁶⁸ FPP Narrative, December 2019, Gavi.

⁶⁹ DJI_country response to IRC comments, 29 April 2022.

⁷⁰ cMYP 2016-2020, 2016, Gavi.

⁷¹ PNDS 2020-2024, 2020, Gavi.

⁷² FPP Narrative, December 2019, Gavi.

⁷³ DJIBOUTI_Draft Trip Report.docx, June 2022, Gavi.

⁷⁴ Djibouti_IRCReport_27May2022, May 2022, Gavi.

⁷⁵ FPP Narrative, December 2021, Gavi.

seeing what other donors are funding, and assessing where Gavi funding could fill the gaps, instead of going through application processes with certain requirements. It was described as a *“parallel process that does not necessarily link.”* A suggestion was that Gavi 6.0 could entail potentially not even filling out a grant application for countries with a well-developed national immunisation strategy.

- **Finding 4.3: Country personnel find guidelines to be challenging and suggested simplification so that there aren't *“hundreds of pages.”*** Suggested differentiating between the planning process and the funding approval process.
- **Finding 4.4: Flexibility in terms of funding reprogramming/reallocation was perceived as being very constrained, especially when planning for five-year periods as for the FPP.**⁷⁶

Ethiopia (Desk Study)

1 Country Context

- Ethiopia is the second most populous country in Africa, with a **total population of 120,283,026 (2021) and a birth cohort of 3,928,445 (2022)**.⁷⁷ It is located in the north-eastern part of sub-Saharan Africa, also known as the Horn of Africa.
- Ethiopia hosts **over 823,000 refugees and asylum seekers**, primarily from South Sudan, Somalia, and Eritrea.⁷⁸
- Ethiopia received technical assistance through a network of **core partners (WHO and UNICEF) and expanded partners, including Acasus, PATH, Consortium of Christian Relief and Development Agencies (CCRDA), CHAI, Girl Effect, Last Mile Health, FIT, and JSI**.^{79, 80, 81}
- **Routine immunization (RI) coverage** for Ethiopia is relatively low (54% for MCV1, 70% for DTP-1, and 65% for DTP-3 in 2021).⁸² While it was gradually increasing prior to the COVID-19 pandemic, in 2021 DTP-1 and 3 coverage declined by six percent compared to the year prior.^{83, 84}
- Low coverage is attributed to **high dropouts** and the persistence of disparity among regions, as drop out from DTP1 to DTP3 is 5%, whilst the drop out from DTP1 to the last routine dose of MCV is 34%.⁸⁵
- RI was decreasing, and the **COVID-19 pandemic** led to a further decrease that ranged from 2-6% for all routine vaccinations from 2019 to 2021.

Table 19: Support to Ethiopia in Gavi 5.0 (updated to the end of 2022)

Grant	Date of Application	Approval	Funding Period	Amount (USD)
PEF TCA	May 2022	June 2022	2022-2023	3,064,336
Measles Follow-up Campaign	July 2021	June 2022	2022 - 2023	10,039,351
Yellow Fever diagnostics	September 2019	May 2020	2021	30,070.50
HSS- 3 -additional Funds	May 2019	November 2019	2019 - 2020	23,500,000
NVS – HPV	January 2017	March 2018	2018 - 2027	82,394,865
NVS – MR	May 2017	November 2017	2018-2027	7,346,707
CCEOP	January 2016	January 2018	2018 - 2023	27,660,232
HSS-3	September 2015	December 2016	2016 - 2020	80,590,000

⁷⁷ Gavi country fact sheet, Ethiopia, accessed 19 January 2023, <https://www.gavi.org/programmes-impact/country-hub/africa/ethiopia>.

⁷⁸ Ethiopia, UNHCR, accessed 19 January 2023, <https://www.unhcr.org/afr/ethiopia.html>.

⁷⁹ TCA Plan 2021

⁸⁰ TA is provided to Ethiopia through Targeted Country Assistance as well as through Strategic Focus Area funding and other Gavi-funded initiatives.

⁸¹ Girl Effect, 24 September 2022, <https://girl-effect.org/gavi-the-vaccine-alliance-and-girl-effect-announce-an-8-million-commitment-to-improve-the-health-of-children-adolescent-girls-and-young-women-at-the-2022-global-citizen-festival/>

⁸² WUENIC Immunization Dashboard, Ethiopia, accessed 23 January 2023 <https://immunizationdata.who.int/pages/profiles/eth.html>

⁸³ Ethiopia national expanded program on immunization, 2021-2025

⁸⁴ WUENIC Immunization Dashboard, Ethiopia, accessed 23 January 2023 <https://immunizationdata.who.int/pages/profiles/eth.html>

⁸⁵ Ibid

NVS – Rota	--	--	2013-2027	149,371,187
NVS – IPV	--	--	2015-2027	52,785,185
NVS – Penta	--	--	2007-2027	296,957,676
NVS – Pneumo	--	--	2011-2027	489,966,061
NVS – Rota	--	--	2013-2027	149,371,187

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- **Finding 1.1: The design of Gavi support allows for flexibility in catalysing immunization of unreached and underserved.** For example, it was possible for unspent balances from previous vaccine introduction grants (VIGs) and operational support to be reallocated towards Periodic Intensified Routine Immunization (PIRIs).⁸⁶
- **Finding 1.2: Gavi grant support has supported Ethiopia's national immunisation program and the EPI in multiple mechanisms, through vaccine and cold chain procurement and TA.** They have received grants for new vaccine support, CCEOP, and TCA in recent years. Grant activities were aligned with NIP, EPI, and national priorities, i.e., the recent TCA grant activities aligned with the national priority of improving coverage and reduce equity barriers to immunisation.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: Programme funding guidelines are seen as a bottleneck in application processes, as country stakeholders find them to be confusing and long, with demanding requirements.** For example, funding for CCEOP was not included in the FPP application due to the country's inability to fulfil requirements.⁸⁷
- **Finding 2.2: The IRC process has an influence on soft grants, encouraging them to align with the Gavi strategy.** This is exemplified with the application for additional HSS funding, where IRC reviewers pushed for more inclusion of activities covering equity and data management concerns aligned with Gavi's strategy.⁸⁸
- **Finding 2.3: The communication from the Gavi Secretariate on the new Gavi strategy 5.0/5.1 to the country stakeholders is seen to be effective and the country stakeholders are also given a chance to ask clarification question concerning the new strategy.** Communication for the 5.0 strategy began before the 5.0 strategy began. The first discussion of the FPP process began in March 2022, and workshops began during the same period. Workshops consisted of sessions across key FPP chapters including situational analysis, the theory of change, Gavi support, and budgeting.⁸⁹
- **Finding 2.4: Expanded partners are very welcome in the country, and a partnership has been formed with 6 partners, ACASUS, PATH, CCRDA, CHAI, and JSI.** These expanded partners have been allocated a portion of the HSS and TCA budgets to carry

⁸⁶ Ethiopia_Memo-Reprogramming of VIGs and Ops Costs 2017

⁸⁷ Ethiopia pre Screening_ NOV 2022

⁸⁸ IRC comments Ethiopia Additional funds application 2019

⁸⁹ Interview, Ethiopia Country Team Member 2023.

out the work, including improving service demand for vaccine, program management & data for action, and service delivery. The expanded partners also brought technical skills and coverage of different geographic areas.⁹⁰

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: Equity and zero dose has been a focus since before the 5.0 strategy was introduced, however with the introduction of the 5.0 strategy there has been an increase in focus and efforts on equity and zero dose.** Documents like the FPP, cMYP and EPI document have included more detailed language on this and how the government plans to achieve this.^{91, 92, 93}
- **Finding 3.2: Gender has been prioritized more in Gavi 5.0/5.1.** It was not a high priority prior to the 5.0/5.1 strategy, with very little and vague mention of gender in the country's documents. Since the introduction of the 5.0/5.1 strategy, gender has become more of a priority in the country as updated documents such as the cMYP (2021-2025). Aside from the increase in language around gender, the country has also conducted a gender analysis.
- **Finding 3.3: Ethiopia acknowledges that there is a need for CSO involvement to increase immunization uptake in the country.** The Ethiopian government has been working with CSOs since before Gavi 5.0, with, e.g., CCRDA (a CSO umbrella platform) receiving PEF-TCA funding since 2018 to support immunisation service delivery.⁹⁴ This has been scaled up under Gavi 5.0 by making sure that documents such as policies include CSO participation in planning, implementation and monitoring of immunisation activities and are informed of any changes to immunization efforts in the country.

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1: The country stakeholders find the Gavi guidelines to be a challenge as they are seen as being too “bulky” and confusing.**⁹⁵ They recommended that materials should be simplified and shortened for easy interpretation and understanding.
- **Finding 4.2: The time it takes for the application stage to be completed and the application to be approved is seen to be long, and often a whole year can be lost from when an application is submitted to when it is approved.** It takes “*six months or more to design the proposal document... [and] 15 months from proposal to disbursement.*”⁹⁶ This can be seen with the CCEOP application submitted in January 2016 and approved only in January 2018, with multiple revisions required to meet requirements.

⁹⁰ Ethiopia national expanded program on immunization, 2021-2025

⁹¹ Ethiopia National Expanded Program on immunization_v3

⁹² Ethiopia national expanded program on immunization, 2021-2025

⁹³ TCA Summary Narrative 2023

⁹⁴ TCA Plan, 2018, Gavi, <https://www.gavi.org/sites/default/files/document/targeted-country-assistance-plan-ethiopia-2018pdf.pdf>

⁹⁵ Interview, Ethiopia Country Team Member 2023.

⁹⁶ Interview, Ethiopia Country Team Member 2023.

- **Funding reallocation in the country is seen to be flexible.** This can be the flexibility of reallocating unspent balances from previous vaccine introduction grants (VIGs) and operational support to carry out Periodic Intensified Routine Immunization.

India (Desk Study)

3 Country Context

- India is situated in Southeast Asia with a total population of 1,407,563,842 (2021) and with a birth cohort of 23,056,027.⁹⁷
- India has a mixed public and private health care system. All Indian residents have free access to PHC services, including immunization, and to the public hospital system. India Universal Immunization Program (UIP) is integrated in the Reproductive, Maternal, New-born, Child and Adolescent Health structure and aims at protecting every child from vaccine preventable diseases. UIP has contributed significantly to the country's reduction in infant and under-5 mortality and morbidity. Immunization service delivery is supported programmatically and financially by the States under the direction of the immunization division of the MoHFW.⁹⁸
- In the last two decades India has made significant progress in improving health indicators and the country was certified polio-free in 2014.⁹⁹
- The estimated number of ZD children decreased from 6.8 M in 2000 to 1.6 M in 2019. WUENIC data also shows a rapid increase in national coverage of newly introduced vaccines like RCV1 and IPV1, a sign of strength of the routine immunisation system. These achievements are linked to substantial increases in the national immunisation budget (from 163 M USD in 2015-16 to 364 M USD in 2020-21), the strengthening of routine immunisation services, and the regular implementation of PIRI (Mission Indradhanush and intensified Mission Indradhanush) in selected, low coverage areas.¹⁰⁰
- In general, the routine immunisation (RI) coverage has decreased during the COVID-19 pandemic, a phenomenon seen globally, with higher rates of coverage in 2019 for most immunizations.¹⁰¹
- Furthermore, India vaccination coverage varies considerably across the country and differences in uptake are geographical, regional, rural-urban, poor-rich and gender-related. On average, girls receive fewer vaccinations than boys.¹⁰² Number of zero-dose children at national level (2021) was 2,710,956 and the reduction in zero-dose at national level, 2019-2021 (2021) was 49%.¹⁰³

Table 20: Support to India in Gavi 5.0 (updated to the end of 2022)

Grant Type ¹⁰⁴	Date of Application	Date of Approval	Funding Period	Amount (USD)
HSS-3*	September 2022	November 2022	2023-2025	123,000,000
TA*	September 2022	November 2022	2023-2025	10,000,000
HSS-2	April 2017	July 2017	2017-2021	102,217,256
IPV (NVS)	September 2014	June 2015	2015-2020	59,652,799
Measles-Rubella (NVS)	May 2016 (?)	Oct 2016	2017	127,335,531
Pneumo (NVS)	May 2016	September 2016	2017-2019	180,000,000
Rotavirus (NVS)	November 2016	July 2017	2013-2021	145,000

*Currently applying for FPP support for HSS-3 and TCA, recommended for approval by the IRC in October 2022.

⁹⁷ <https://www.gavi.org/programmes-impact/country-hub/south-east-asia/india>

⁹⁸ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

⁹⁹ <https://www.unicef.org/india/what-we-do/immunization> accessed 5 January 2023

¹⁰⁰ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹⁰¹ WUENIC Immunization Dashboard, India, accessed 6 January 2023,

<https://immunizationdata.who.int/pages/profiles/ind.html>

¹⁰² <https://www.unicef.org/india/what-we-do/immunization>, accessed 5 January 2023

¹⁰³ <https://www.gavi.org/programmes-impact/country-hub/south-east-asia/india>, accessed 5 January 2023

¹⁰⁴ Added according to India Gavi web site – Gavi type of support: <https://www.gavi.org/programmes-impact/country-hub/south-east-asia/india>

4 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- Finding 1.1: The Gavi partnership has enabled the country to strengthen the immunisation infrastructures and capacities of the human workforces in addition to introducing new vaccines and digital monitoring systems.** Gavi's investments contributed to improve the vaccine storage, distribution and uptake in India which strongly complemented the country's intensified routine immunisation (RI) activities including Mission Indradhanush¹⁰⁵ and Intensified Mission Indradhanush. In addition, a number of important innovations were introduced in the country with Gavi support like Rapid Immunisation Skill Enhancement (RISE, which is a self-learning tool for the health-workers), Electronic Vaccine Intelligence Network (eVIN), Auxiliary Nurse Midwives Online (ANMOL, tablet-based real-time data collection tools).¹⁰⁶
- Finding 1.2: The overarching goal has been to improve the quality and level of immunisation coverage in India and prepare for the adoption of new antigens.** This has been achieved by catalysing the development of the immunisation programme capable of high performance even in settings where the capacity of the regular government infrastructure was limited. Gavi support has been well aligned with national targets and focused on improving both the supply and demand sides.¹⁰⁷
- Finding 1.3: The Government of India with the support of Gavi and in-country partners, has led a comprehensive process to understand key barriers to reaching zero-dose, under-immunised and missed communities** across focused States and identified districts in India. At the onset of the process, Gavi worked closely with the Ministry of Health and Family welfare to ensure clarity and alignment on geographic prioritisation for intervention.¹⁰⁸
- Finding 1.4: Prior to the IRC there is a comprehensive process of coming up with a strategy on catalytic/project investments.** The board is involved in this process, looks at impact and decides on the areas of investments and vaccines. Detailed planning of interventions happens after the board. It is a "balancing act" engaging in consultation with the Board, PPC and broader partnership as well as the MoHFW to bring together the FPP –.¹⁰⁹

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- Finding 2.1: India has an Immunization Advisory Group (IAG) in place however there is little evidence of its internal governance mechanisms that ensures strong partner coordination; alignment and logical sequencing of activities and hands-on follow up of HSS activities.** According to the Gavi India Review Report HSS Rota (2017), the proposal development process suffered from a lack of cohesive and coordinated planning.¹¹⁰

¹⁰⁵ https://www.nhp.gov.in/mission-indradhanush1_pg

¹⁰⁶ "Supporting Narrative for Theory of Change for Gavi Support Request from India", File name: Project narrative_Final_For Gavi CT.docx - (Gavi application 2022))

¹⁰⁷ File name:09 - Strategic Partnership with India_vF_clean.docx

¹⁰⁸ Supporting Narrative for Theory of Change for Gavi Support Request from India", File name: Project narrative_Final_For Gavi CT.docx - (Gavi application 2022)

¹⁰⁹ Findings from interview with India Gavi SCM Homero Hernandez on 16 January 2023

¹¹⁰ Gavi India Review Report_HSS Rota (2017), File name: Gavi India Review Report_HSS Rota_Final_21Jan.pdf

- **Finding 2.2: According to the SCM interview, there were discussions around the importance of gender in the FPP and previous applications but when it comes to implementation it yet fell behind** and became difficult to agree at a country level what the actions mean and how they should be translated into something that is more quantifiable and tangible (noted by IRC and FPM). The FPM doesn't believe it will affect implementation and the demand side issues were being addressed and must tackle these gender barrier related issues (around hesitancy).¹¹¹
- **Finding 2.3: HPV relaunch:** A large-scale HPV launch is being planned, according to the SCM interview (reprogramming of massive amount of funding). It will set HPV in higher gear and coincides with new manufacturing of HPV domestically (India is highly price sensitive on anything to do with commodities and operational activities). Will introduce HPV before Gavi does.¹¹²
- **Finding 2.4: Marking a clear shift from the current health systems strengthening support to India, Gavi funding will pivot towards interventions to identify zero-dose children,** reach them with a full course of childhood vaccines, monitor and measure the performance of interventions, and advocate for continued political attention and resources.¹¹³
- **Finding 2.5: A key feature of the India application is the large number of external implementers without the MoHFW having an implementation role.** In addition to UN Agencies (WHO, UNICEF and UNDP) JSI, CHAI, JHPIEGO and Group M are suggested as technical partners (pending the RFP process) addressing Gavi's request for an expanded group of partners. However, the four additional implementing partners institutions are all from the same country, precluding the participation of diverse regional and national organisations and academic institutions.^{114, 115}
- **Finding 2.6: The biggest challenge with operationalization is the shift from implementation beyond the traditional UN partners to additional partners.** India was engaged in the RFP competitive process but for a lot of activities and concepts the interventions were already, from the start, designed for people the government chose to interact with (as a subset of organizations – JSI, CHAI, JHPIEGO – with whom gov had been working with for years and felt “comfortable with” over the last 5 years, now had to go to 7-8 organizations).^{116, 117}

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: Gender is not included in the cMYP and there is no specific objective or activity in the workplan that specifically targets gender.** In the workplan they do

¹¹¹ Findings from interview with India Gavi SCM Homero Hernandez on 16 January 2023

¹¹² Findings from interview with India Gavi SCM Homero Hernandez on 16 January 2023

¹¹³ Report to the Board 30 November - 2 December 2021, <https://www.gavi.org/sites/default/files/board/minutes/2021/30-nov/10%20-%20Strategic%20Partnership%20with%20India.pdf>

¹¹⁴ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹¹⁵ Please note that this was the situation as of December 2022 which was within the temporal scope of this evaluation; however, according to comments on the draft report, the latest decisions from Gavi have altered this position – this was not confirmed by the evaluation team as the reported changes were seen as outside the temporal scope of the evaluation.

¹¹⁶ Findings from interview with India Gavi SCM Homero Hernandez on 16 January 2023

¹¹⁷ Please note that this was the situation as of December 2022 which was within the temporal scope of this evaluation; however, according to comments on the draft report, the latest decisions from Gavi have altered this position – this was not confirmed by the evaluation team as the reported changes were seen as outside the temporal scope of the evaluation.

consider the expected contribution to address gender-related barriers to immunisation of each objective/activity and gender is mentioned in describing of some activities. According to the IRC India FPP Review Report (2022), only two gender-related activities are described in the budget.¹¹⁸ However, the introduction of HPV vaccines (originally planned to take place during the Gavi 4.0 period) are anticipate to save thousands of women's lives and thus contributing to improving gender equity in immunisation.¹¹⁹

- **Finding 3.2: India has several objectives and activities related to civil society and community engagement.** The need to work more extensively with community-based and civil society organisations (CSOs) at the local level has been highlighted in the report to the Board (2021) and the 2022 IRC report.
- **Finding 3.3: India is committed to ensuring zero-dose children and missed communities are identified** and both cMYP and the workplan focus on missed communities and zero-dose children. India has identified children in urban slums, peri-urban, migratory, tribal, hard-to-reach, underserved, pockets of vaccine hesitancy population as being the most high-risk areas/groups for zero-dose and underserved communities. There is a strong political commitment of GoI to the zero-dose agenda, sustaining the UIP, and scaling up the achievements made through catalytic Gavi investments.¹²⁰

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1: Lessons learned from the previous HSS-2 include the importance of providing support to microplanning in rural settings, the need to strengthen the urban immunisation programme,** the use of VPD surveillance in identifying pockets at high risk of outbreaks due to low immunisation coverage, the complexity of ensuring participation in tablet-based real-time data collection tools (ANMOL), and engaging CBOs through CSOs as a more effective way to engage with communities, improve demand for immunisation and achieve the desired reduction in zero-dose children.¹²¹
- **Finding 4.2: India has a good track record on implementing and reporting on Gavi HSS grants** but the multiplicity of partners and of technical/managerial bodies being envisaged would require a better-defined managerial and oversight structure. The number of implementation partners could result in overlaps and duplication of activities, lack of harmonization of interventions and issues with project oversight.^{122, 123}

¹¹⁸ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹¹⁹ Report to the Board 30 November - 2 December 2021, <https://www.gavi.org/sites/default/files/board/minutes/2021/30-nov/10%20-%20Strategic%20Partnership%20with%20India.pdf>

¹²⁰ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹²¹ October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹²² October 2022 the IRC recommended approval (file name: 2022_10 IRC India FPP Review Report Final)

¹²³ Please note that this was the situation as of December 2022 which was within the temporal scope of this evaluation; however, according to comments on the draft report “the latest decision from GoI to implement HSS-3 through UN partners. However, it must be noted that IAG will be strengthened by involving sub-national level (States).” Is noted but not change made as this decision was outside the temporal scope of this evaluation.

South Sudan (Desk Study)

1 Country Context

- Situated in the **East African region**, South Sudan has a total population of 10,748,272 (2021) and a birth cohort of 315,390 children (2022).¹²⁴
- South Sudan is in a serious humanitarian crisis impacted by **conflict, poverty, displacement, and recurrent flooding**. The floodings alone have affected more than one million people, and two-thirds of the population were estimated to be in need of humanitarian assistance in 2022.^{125,126}
- The **healthcare system in South Sudan is weak** and inaccessible to large parts of the population. The main issues are poor infrastructure, shortage of trained health personnel and lack of regular government funding.¹²⁷
- South Sudan's co-financing status is **initial self-financing** and South Sudan is eligible for Gavi support under the **Fragility, Emergencies, and Displaced Populations (FED) Policy**.^{128 129}
- **The EPI in South Sudan is led by the Ministry of Health with assistance from UN agencies** (UNICEF, WHO, IOM), donors (Bill and Melinda Gates Foundation, CDC/AFENET, Rotary International, Gavi, USAID), HPF, JSI and other implementing partners.
- **Gavi HSS funds since 2019 is channelled through UNICEF, HPF3, WHO, and IOM**. There are less funds through WHO compared to HPF3. The current Gavi HSS programme is embedded within PHC. Health service delivery in the 10 South Sudan operational state hubs is supported through two main funding mechanisms; eight operational state hubs are supported by multi-donor (DFID, USAID, Sweden, and Canada) funded Health Pooled Fund (HPF) including Gavi contributions, through 12 implementing partners (IPs) and; two state hubs by World Bank-UNICEF/Gavi partnership through implementing partners.
- **Routine immunisation coverage is low**, ranging from 39 to 52 percent in 2021. The rates have not changed significantly in recent years, and as coverage remained stable from 2019 to 2021, there is no evidence of severe disruptions to routine immunization due to the **COVID-19 pandemic**.¹³⁰
- **Inequity in routine immunization coverage is relatively high** with estimated 145,940 zero-dose children in 2022, whereas routine immunization drop-out rates are relatively low: two percent from DTP1 to DTP3 and four percent from DTP1 to the last routine dose of MCS in 2021.¹³¹

¹²⁴ <https://www.gavi.org/programmes-impact/country-hub/africa/south-sudan>, accessed 10 March 2023

¹²⁵ <https://www.msf.org/catastrophic-floods-cause-mass-displacement-and-escalate-humanitarian-crisis-south-sudan>, accessed 10 March 2023

¹²⁶ <https://www.worldbank.org/en/country/southsudan/overview>, accessed 10 March 2023

¹²⁷ IRC Review Report for FPP 2022_South Sudan

¹²⁸ Co-financing-information-sheet-south-sudan, Gavi, 2019

¹²⁹ IRC Review Report for FPP 2022_South Sudan

¹³⁰ WUENIC Immunization Dashboard, South Sudan, accessed 10 March 2023

<https://immunizationdata.who.int/pages/profiles/ssd.html>

¹³¹ <https://www.gavi.org/programmes-impact/country-hub/africa/south-sudan>, accessed 10 March 2023

Table 21: Support to South Sudan in Gavi 5.0 (updated to the end of 2022)

Grant Type	Date of Application	Date of Approval	Funding Period	Amount (USD)
HSS*	May 2022	June 2022	2022-2025	15,275,382
EAF*	May 2022	Partly approved in June 2022	2022-2025	3,585,405
CCEOP*	May 2022	June 2022	2023	2,328,415
Measles*	May 2022	June 2022	2023	2,818,013
PEF TCA*	May 2022	June 2022	2022-2025	10,790,076
CDS	--	19 April 2022	2021-2022	5,800,000
Yellow Fever Diagnostic Capacity	July 2019	3 August 2021	2021	10,224
HSS – bridge funding	3 May 2021	26 July 2021	2021	5,931,363
COVAX Cold Chain Equipment Support	2022	20 May 2021	2021	344,160
Emergency Outbreak Support, COVID-19 Vaccine Support	--	18 March 2021	2021	2,248,704
NVS, IPV, Routine, 1 dose	--	17 October 2022	2015-2022	8,156,115
NVS, Pentavalent Vaccine, Routine	--	17 October 2022	2014-2022	12,440,315

*Part of the May 2022 FPP application.

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

- Finding 1.1:** South Sudan is facing problems with Gavi's requirement of co-financing of vaccines; the Government of South Sudan has received several Gavi board approved co-financing waivers due to a number of reasons including protracted conflict and a shrinking economy, and during Covid 19 due to competing priorities. However, the country was able to make a partial payment for its 2022 vaccine co-financing and have requested a waiver for the remaining balance. This is reported by the SCM as well as in the cMYP (2018-2022).
- Finding 1.2:** The FPP request for funding to cover HR costs is bigger than what Gavi covers as a standard. The critical shortage of healthcare staff, lack of government salaries, and high inflation, in South Sudan has resulted in HR related costs being the main cost driver in the FPP application, accounting for 52% of the HSS budget and 34% of the EAF budget. Gavi budget eligibility guidance suggests a maximum ceiling of 20-30% HR-related costs for HSS budgets and 40% for EAF, however, according to the IRC, exceptions are allowed for countries in acute emergencies/fragility situations.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- Finding 2.1:** The process of identifying key problems and creating the ToC for South Sudan seems to have been thorough and pertinent. It involved numerous workshops with in-country partners including MOH, core partners (UNICEF, WHO) and expanded partners (HPF3, AFENET, IFRC, IOM, JSI & SCI) including CSOs. Regional Partners from AFRO and UNICEF ESARO also participated.
- Finding 2.2:** South Sudan experienced difficulties with interpreting and following the FPP application guidance due to frequent changes during the application process and complex requirements. The FPP process for South Sudan started under

the Gavi 4.0 strategy but due to COVID-19 delays, continued under the Gavi 5.0 strategy. Due to these delays, the Secretariat made multiple changes to guidelines, templates, and documentation requirements during the time the country was working on the application. Many time-consuming revisions therefore had to be made to readapt the application and the process was described as confusing and tiring. Furthermore, the country and partners specifically reported that Gavi's 5.0 ToC's logic flow was difficult for them to follow, and the ToC template was difficult for them to use, and some of the guidelines were reported to be incomplete, i.e. ToC, CCEOP, MEL plan and budget template and multi year PEF TCA templates, vaccine specific budget templates were not available.

- **Finding 2.3: The majority of grants under FPP was approved in June 2022.** The IRC approved the HSS, CCEOP and measles campaign applications although only after one round of clarifications. A re-review of parts of the EAF application was requested, more specifically the IRC asked for clarification of the investment case for EAF Activity 29, a revision of the budget with reduced allocation to Boma Health Workers¹³² incentives, training and equipment, and reprogrammed savings towards other unfunded targeted activities.
- **Finding 2.4: Delays in the FPP process led the TCA and FPP process to materialise as separate, parallel application processes.**
- **Finding 2.5:** South Sudan has since 2019 been granted support under the Fragility, Emergency and Refugee (FER) funding opportunity, and **FER has successfully been used** to top-up funding for activities in the HSS-3 grant, including improvement of routine immunisation services through recruitment of new staff and activation of new health facilities and support to last-mile delivery of vaccines via the Health Pooled Fund, IOM, World Bank and UNICEF.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: According to the IRC FPP review a comparison of the objectives of cMYP and the FPP application shows general alignment but also a few important differences.** There is increased attention in the FPP objectives on removing barriers to access ZD children, on improving data quality and use, and on increasing efficiency and effectiveness of CC/SC, while the cMYP puts more emphasis on disease surveillance and control and on strengthening management capacities of the EPI programme.
- **Finding 3.2: IRC concludes that the PEF TCA 2022-2025 Multi-Year Planning application contains stated objectives and milestones that are in line with Gavi's 5.0 strategy.** The requested TCA support is based on the proposed Gavi's investments in FPP ToC and workplan. South Sudan is praised by IRC for doing a good job of identifying the major challenges to reaching its immunization goals.
- **Finding 3.3:** While gender is mentioned briefly as a priority in the PEF TCA application, **the IRC concludes that "Equity and gender are not given priority and just mentioned"** in the FPP application. Furthermore, the focus on addressing the structural causes of gender disparity is even more limited.

¹³² Boma Health Workers are part of the Boma Health Initiative, which is designed to strengthen the health system to efficiently deliver components of the Basic Package of Health and Nutrition at the community level.

- **Finding 3.4:** The involvement of CSOs in immunization work seems to be a priority; in the TCA application it is stated that if the current approach of providing PHC interventions is maintained, the allocation of 10% to CSOs is already achieved and surpassed as more than 60% of the FPP funds will be utilized by CSOs.
- **Finding 3.5:** The focus on equity in national priorities and grant activities is relatively new under Gavi 5.0; whereas Zero Dose is mentioned throughout the FPP application, there is very little focus on equity in the cMYP (2018-2022).

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1:** Suggested to simplify the FPP application guidance to make it more user-friendly.
- **Finding 4.2:** In the FPP application it is proposed to test solutions to identified problems on a small scale (pilot) in the early part of the grant implementation process and then let it be followed by letting the learnings inform larger scale-up or programme redesign.
- **Finding 4.3:** According to country stakeholders, it might be better for the country to be able to plan the TCA for all years rather than for one year only, this would allow them to use parts of the documentation in both applications and thereby simplify the work.

Yemen (Desk Study)

1 Country Context

- Situated in the **Eastern Mediterranean region**, Yemen has a total population of 32,981,642 (2021) and a birth cohort of 1,008,643 children (2022).¹³³
- Since **2015**, a violent conflict has played out in the country leading to a serious humanitarian crisis with displacement of people, a lack of access to basic healthcare services, outbreaks of infectious diseases, challenges in delivery of vaccination programmes, and malnutrition, especially among children.^{134,135}
- The country currently has two governments, in Aden (Southern Governates) and Sana'a (Northern Governates), which complicates the distribution of vaccines and slows down all bureaucratic processes.¹³⁶ The internationally recognised government is in Aden, but in recent years, both Governates have required their sign-off on each activity contracted by partners.¹³⁷
- Vaccine hesitancy is reported to be widespread due to efficient campaigns on social media driven by religious, social, and political beliefs, and as a consequence, the authorities in Northern Yemen have refused to introduce COVID-19 vaccines.¹³⁸
- Yemen relies heavily on **core Gavi partners (WHO and UNICEF)** to provide technical and financial support for their immunization programme.
- **Routine immunisation coverage** is relatively low, ranging from 52 to 82 percent in 2021.¹³⁹ Equity is relatively low, with 174,613 zero dose children and a birth cohort of 1,008,643 in 2022. Drop-out from DTP1 to DTP3 is 10 percent and drop out from DTP1 to the last routine dose of MCS is 37 percent.
- There is no evidence of severe disruptions to routine immunization due to the **COVID-19 pandemic**, as coverage remained stable from 2019 to 2021.

Table 22: Support to Yemen in Gavi 5.0 (updated to the end of 2022)

Grant Type	Date of Application	Date of Approval	Funding Period	Amount (USD)
PEF TCA	Apr 2022	June 2022	2022-2025	7,574,259
Measles- Rubella follow up campaign	Apr 2022	Oct 2022	2023-2026/2027	11,242,000
HSS-3	Mar 2019	Apr 2019	2019-2024	28,405,121
CCEOP	Mar 2019	Apr 2019	2020-2022	5,659,108

2 Findings

a. Workstream 1 – Right Design (of Gavi's support to the country)

¹³³ <https://www.gavi.org/programmes-impact/country-hub/eastern-mediterranean/yemen>

¹³⁴ <https://www.msf.org/yemen-depth>

¹³⁵ Independent Review Committee (IRC) Country Report, Gavi Secretariat, Geneva, 2022

¹³⁶ Trip Report YEM 15-19 May 2017.VII

¹³⁷ KII, January 2023

¹³⁸ Yemen Mission report _

¹³⁹ WUENIC Immunization Dashboard, Yemen, accessed 6 January 2023, <https://immunizationdata.who.int/pages/profiles/yem.html>

- **Finding 1.1: Yemen has sought Gavi funding to increase routine immunisation directly and indirectly, through support for vaccines as well as infrastructure (i.e., data management, cold chain equipment).**
- **Finding 1.2: Programme funding guidance is found to be restrictive for the context. Several mechanisms are used to work around restrictions and fund additional activities, including FER and SFA funding.** Yemen is eligible for multiple flexibilities under FER, allowing them to, i.e., include HR costs over the ceilings to cover essential operational costs. SFA funding is also used outside of traditional country grants to cover innovative activities in certain strategic areas, including zero dose and gender.

b. Workstream 2 – Right Ways (using the different instruments for country applications and implementation)

- **Finding 2.1: While the single grant structure is preferred in Yemen, there may be bottlenecks in the review processes due to budget overlaps.** The HSS-3 and CCEOP applications submitted in 2019 both included similar activities related to cold chain procurement and maintenance, which was questioned in the pre-screening process and required further clarifications.
- **Finding 2.2: The FPP process may be challenging to implement in the context of Yemen, as it entails a certain level of coordination and information gathering that has proven difficult in prior application processes.** For example, the process of planning, applying, and implementing HSS-3 spanned years, with major delays in coordinating the governments and soliciting the necessary documentation to follow up on IRC recommendations. In addition, prior IRC reports have cited reluctance to approve five-year implementation plans due to the frequently changing country context. The country team has been reluctant to implement FPP for this reason.
- **Finding 2.3: Yemen has heavily relied on exceptions and additional funding provided under the FER policy.** This has allowed them to, i.e., carry out urgent campaigns for emerging outbreaks, cover operational costs, and waive their co-financing payments in 2015-16.
- **Finding 2.4: The expanded partnership has been challenging in practice due to government reluctance to engage with partners aside from WHO and UNICEF.** WHO and UNICEF are virtually the only partners operating in Yemen and have played an instrumental role in coordinating the two governments and facilitating grant applications and implementation. Gavi also channels funding through WHO and UNICEF as opposed to through the government. While Gavi 5.0 pushed for expanded partnerships, with minimum 10 percent of TCA funding going to CSOs, this has not yet materialised in Yemen. The Northern Governance has openly expressed their hesitancy towards partners in general and unwillingness to work with CSOs.

c. Workstream 3 – Right Results (how has the strategy operationalisation influenced the grant structures and support for the national immunisation programmes)

- **Finding 3.1: Some strategic areas (i.e., Zero Dose and data management) are reflected in grant activities and national immunisation priorities more than others (i.e., gender).** Equity/zero dose and data management have received focus in grant activities taking place in Gavi 5.0. While not mentioned by the country itself, FER is also heavily utilised to provide extraordinary funding of operational costs and additional activities (i.e., MR campaigns) and to allow for flexibilities in application

materials and processes. On the other hand, gender and CSOs have not been prioritised by the country.

- **Finding 3.2: The focus on Zero Dose has been consistent since Gavi 4.0.** Yemen has a high population of zero dose children, and identifying and reaching them has been reflected in Gavi 4.0 (HSS-3) and 5.0 (TCA) activities.
- **Finding 3.3: In some instances, Gavi has attempted to utilise soft influence to reflect strategic shifts in grant activities through application review processes and Strategic Focus Area funding, which is facing push-back from the Ministries.** For example, the requirement to allocate 10 percent of TCA funding to CSOs was pushed in the application guidelines, pre-screening, and IRC review, but the Ministries pushed back. Eventually, this requirement was met by sub-contracting through UNICEF. In addition, gender-related activities have not been included in previous applications, aside from brief references to outdated surveys (i.e., DHS 2013) and statements about gender-based barriers to healthcare access. This was highlighted as a weakness in the IRC report for TCA but did not surface as a recommendation. Gender-related activities are instead being covered by SFA funding.
- **Finding 3.4: Sustainability of Yemen's immunization programming may be at risk due to their high dependency on donor funding.** Since the beginning of the crisis, the country has been dependent upon international aid to support traditional vaccines, co-financing requirements, and operational costs. Despite being in preparatory transition, they are not able to financially maintain programming at this time.

d. Workstream 4 – Lessons Learned (specifically in this country)

- **Finding 4.1: The FPP process may be unsuitable for an unstable country such as Yemen, where a detailed long-term overview of the situation and the country's needs is impossible to obtain.** Instead, interviewees/reviewed documents suggested the utility of a one-page country-level ToC to guide long-term goals without having to apply for all grant funding at once.
- **Finding 4.2: Interviewees recommended increased flexibility to allow for innovation in this unique context.** This could take the form of, i.e., initially agreeing on lump sum amounts and allowing the Secretariat to review final budget and work plans, so that the processes can move forward.

11. Bibliography

Listed below are documents used in the evaluation. In summary we reviewed 1,020 documents:

- 549 Gavi global documents, received from Gavi evaluation office and KIs, including policies and guidelines from Gavi website www.gavi.org;
- 51 global documents received from external partners and organisations: and
- 430 specific country documents

***Note: Highly confidential documents were used exclusively for context and were not explicitly referenced in the report.**

Table 23: Global documents

Document Type	Document Name	Year	Source
Additional			
	Synthèse des premiers enseignements et éléments factuels relatifs à la riposte à la COVID-19 et aux efforts de relance File name: COVID19 Early synthesis_Summary Note_FR (002)	2021	Gavi
	Section A: Overview of COVID-19 Programmatic Monitoring & Learning Opportunities File name: COVID19 Monitoring and Learning Overview	n.d.	Gavi
	ToC support to Gavi: From strategy to country-level File name: ToC support to Gavi slides_9.07.21 mc (1)	2021	Gavi
	ToC support to Gavi: From strategy to country-level File name: ToC support to Gavi slides_9.07.21 mc	2021	Gavi
	Programmatic Leadership Team Kick-off File name: 2023018_Kickoff_Programmatic_LT	2023	Gavi
	Analyses for 5.1 execution & 6.0 emerging themes File name: 20230125_Exploration_6.0 - HIGHLY CONFIDENTIAL	2023	Gavi
	CCS Tracker File name: CCS Tracker_toShare	2022	Gavi
	Trends in Co-financing File name: Co-financing trends	2022	Gavi
	Gavi's Country Monitoring and Learning (M&L) Guidelines File name: INSTRUCTIONS_Country-Monitoring-Learning-Guidelines_ENG	2022	Gavi
	Operational Guideline: 3.14 Reprogramming, reallocating and no cost extensions of HSS grants File name: OG 3_14 Reprogramming reallocation no cost extension_V2[15]	n.d.	Gavi
	Chief Operating Officer File name: ToR Chief Operating Officer	2023	Gavi
Application guidelines			
	2014		
	GAVI HSS and NVS General Guidelines - Feb2014	2014	Gavi
	Guidelines for Completing GAVI HSS Proposal_February 2014	2014	Gavi
	2015		
	GAVI 2015 HSS and NVS General Guidelines	2015	Gavi

	GAVI 2015 Application Guidelines - HSS FINAL 04-11-14	2014	Gavi
	2016		
	General Guidelines for Applications for all types of Gavi support – New and underused Vaccines Support (NVS) and Health System Strengthening (HSS) – in 2016 File name: General guidelines for applications in 2016	2016	Gavi
	Guidelines for Applications for Health System Strengthening (HSS) support in 2016 File name: Guidelines for applications for HSS support in 2016	2016	Gavi
	Guidelines on Reporting and Renewals in 2016 for all types of support File name: Guidelines on Reporting and Renewals_Final_EN	2016	Gavi
	2017		
	General Guidelines for country applications in 2017 for the following types of Gavi support only: New and underused Vaccines Support (NVS) Cold Chain Equipment (CCE) Optimisation Platform File name: 2017 General Guidelines_March 2017	2017	Gavi
	Guidelines for Applications for the Cold Chain Equipment (CCE) Optimisation Platform in May-June 2017 only File name: June 2017 CCEOP Guidelines_EN	2017	Gavi
	2018		
	Application Guidelines: Gavi's Support to Countries File name: Application guidelines for all types of Gavi support	2018	Gavi
	How to request new Gavi support File name: How to request new Gavi support	2018	Gavi
	2019		
	Application guidelines: Gavi's support to countries File name: Application Guidelines for Gavi Support in 2019_FINAL	2019	Gavi
	How to request new Gavi support File name: How to request new Gavi support in 2019_FINAL	2019	Gavi
	2020		
	Application Guidelines: Gavi's Support to Countries (2020) File name: Application Guidelines for Gavi Support in 2020_FINAL	2020	Gavi
	How to Request New Gavi Support (2020) File name: How to request new Gavi support in 2020_FINAL	2020	Gavi
	2021		
	Gavi Application Process Guidelines (2021) File name: Application Process Guidance	2021	Gavi
	2022		
	Gavi Application Process Guidelines (2021) File name: ApplicationProcess_Guidelines	2022	Gavi
Board docs			
	Board decisions		Gavi

Board minutes	2014		
	File name: Board-2014-Mtg-1- Minutes	2014	Gavi
	File name: Board-2014-Mtg-2-Minutes	2014	Gavi
	File name: Board-2014-Mtg-3-Minutes	2014	Gavi
	2015		
	File name: Board-2015-Mtg-1-Final Minutes	2015	Gavi
	File name: Board-2015-Mtg-2-Final Minutes	2015	Gavi
	File name: Board-2015-Mtg-3-Final Minutes	2015	Gavi
	2016		
	File name: Board-2016-Mtg-1-Minutes	2016	Gavi
	File name: Board-2016-Mtg-2-Minutes	2016	Gavi
	2017		
	File name: Board-2017-Mtg-01-Minutes	2017	Gavi
	File name:	2017	Gavi
	File name: Board-2017-Mtg-03-Minutes	2017	Gavi
	2018		
	File name: Board-2018-Mtg-01-Minutes	2018	Gavi
	File name: Board-2018-Mtg-02-Minutes	2018	Gavi
	2019		
	File name: 2019 Dec, Board-2019-Mtg-03-Minutes - POSTED1	2019	Gavi
	File name: File name: 2019 July, Board-2019-Mtg-2-Minutes - POSTED1	2019	Gavi
	2019 June, Board-2019-Mtg-1-Minutes - POSTED1	2019	Gavi
	2020		
	File name: Board May 2020 -Minutes	2020	Gavi
	File name: Board Jun 2020 - Minutes	2020	Gavi
	File name: Board Dec 2020 - Minutes	2020	Gavi
	2021		
	File name: Board-2021-Mtg-01-Minutes	2021	Gavi
	File name: Board-2021-Mtg-02-Minutes	2021	Gavi
	File name: Board-2021-Mtg-03-Minutes POSTED	2021	Gavi
	File name: Board-2021-Mtg-04-Minutes_POSTED	2021	Gavi
2022			
File name: 01c - Board-2022-Mtg-1-Minutes POSTED	2022	Gavi	
File name: Board-2022-Mtg-02-Review-of-Decisions	2022	Gavi	
File name: 01b - Board-2022-Mtg-02-Final Minutes - For no objection consent	2022	Gavi	
Board papers	2016		
Partners' Engagement Framework, Report to the Board 7-8 December 2016 File name: Board Dec 2016, 06 - Partners Engagement Framework document	2016	Gavi	
2019			
Implications/Anticipated impact, Report to the Board, 09 – Annex A File name: 2019 Dec, 09 - Annex A - Implications_Anticipated Impact	2019	Gavi	

Annex B: Paragraphs referenced in decision points for Eligibility & Transition and Co-financing Policies, Report to the Board, 09 – Annex B File name: 2019 Dec, 09 - Annex B - Paragraphs referenced in decision points	2019	Gavi
04-2016-2020 Strategy Progress, Report to the Board 4-5 December 2019 File name: 04-2016-2020 Strategy Progress, Challenges and Risks Dec 2019	2019	Gavi
Gavi 5.0: The Alliance's 2021-25 Strategy, Report to the Board 26-27 June 2019 File name:2019 June, 06 - Gavi 5.0_Alliances 2021-2025 Strategy	2019	Gavi
Gavi 5.0: Operationalising the Alliance's 2021-2025 Strategy, Report to the Board, 26-27 June 2019 File name: 2019 June, 07 - Gavi 5.0_Operationalising Alliances 2021-2025 Strategy	2019	Gavi
2016-2020 Strategy: Progress, Challenges and Risks, Report to the Board, 26-27 June 2019 File name: 2019-Mtg-1_03 - 2016-2020 Strategy_Progress challenges and risks	2019	Gavi
2020		
COVID-19: Gavi's Immediate and Interim Response, Report to the Board, 11 May 2020 File name: 2020 May, 04-COVID-19-Gavi's-immediate-and-interim-response	2020	Gavi
Gavi 4.0 Progress, Challenges and Risks and Update on Gavi 5.0 Operationalisation, Report to the Board, 24-25 June 2020 File name: Board Jun 2020, 03 - Strategy and implications of COVID-19:	2020	Gavi
Annex D: Update on Funding Policy Review, Report to the Board File name: Board Jun 2020, 03_Annex D - Update Funding Policy Review	2020	Gavi
Review of the Gavi Gender Policy, Report to the Board, 24-25 June 2020 File name: Board Jun 2020, 07 - Review of the Gavi Gender Policy	2020	Gavi
Strategy, Programmes and Partnerships: Progress, Risks and Challenges, Report to the Board, 15-17 December 2020 File name:Board Dec 2020, 05a - Strategy Programmes and Partnerships and calibration of Gavi 5.0	2020	Gavi
File name: Board Dec 2020, 05a_Annex C - Annual report on implementation of the gender policy	2020	Gavi
File name: Board Dec 2020, 05b - Accelerating efforts to reach zero-dose children and missed communities of Gavi 5.0	2020	Gavi
File name: Board Dec 2020, 07 - Gavi's approach to engagement with former and never-eligible MICs	2020	Gavi
2021		
Gavi 5.0: Progress, Risks & Challenges Board Meeting, Anuradha Gupta, Deputy Ceo, 30 November-2 December 2021, Virtual Meeting	2021	Gavi

File name: 06-Strategy, Programmes and Partnerships_Progress, Risks and Challenges Dec 2021		
Gavi 5.0_Innovation Strategy, Report to the Programme and Policy Committee, 19-20 May 2021 File name: PPC May 2021, 09 - Gavi 5.0_Innovation Strategy	2021	Gavi
Gavi Alliance Market Shaping Strategy 2021-2025, Report to the Board File name: Board Jun 2021, 01f_Annex D - Gavi Alliance Market Shaping Strategy 2021-2025	2021	Gavi
Strategy, Programmes And Partnerships: Progress, Risks & Challenges, Report To The Board, 23-24 June 2021 File name: Board Jun 2021, 03 - Strategy Programmes and Partnerships	2021	Gavi
File name: Board Dec 2021, 06 - Strategy, Programmes and Partnerships_Progress, Risks and Challenges	2021	Gavi
Civil Society and Community Engagement Approach, Report to The Board, 23-24 June 2021 File name: Board Jun 2021, 08 - Civil Society and Community Engagement Approach	2021	Gavi
Private Sector Engagement Strategy, Report to the Board, 30 November - 2 December 2021 File name: Board Dec 2021, 11 - Private Sector Engagement Strategy	2021	Gavi
2022		
Strategy, Programmes & Partnerships, Progress, risks & challenges, Board Meeting, Anuradha Gupta, Deputy CEO, 22-23 June 2022, Geneva, Switzerland File name: 03-SPP_Progress, Risks, and Challenges, June 2022	2022	Gavi
Strategy, Programmes and Partnerships: Progress, Risks and Challenges, Report To The Board, 22-23 June 2022 File name: 03-Strategy Programmes and Partnerships Progress Risks and Challenges June 2022	2022	Gavi
Board Workplan , November 2022 File name: 01e - Board Workplan - As at 23 November 2022	2022	Gavi
Report of the Chief Executive Officer, Report to the Board 7-8 December 2022 File name: 02a - CEO's Report	2022	Gavi
File name: 02b - Annex A - Gavi 5.0 Mission and Strategy indicator dashboard and Strategy Implementation Indicators update	2022	Gavi
Appendix 1- Nigeria Accountability Framework, Report to the Board, 7-8 December 2022 File name: 02b - Appendix 1- Nigeria Accountability Framework	2022	Gavi
Strategy, Programmes and Partnerships: Progress, Risks and Challenges, Report to the Board 7-8 December 2022 File name: 02b - Strategy Programmes and Partnerships Progress Risks and Challenges	2022	Gavi
Risk & Assurance Report 2022 File name: 05 - Annex A - Risk & Assurance Report 2022	2022	Gavi

Gavi 5.1: proposed targeted updates to Gavi 5.0 'one-pager' File name: 06 - Annex A - Gavi 5.1 strategy 'one-pager'	2022	Gavi
Annex B: Gavi's future role in Pandemic Preparedness and Response (PPR), Report to the Board 7-8 December 2022 File name: 06 - Annex B - Pandemic Preparedness and Response	2022	Gavi
Annex C: Gavi 5.1 operationalisation and financial considerations, Report to the Board 7-8 December 2022 File name: 06 - Annex C - Gavi 5.1 operationalisation and financial considerations	2022	Gavi
Gavi 5.1 (including Pandemic Preparedness and Response), Report to the Board, 7-8 December 2022 File name: 06 - Gavi 5.1 (including Pandemic Preparedness and Response)	2022	Gavi
Human papillomavirus (HPV) Vaccine Programme relaunch, Report to the Board, 7-8 December 2022 File name: 07 - HPV Vaccine Programme relaunch	2022	Gavi
Annex B: Rationale for initial illustrative vaccine product prioritisation, Report to the Board, 7-8 December 2022 File name: 08 - Annex B - Rationale for initial illustrative vaccine product prioritisation	2022	Gavi
Annex C: A new financial instrument to incentivise African vaccine manufacturers & investors in Africa, Report to the Board, 7-8 December 2022 File name: 08 - Annex C - A new financial instrument to incentivise African vaccine manufacturers post EO	2022	Gavi
Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action, Doc 08 - Appendix 2, (Version 1), File name 08 - Appendix 2 - PAVM-Framework-for-Action	2022	Gavi African Union, Africa CDC
Expanding sustainable vaccine manufacturing in Africa: Priorities for Support, Doc 08 - Appendix 3, November 2022 File name:08 - Appendix 3 - Gavi-Expanding-Sustainable-Vaccine-Manufacturing-in-Africa-2022	2022	Gavi
Gavi's Role in Regional and African Vaccine Manufacturing, Report to the Board 7-8 December 2022 File name: 08 - Gavi's Role in Regional and African Vaccine Manufacturing	2022	Gavi
COVAX: Key Strategic Issues, Report to the Board 7-8 December 2022 File name: 09 - COVAX_Key Strategic Issues	2022	Gavi
Annex B: Looking Ahead and Uncertainties, Report to the Board 7-8 December 2022 File name: 10 - Annex B - Looking Ahead and Uncertainties	2022	Gavi
Gavi's role in a future COVID-19 Vaccine Programme, Report to the Board 7-8 December 2022 File name: 10 - Gavi's role in a future COVID-19 Vaccine Programme	2022	Gavi
Framework for Gavi Funding, Report to the Board 7-8 December 2022	2022	Gavi

	File name: 11a - Annex A - Framework for Gavi Funding to Countries		
	Annex B: Health System and Immunisation Strengthening Policy, Report to the Board 7-8 December 2022 File name: 11a - Annex B - Health System and Immunisation Strengthening Policy	2022	Gavi
	Funding Policy Review: Context and Health System Immunisation Strengthening (HSIS) Policy, Report to the Board 7-8 December 2022 File name: 11a - FPR - Context and HSIS Policy	2022	Gavi
	Annex A: Eligibility and Transition Policy, Gavi Alliance Eligibility and Transition Policy Version 4.0, Report to the Board 7-8 December 2022 File name: 11b - Annex A - Eligibility and Transition Policy	2022	Gavi
	Annex B: Co-financing Policy, Gavi Alliance Co-financing Policy Version 3.0, Report to the Board 7-8 December 2022 File name: 11b - Annex B - Co-financing Policy	2022	Gavi
	Funding Policy Review: Eligibility and Transition Policy and Co-Financing Policy, Report to the Board 7-8 December 2022 File name: 11b - FPR - Eligibility and Transition Policy and Co-Financing Policies	2022	Gavi
Contextualizing 5.1			
	File name: 03-SPP_Progress, Risks and Challenges	2022	Gavi
	File name: 06-SPP_Progress, Risks and Challenges	2021	Gavi
	File name: Gavi 5.1 Board mini-workshop Background vf	2022	Gavi
	File name: Gavi 5.1 Board-PPC mini-workshop takeaways vF	2022	Gavi
Countries & Partners Retreat Feb 2020			
Agenda	Gavi 5.0 'Leaving No-one Behind with immunisation' - Countries & Partners retreat 25-27 February DRAFT AGENDA File name: 5.0 Countries & Partners retreat - Agenda - High level vDraft	2020	Gavi
	Plan stratégique Gavi 5.0 'Ne laisser personne de côté en matière de vaccination' – Retraite des pays et partenaires 25-27 février 2020 Ordre du jour préliminaire File name : 5.0 Retraite Pays & Partners - vDraft FR	2020	Gavi
	Gavi 5.0 'Leaving No-one Behind with immunisation' - Countries & Partners retreat 25-27 February DRAFT AGENDA File name:5.0 Retreat Agenda - High level vDraft	2020	Gavi
	Feb 25-27 - Gavi 5.0 operationalisation workshop: Draft agenda File name:20191129 - 5.0 Feb Workshop Agenda v17	2019	Gavi
	Partners' Retreat on Gavi 5.0 & Alliance Health 25 - 27 February 2020 – Logistic Note File name: Partners retreat workshop 25-27 Feb 2020 - Logistics Information	2020	Gavi
Archive	Align on key shifts to deliver on Gavi 5.0 (slides) File name: 0_20200212_FULL DECK_Day 1	2020	Gavi

	Lessons learned from Gavi 4.0 (Folder with pictures) File name: Mod 3_Lessons learned from Gavi 4.0	2020	Gavi
	Reaching zero-dose children (Folder with pictures) File name: Mod 5_Reaching zero-dose children	2020	Gavi
	Key policy changes to deliver on Gavi 5.0, 26 February 2020 File name: FPR Feb retreat Day 2 Day-Off Deck v1	2020	Gavi
	Attendee lists File name: Gavi 5.0 Attendee lists for Day 2	2020	Gavi
	Presentation of background File name: Mod 9_Presentation of background	2020	Gavi
	Parallel sessions_Round 1 (Folder with pictures) File name: Mod 10_Parallel sessions_Round 1	2020	Gavi
	Parallel sessions_Round 2 (Folder with pictures) File name: Mod 13_Parallel sessions_Round 2	2020	Gavi
	Parallel sessions_Round 3 (Folder with pictures) File name: Mod 14__Parallel sessions_Round 3 (folder with pictures)	2020	Gavi
	Gavi 5.0 retreat - Portfolio Management_ File name: Day 3_Morning_Gavi 5.0 retreat - Portfolio Management_vF	2020	Gavi
	Simplification & differentiation File name: Mod 19_Simplification & differentiation	2020	Gavi
	Debrief & looking forward File name: Mod 24_Debrief & looking forward	2020	Gavi
Attendance	Attendees 25 27 Feb workshop File name: Extract attendees 25 27 Feb workshop v2502 vshare	2020	Gavi
	Gavi 5.0 Attendee File name: Gavi 5.0 Attendee lists template	2020	Gavi
	Name lists for groups File name: Name lists for groups	2020	Gavi
Facilitation	Budget Gavi Partners Workshop Geneva File name: 200225_Gavi_PartnersWorkshp_Geneva_v6	2020	Gavi
	Proposal for the Facilitation of the Gavi Partners Workshop, 25-27 January 2020 – Geneva File name: 200225_GaviPartners_LoA_v1	2020	Gavi
	Exhibit A-1, Facilitation support for the Countries & Partners Retreat (Geneva, 25-27 Feb 2020) File name: Exhibit A1 - Matter Solutions srl - 5.0 Partner retreat Feb	2020	Gavi
	Exhibit A-9: Facilitation support for the Countries & Partners Retreat (Geneva, 25-27 Feb 2020) ME_Matter Solutions_Exhibit A9_signed	2020	Gavi
	The “big picture” – Gavi 5.0 - leaving no one behind with immunisation File name: PF Grid_v1	2020	Gavi
	Single Source Direct Contracting Justification Form For Goods and Services File name: Single Source Direct Contracting Matter solutions	2020	Gavi

Inputs	4 case studies File name: 4_Case_study_master	2020	Gavi
	Countries questions File name: m05b Day 1 countries questions	2020	Gavi
	File name: 0_20200212_FULL DECK_Day 1	2020	Gavi
	Countries & Partners Retreat, Thabani Maphosa, MD Country Programmes, Geneva, Switzerland - 25-27 February, 2020 File name: 20200225_Prez_Thabani_afternoon	2020	Gavi
	Gavi introduction, Slides for NSO File name: 20200225_Prez_Thabani_morning vf	2020	Gavi
	Countries & Partners Retreat, Thabani Maphosa, MD Country Programmes, Geneva, Switzerland - 25-27 February, 2020 File name: 20200225_Prez_Thabani_morning	2020	Gavi
	List of names File name: Break-out groupgs by name (Day 2)	2020	Gavi
	Key policy changes to deliver on Gavi 5.0, DAY 2, 26 February 2020, Geneva, Switzerland File name: Day 2_Prez_morning	2020	Gavi
	File name: FPR Feb retreat Day 2 Day-Off Deck v1	2020	Gavi
	File: Day 3_Morning_Gavi 5.0 retreat - Portfolio Management_vf	2020	Gavi
	Gavi 5.0 'Leaving no-one behind with Immunisation' Day 3, Countries & Partners Retreat, Geneva, Switzerland, 25-27 February, 2020 File name: DAY3_M-1	2020	Gavi
	File name: Extract attendees 25 27 Feb workshop v1802_vDay3_Port. Mgmt	2020	Gavi
	File name: Groups day 3 afternoon - Albane_Chim - 2FINAL	2020	Gavi
	File name: Groups day 3 and facilitators	2020	Gavi
Pre-Read	File name: Gavi 5.0 Country Partner retreat - pre read vf FR	2020	Gavi
	File name: Gavi 5.0 Country & Partner retreat - pre-read ENG	2020	Gavi
	Countries & Partners Retreat - Pre-read, Geneva, Switzerland - 25-27 February, 2020 File name: GAVI50-1	2020	Gavi
	File name: GAVI50-2	2020	Gavi
	File name: GAVI50-3	2020	Gavi
Summary	Talking points File name: All staff - 5.0 Retreat - talking points	2020	Gavi
	Global Immunization Newsletter File name: Global Immunization Newsletter - Gavi Alliance retreat	2020	Gavi
	Key discussion points File name: 20200304 - Gavi 5.0 retreat key discussion points v1	2020	Gavi
	Gavi Alliance Zero dose FAQ File name: 20200305 Gavi Alliance Zero dose FAQ_vF	2020	Gavi
	Retreat key discussion points File name: 20200306 - Gavi 5.0 retreat key discussion points	2020	Gavi

	Gavi Alliance Zero dose FAQ File name: 20200306 Gavi Alliance Zero dose FAQ	2020	Gavi
	Global Immunization Newsletter - 5.0 retreat File name: Global Immunization Newsletter - 5.0 retreat	2020	Gavi
	File name Answers_participants_retreat	2020	Gavi
	File name: 20202702 EO summary v02	2020	Gavi
	Closing remarks 2File name: 0202702 Thabani closing remarks v1	2020	Gavi
Survey	File name Survey as of 0503_10.04	2020	Gavi
Gavi Country Hubs			
	https://www.gavi.org/programmes-impact/country-hub?gclid=EAlalQobChMIssz9rOvx_QIVKQWiAxOviAvAEAAAYASAAEgKZ3PD_BwE	2023	Gavi
CP MPM			
	Internal CPMPM Dashboard Accessed: 2 June 2023	2023	Gavi
	Update for Task Force members File name: CP MPMGavi 5.0 MPM Update for Task Force members (03.06.2022) (003)	2022	Gavi
	Gavi 5.0 Monitoring and Performance Management File name: Gavi 5.0 Monitoring and Performance Management (EO stock take meeting 1.6.2022)_vF	2022	Gavi
	Internal guidance note(HSS) File name :Internal guidance note_Additional HSS funds	2018	Gavi
CP Quarterly Updates			
	File name: 20201130 CP Quarterly report - August - November 2020	2020	Gavi
	File name: 20210331 CP Quarterly Report - December 2020 - March 2021	2021	Gavi
	File name: 20210630 CP Quarterly Report - April - June 2021	2021	Gavi
	File name: 20210930 CP Quarterly Report July - September 2021	2021	Gavi
	File name: 20211231 CP Quarterly Report October - December 2021	2021	Gavi
	File name: 20220331 CP Quarterly Report January-March 2022	2022	Gavi
Evolve			
	EVOLVE Brainstorm II File name: 20230112 EVOLVE Brainstorm II vPost2 - HIGHLY CONFIDENTIAL	2023	Evolve/Gavi
	File name: EVOLVE_Pain Points Workshop Summary_202211	2022	Evolve/Gavi
	File name: Evolve Benchmarking workshop_8 Dec 2022 - HIGHLY CONFIDENTIAL	2022	Evolve/Gavi
	File name: 2019.01.22_Portfolio Management improvements - Directors mtg - HIGHLY CONFIDENTIAL	2022	Evolve/Gavi
FPP			
	FPP step-back: streamlining, differentiating and ensuring strong country plans File name: 20220603 FPP MD CP mtg_vF	2022	Gavi
	FPP step-back: streamlining, differentiating and ensuring strong country plans	2022	Gavi

	Filename: 20220608 FPP MD F&O mtg_v1		
	FPP step back: streamlining, differentiating and ensuring strong country plans File name: 20220620 FPP step back final	2022	Gavi
	Introduction to Gavi's Revised Application Process & key portfolio management shifts File name: FPP Overview Presentation (1)	2021	Gavi
	Country M&L Update: Application Kit Changes Following FPP Step Back Recommendations File name: M&L FPP Simplification Changes_July2022	2022	Gavi
Frameworks/Strategies			
Community approach	File name: Board Jun21, 08-Civil Society and Community Engagement	2021	Gavi
HSIS framework	File name: 06-Appendix 2-Funding Policy Review_HSIS Support Framework	2021	Gavi
	File name: 09-Gavi 5.0 Funding Policy Review	2019	Gavi
	File name: 12-Health system and immunisation strengthening support	2016	Gavi
	File name: Gavi-5_0-Ceilings-by-country-and-support-type	n.d.	Gavi
	Gavi, the Vaccine Alliance - Health System and Immunisation Strengthening (HSIS) Support Framework File name: Gavi-HS Imm Strengthening support-framework	n.d.	Gavi
	File name: History The Health System and Immunisation Strengthening. policy	n.d.	Gavi
	Internal guidance note_Additional HSS funds_v1	2018	Gavi
Innovation	File name: 01e-Annex C-Proposed innovation approach for Gavi 5_0	2022	Gavi
Market shaping	File name: Board Jun21, 01f_Annex D-Gavi Alliance Market Shaping Strategy	2021	Gavi
MIC	File name: 03-Annex E-Gavi 5.0 Approach to MICs	2020	Gavi
	File name: 09-Approach to Engage with Former and Never-Eligible MICs	2022	Gavi
	File name: Board Dec20, 07-Approach to engage with former and never eligible MICs	2020	Gavi
PEF	File name: Board Dec16, 06-Partners Engagement Framework document	2016	Gavi
Private sector	File name: 11-Annex A-PS Partnerships Highlights	n.d.	Gavi
	File name: 11-Annex C-PSE Theory of Change	2021	Gavi
	Private Sector Engagement Strategy File name:Board Dec21, 11-PS Engagement Strategy	2021	Gavi
Gavi 4.0			
	Gavi Alliance Strategy 2016-2020 report to the Board	2014	Gavi
	Gavi Alliance Strategy 2016-2020 slides, Helen Evans, 18-19 June 2014	2014	Gavi
Gavi Organogram			
	Gavi organisational chart March 2023 HIGHLY CONFIDENTIAL	2023	Gavi
	Gavi organisational chart October 2021	2021	Gavi
Gender Training			
	Final Report Development of Two Courses_Gender and Immunisation	2022	George Washington University,

			Gavi, WHO, Unicef
	Gender training - consultants July 2022 final	2022	Gavi
	GenderPro - Information Sheet March - July 2023	2023	Gavi
General guidance			
	File name: 2019 Dec, 09-Annex B-Paragraphs referenced in decision points	2019	Gavi
	PEF Targeted Country Assistance (TCA) Guidance for 2021 Annual Planning File name: 2020_21 TCA_planning_guidance	2020	Gavi
	File name: Application Process Guidance	2021	Gavi
	Use of Gavi support to Maintain, Restore and Strengthen Immunisation in the Context of COVID-19 File name: Guidance_M&R&S - Gavi-Guidance-immunisation-during-COVID-19	2020	Gavi
	File name: Guidance-to-address-gender-barriers-in-MRS-immunisation	2021	Gavi
	File name: Programme_Funding_Guidelines_Feb 22	2022	Gavi
	File name: Strategy 2021-2025 one-pager	n.d.	Gavi
	File name: Vaccine Funding Guidelines	2021	Gavi
	File name: Zero-Dose Funding Guidelines	2021	Gavi
HR Decision Memos (CONFIDENTIAL)			
	File name: Decision Memo - AI - 09.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - CP Part 1 - PF - PST - 12.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - CP Part 2 - HSIS Decision Memo - 12.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - CP Part 3 - CS Decision Memo - 12.mar.2021.CLEAN (002)	2021	Gavi
	File name: Decision Memo - CP Part 4 - VS - 12.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - EO - 08.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - Finance - 1.apr.21 - CLEAN	2021	Gavi
	File name: Decision Memo - Governance - 09.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - HR - 09.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - Investments - 23.feb.2021.CLEAN	2021	Gavi
	File name: Decision Memo - Legal - 05.feb.2021.CLEAN	2021	Gavi
	File name: Decision Memo - MEL - 14.feb.21.CLEAN	2021	Gavi
	File name: Decision Memo - Operations - 09.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - PEIS - 23.feb.2021.CLEAN	2021	Gavi
	File name: Decision Memo - Portfolio Financial Management - 08.mar. 2021.CLEAN	2021	Gavi
	File name: Decision Memo - RM - 09.mar.2021.CLEAN	2021	Gavi
	File name: Decision Memo - VSD - 08.mar. 2021.CLEAN	2021	Gavi
HSIS			
	Gavi 5.0 Operational Shifts Analysis	2023	Gavi
	Reprogramming Table	2018	Gavi

	Operational Guideline: Reprogramming, Reallocation & No Cost Extension of HSS Grant	2023	Gavi
IRC HLRP related documents			
	File name: 06 - Annex C - IRC-HLRP recommendations	2021	Gavi
	File name: April 2022 HLRP master deck_draft April 21	2022	Gavi
	File name: Final-report-for-IRC-July-2022	2022	Gavi
	File name: Final-report-for-IRC-March-2022	2022	Gavi
	File name: Final-report-for-IRC-November-2021	2021	Gavi
	File name: Final-report-for-IRC-September-2021	2021	Gavi
	File name: HLRP 2.0 TOR_March 26, 2022	2022	Gavi
IRC reports			
	File name: Final report for IRC July 2018	2018	Gavi
	File name: Final report for IRC June 2015	2015	Gavi
	File name: Final report for IRC June 2016	2016	Gavi
	File name: Final report for IRC June 2017	2017	Gavi
	File name: Final Report for IRC March 2015	2015	Gavi
	File name: Final report for IRC March 2016	2016	Gavi
	File name: Final report for IRC March 2017	2017	Gavi
	File name: Final report for IRC March 2018	2018	Gavi
	File name: Final report for IRC March 2019	2019	Gavi
	File name: Final report for IRC March 2020	2020	Gavi
	File name: Final report for IRC Nov 2015	2015	Gavi
	File name: Final report for IRC Nov 2016	2016	Gavi
	File name: Final report for IRC Nov 2017	2017	Gavi
	File name: Final report for IRC Nov 2018	2018	Gavi
	File name: Final-report-for-IRC-July-2019	2019	Gavi
	File name: Final-report-for-IRC-July-2020	2020	Gavi
	File name: Final-report-for-IRC-July-2021	2021	Gavi
	File name: Final-report-for-IRC-July-2022	2022	Gavi
	File name: Final-report-for-IRC-March-2021	2021	Gavi
	File name: Final-report-for-IRC-March-2022	2022	Gavi
	File name: Final-report-for-IRC-Nov-2019	2019	Gavi
	File name: Final-report-for-IRC-November-2020	2020	Gavi
	File name: Final-report-for-IRC-November-2021	2021	Gavi
	File name: Final-report-for-IRC-November-2022	2022	Gavi
	File name: Final-report-for-IRC-September-2020	2020	Gavi
	File name: Final-report-for-IRC-September-2021	2021	Gavi
	File name: Final-report-for-IRC-September2022	2022	Gavi
IRT materials			
	File name: 20221216 IRC outcomes database_v4_offline	2022	Gavi
	File name: 20221219 IRC outcomes dashboard_v1_offline	2022	Gavi
	Issues Resolution Tool File name: Applications.Steps in IRT_Resource (1) (002)	n.d.	Gavi
Cambodia			
	File name: 1-Procurement_Plan_GAVI_Funding_2023_2027_update_20_Jan_2023	2023	Gavi
	File name: 2-AOP_Costing Estimate 2023-for HSS & EAF-20 Jan 23	2023	Gavi
	File name: 3-CDS3-AOP_Costing Estimate 20 Jan23 (2)	2023	Gavi

	File name: 4-NIP Workplan and Budget 2023-2024-to Gavi-Updated 20 Jan 23	2023	Gavi
	File name: 07Feb23_NIP_Combined_Revised_NIP_Workplan_for_all_investment_for	2023	Gavi
	File name: CAMBODIA iSC KPI, Draft (1)	2023	Gavi
	File name: Follow up on IRT workplanning status	2023	Gavi
	File name: Outcome of FPP IRC review	2023	Gavi
	File name: Re-programming for FPP incentives budget - Costing	2023	Gavi
Ethiopia			
	File name: Ethiopia IRC 13 Feb 2023	2023	Gavi
South Sudan			
	File name: South Sudan_ Country responses to IRC comments_ Updated 280922_28-09-22_21.30.13	2023	Gavi
	File name: SS_ Country responses to IRC comments_ Updated 280922_31-10-22_11.23.04	2023	Gavi
National immunization strategy workshop			
	File name: Draft Agenda Pretoria Capacity Building workshop for development of NIS	2022	Gavi
	File name: Trip Report 2022 National Immunization Strategy Workshop	2022	Gavi
Operational excellence *HIGHLY CONFIDENTIAL			
	Gavi Organisational Review 2020: Overview and Path Forward File name: Organiational review memo for Board_vf	2020	Gavi
	Joint SMT-GLT session Accelerating delivery of OE File name: 230629 joint SMT-GLT post-readv3	2023	Gavi
	Operational Excellence Update File name: 2. OE Update Closed Session Pre-Read vFinal Updated	2023	Gavi
Operationalisation design process			
	Gavi 5.0: Portfolio Management Process redesign File name: 09112020_Overarching update deck_VF	2020	Gavi
	Funding Policy Review, Focus on: Vaccine Programmes & Policy File name: 20190729 - EO July - Vax Prog_Policy	2019	Gavi
	Gavi 5.0 operationalization: Measurement framework update to EO File name: 20190917_EO Sept update MEL 5.0	2019	Gavi
	File name :20191004 - EO Oct_PortfolioManagement	2019	Gavi
	Directors meeting - milestones File name: 20191015 - Directors meeting - milestones - v3	2019	Gavi
	Partners engagement model File name: 20191125 -EO Partners engagement model	2019	Gavi
	File name: 20191125_EO Nov MEL 5.0	2019	Gavi
	File name: 20190501-EO May 2019 update - final	2019	Gavi
	2019 workshop debrief File name: 20190619_EO June 2019 workshop debrief	2019	Gavi
	Gavi 5.0, Update on operationalisation File name: 20190927 - EO Sept 2019 update.pptx	2019	Gavi
	File name: 20191002 - EO Oct 2019 update	2019	Gavi

	File name: 20200312 - Directors Marc 2020 update	2020	Gavi
	File name: 20200407 - Directors April 2020 update	2020	Gavi
	CS Retreat – Session 1 File name: 25012021_CS Retreat_PFM 5.0 - Overview of key shifts_PRE-READ	2021	Gavi
	File name: Gavi 5.0 Operationalisation Newsletter	2019	Gavi
	File name: Internal workshop on Gavi 5.0 Operationalisation	2019	Gavi
	File name: Policies - June 28 Steering Committee Minutes	2019	Gavi
	File name: Update on the M&E Workstream	2019	Gavi
	Partnerships team meeting: pre-read materials	2021	Gavi
Other policies			
	Prioritisation Mechanism for New Vaccine Support File name: History Prioritisation Mechanism for New Vaccine Support	n.d.	Gavi
	File name: History Risk policy	n.d.	Gavi
	The transparency and accountability Policy Provides a set of principles File name: History The transparency and accountability Policy Provides a set of principles	n.d.	Gavi
PEF-MT			
February 2017	Partners' Engagement Framework – Management Team Meeting Minutes, February 1-2, 2017 Geneva, Switzerland File name: 20170301 PEF MT Meeting Minutes - FINAL	2017	Gavi
	File name: MT_Data SFA_20170331_v3 sent to PEFMT 20170330	2017	Gavi
September 2017	File name: PEF MT_Data SFA_20170927_v1_toSFP	2017	Gavi
February 2018	File name: PEF MT- Feb 2018- Pre-read vF	2018	Gavi
	PEF Management Team Pre-read File name: Sent by PEF team_PEF MT- Feb 2018- Pre-read vF	2018	Gavi
September 2018	Data Strategic Focus Area EF MT Meeting File name: Sept2018_PEFMT meeting presentation_Data SFA_v1_FINAL	2018	Gavi
February 2019	File name: 223 PEF MT Jan 2019 Final Recommendations_FINAL	2019	Gavi
	File name: Data SFA SI 2019-2020 PEF MT Pre-Read Jan 2019 v2 LMH_IW	2019	Gavi
September 2019	File name: Sep 2019 PEF MT - Final	2019	Gavi
February 2020	File name: M&E_Data SFA_PEFMT_Feb2020	2020	Gavi
	File name: PEF MT minutes_13.Feb.2020 vF	2020	Gavi
	File name: PEF MT Pre-Read Presentation	2020	Gavi
March 2020	PEF MT retreat File name: 2020 March - PEF MT - Pre-read- VF	2020	Gavi
	PEF proposed new structure File name: 2020 Post PEF MT - Next steps	2020	Gavi
	Gavi 5.0: Portfolio Management File name: Update_Portfolio Management_2503 vf	2020	Gavi
	WHO Foundational Support Summary	2020	Gavi

	File name: WHO Foundational Support 2020 Summary_25092019		
October 2020	Gavi Lookback PEF MT 1 Slide_20201016	2020	Gavi
	UNICEF FS proposal File name: PEF MT Oct 22 2020 UNICEF FS proposal 2021_f	2020	Gavi
	File name: PEF MT Oct 2020 - vf	2020	Gavi
	TCA ceilings data File name: TCA ceilings data - Oct 2020 PEF MT final	2020	Gavi
	WHO Foundational Support File name: WHO Foundational Support 2021 Submission to Gavi_PEF_MT_21Oct2020vF Preread	2020	Gavi
2021	Partnerships Team meeting: September pre read File name: 20210810_September PT_pre-read_VF	2021	Gavi
	Pre read for update on PEF TA and call for humanitarian partnerships File name: 20210820 Pre-read_Partnerships Team meeting.vf	2021	Gavi
	Partnerships Team meeting: October pre read File name: 20211011_Gavi_October PT_pre-read_VF	2021	Gavi
	Partnerships Team meeting: December pre read File name: 20211203_Gavi December PT_pre-read_VF	2021	Gavi
	Key takeaways from Partnerships Team meeting August File name: Key takeaways from August 20th Partnerships Team meeting_VF	2021	Gavi
	Key takeaways from Partnerships Team meeting June File name: Key takeaways from June 15th Partnerships Team meeting	2021	Gavi
	Key takeaways from Partnerships Team meeting October File name: Key takeaways from October 18th Partnerships Team meeting	2021	Gavi
	Key takeaways from Partnerships Team meeting September File name: Key takeaways from September 30th Partnerships Team meeting	2021	Gavi
	UNICEF Foundational Support Proposal to deliver on Gavi 5.0 . ambition File name: UNICEF Gavi FS 5.0 FS proposal_pre-read	2021	Gavi
	WHO Foundational Support Proposal File name: WHO Foundational Support Proposal Summary_12Oct2021_vSENT	2021	Gavi
	WHO_ Gavi PT Pre-read Draft vfinal_26Nov21	2021	Gavi
	2022	File name: 20220322_March PT 2-day pre-read_VFpresented	2022
File name: 20220322_March PT Pre-read_VF		2022	Gavi
File name: 20220510_May PEF STEerCo_VF		2022	Gavi
File name: 20220912_Appendix_Sept PEF STEerCo_VF		2022	Gavi
File name: 20220912_Main Deck_Sept PEF STEerCo_VF		2022	Gavi
File name: 20220928_Appendix_Sept PT_vf		2022	Gavi
File name: 20220928_Sept PT_Pre-read Day 1 and Day 2		2022	Gavi
File name: 20220928_Sept PT_Pre-read vf File name: Final Pre read with partners presentations_20220927		2022	Gavi

	Key takeaways - Partnerships Team meeting File name: Key takeaways March 2022 Partnerships Team meeting_Day 1&2_VF	2022	Gavi
	PT Pre-Read - PEF July 2022 Final	2022	Gavi
PPC docs			
PPC minutes	2014		
	File name: PPC-2014-Mtg-01-Final Minutes	2014	Gavi
	File name: PPC-2014-Mtg-2-Minutes	2014	Gavi
	File name: PPC-2014-Mtg-4-Minutes	2014	Gavi
	2015		
	File name: Programme and Policy Committee Meeting, 4-6 May 2015, Final Minute	2015	Gavi
	File name: Programme and Policy Committee Meeting, 21 May 2015, Final Minutes	2015	Gavi
	File name: PPC-2015-Mtg-03-Minutes	2015	Gavi
	File name: PPC-2015-Mtg-05-Minutes	2015	Gavi
	2016		
	File name: PPC-2016-Mtg-1-Final Minutes	2016	Gavi
	File name: PPC-2016-Mtg-2-Minutes	2016	Gavi
	2017		
	File name: Joint EAC_PPC-Oct 2017-Minutes	2017	Gavi
	File name: PPC-2017-Mtg-1-Minutes	2017	Gavi
	File name: PPC-2017-Mtg-3-Final Minutes	2017	Gavi
	File name: PPC-2017-Mtg-4-Minutes	2017	Gavi
	File name: PPC-2017-UC-01-Minutes	2017	Gavi
	2018		
	File name: Joint EAC_PPC-Oct 2018-Minutes	2018	Gavi
	File name: PPC-2018-Mtg-1-Minutes	2018	Gavi
	File name: PPC-2018-Mtg-3 Minutes	2018	Gavi
	2019		
	File name: PPC-2019-Mtg-1-Minutes - POSTED	2019	Gavi
	File name: PPC-2019-Mtg-2- Minutes - POSTED	2019	Gavi
	File name: PPC May 2019 - Minutes	2019	Gavi
	File name: PPC Oct 2019 - Minutes	2019	Gavi
	2020		
	File name: PPC Oct 2020 - Minutes	2020	Gavi
	File name: PPC May 2020 - Minutes	2020	Gavi
	File name: PPC-2020-Mtg-01-Minutes POSTED	2020	Gavi
	File name: PPC-2020-Mtg-02-Minutes POSTED	2020	Gavi
	2021		
File name: PPC May 2021 - Minutes	2021	Gavi	
File name: PPC-2021-Mtg-02-Minutes POSTED	2021	Gavi	
File name: PPC-2021-Mtg-03-Minutes POSTED (3)	2021	Gavi	
File name: PPC-2021-Mtg-04-Minutes POSTED	2021	Gavi	
2022			
File name: PPC-2022-Mtg 01-Minutes POSTED	2022	Gavi	
File name: PPC-2022-Mtg-02-Minutes-POSTED	2022	Gavi	

PPC papers	GAVI 5.0: PROGRESS, RISKS & CHALLENGES File name: 06-Strategy, Programmes and Partnerships	2021	Gavi
	Operationalising the 2021-2025 strategy File name: 2019-May_05-Gavi 5.0_Operationalising the 2021-2025 strategy	2019	Gavi
	Gavi 5.0 Funding Policy Review File name: 2019-Oct_04 - Gavi 5.0_Funding Policy Review	2019	Gavi
	Funding Policy Review PPC Deck File name: 2019-Oct_04-Gavi 5.0 Funding Policy Review PPC Deck	2019	Gavi
	Funding Policy Review May File name: 2020-May_ Funding Policy Review May 2020 PPC outline	2020	Gavi
	Gavi 5.0_Innovation Strategy File name: PPC May 2021, 09-Gavi 5.0_Innovation Strategy	2021	Gavi
	PPC Workplan File name: PPC Workplan-As of 8 March 2021	2021	Gavi
Portfolio management roles and responsibilities			
	File name: PM R&R handbooks Rationale	2022	Gavi
	File name: Teams R&R Core Priority V1 30Sep22	2022	Gavi
	File name: Teams R&R Core Standard V1 30Sep22	2022	Gavi
	File name: Teams R&R F&C V1 30Sep22	2022	Gavi
	File name: Teams R&R Handbook HI V1 30Sep22	2022	Gavi
Previous evaluations			
	File name: Co-Financing Policy evaluation	2014	Norwegian Institute of Public Health
	File name: Technical assistance through the Partners Engagement Framework evaluation	2017	Deloitte
	File name: Full country evaluations	2016	Gavi
	File name: Health system strengthening evaluations 2013-15 (meta review)	2016	Cambridge Economic Policy Associates Ltd.
	File name: Evaluation of Gavi support to CSO 2018	2018	Itad
	Evaluation on Gavi's Gender policy File name: Gender policy evaluation 2019	2019	Itad
	Co-financing, eligibility, and transition policies evaluation 2019	2019	CEPA
	Evaluation of the Gavi supply and procurement strategy, 2016-2020	2020	CEPA
	Mid-term evaluation of MoU8	2019	hera
	Evaluation of Gavi's Fragility, Emergencies, and Refugee policy	2021	hera
	COVAX Facility and AMC Evaluability, Evaluation Design and Formative Review/Baseline Study	2022	Gavi/Itad
	Evaluation of the Cold Chain Equipment Optimization Platform	2022	JSI
	Learning how to optimally programme immunisation interventions focused on reaching zero dose children	2022	Gavi

	and missed communities in Gavi countries - 156-2021-GAVI-RFP (2022)		
Pro-equity			
	Mapping of existing pro-equity interventions within Gavi-supported countries File name: PPT_Synthesis of pro-equity mapping_final	2022	Gavi
	File name: Pro-equity intervention mapping_Final_revised	2023	Gavi
	Mapping of existing pro-equity interventions within Gavi-supported countries File name: Report_pro-equity mapping_final	2022	FHI
Programmatic policies			
Co-financing policy evolution	Review of Gavi's Co-financing Policy Report to the Programme and Policy Committee, 4-6 May 2015 File name: 05 - Review of cofinancing policy	2015	Gavi
	Review of Gavi's Co-Financing Policy Report to the Board, 10-11 June 2015 06 - Review of Gavi's co-financing policy - All	2015	Gavi
	Gavi 5.0: Funding Policy Review Report to the Board, 4-5 December 2019 File name: 09 - Gavi 5.0 Funding Policy Review	2019	Gavi
	Health System and Immunisation Strengthening Support Report to the Board, 22-23 June 2016 File name:12 - Health system and immunisation strengthening support	2016	Gavi
	File name: Annex B-Paragraphs referenced in decision poi	2019	Gavi
	File name: Board Minutes_30 Nov-1 Dec 2010_Kigali	2010	Gavi
	File name: Board_Minutes__16_17_June_2010	2010	Gavi
	Gavi Co-financing Policy File name:gavi-co-financing-policy	2016	Gavi
	History the Cofinancing Policy File name: History The Cofinancing Policy sets out the	n.d.	Gavi
Eligibility and transition	File name: 02i-Consent agenda_Reflecting Board-approved chan	2018	Gavi
	Strengthening country transitions out of Gavi support File name: 04-Strengthening country transitions out of Gavi	2015	Gavi
	Strengthening Country Transitions Out of Gavi Support File name: 05-Strengthening country transitions out of Gavi	2015	Gavi
	File name: 13-Engagement with graduating countries	2013	Gavi
	File name: 14-Engagement with graduating countries_merg	2013	Gavi
	File name: Board Decisions-10-11 June 2015 (Board-2015)	2015	Gavi
	File name: Board_Minutes_17-18_November_2009	2009	Gavi
	File name: Board-2018-Mtg-1-Review of Decisions	2018	Gavi
	Gavi Alliance Eligibility and Transition Policy Version 3.0 File name: Eligibility-and-transition-policy	2018	Gavi
	File name: History_Eligibility and Transition Policy	n.d.	Gavi
FER (displaced)	File name: 06-Appx3-Fragility, Emergencies and Refugees	2021	Gavi

	File name: 07-AnxA-Fragility Emergencies and Displaced populations	2022	Gavi
	File name: 07-Review of Fragility Emergencies, Refugees Policy	2022	Gavi
	File name: Fragility-emergencies-and-refugees-policy	2018	Gavi
	File name: History The Fragility, Emergencies and displaced	n.d.	Gavi
	File name: OG3_16 Implementation of Fragility, Emergencies and Refug	2017	Gavi
Funding policy	File name: 06 - Appendix 1 - Funding Policy Review Overview & Eligibility	2021	Gavi
	File name: 06 - Appendix 2 - Funding Policy Review_HSIS Support Framework	2021	Gavi
	File name: 2019 Dec, 09 - Gavi 5.0 Funding Policy Review1	2019	Gavi
	File name: Board Jun 2020, 03_Annex D - Update Funding Policy Review	2020	Gavi
Gender policy	File name: 02i-Consent agenda-Gender policy review_merged	2013	Gavi
	File name: 06-Annex D-Annual report on impl of gender pol	2021	Gavi
	File name: 07-Annex B-Revised Gender Policy	2020	Gavi
	File name: 07-Annex C-Gender Policy Monitoring & Evaluation Framework	2020	Gavi
	File name: 07-Review of the Gavi Gender Policy	2020	Gavi
	File name: 09-Gender Policy Review	2013	Gavi
	File name: 2020 June, 07-Annex C-Gender Policy Monitoring & Evaluation	2020	Gavi
	File name: 2020 June,07-Review of the Gavi Gender Policy	2020	Gavi
	File name: Board Dec20, 05a_Annex C-Annual report on implement.Gender	2020	Gavi
	File name: Gavi-Gender-Policy	2020	Gavi
	Evaluation of Gavi Gender Policy Final Report 14 December 2012 File name: Gender-policy-evaluation-report-with-annexes	2012	Gavi
	File name: History Gender Policy	n.d.	Gavi
Self procurement policy evolution	File name: Gavi-self-procurement-policy	2016	Gavi
	File name: History of Self procurement policy	n.d.	Gavi
SteerCo			
	Terms of Reference Evaluation Steering Committee, Expected role and tasks of the Steering Committee File name: ToRs_Steering Committee	n.d.	Gavi
TPM *HIGHLY CONFIDENTIAL			
	File name: TPM tool - Country Programmes - vOld[38]	n.d.	Gavi
	File name: TPM tool - Executive Office - vOld[39]	n.d.	Gavi
	File name: TPM tool - Strategy, Funding & Performance - vOld[74]	n.d.	Gavi
Other Gavi Documents			
	Co-Financing Policy v. 3.0	2022	Gavi
	Co-Financing Policy v. 2.0	2016	Gavi

Policy framework and guidance	Eligibility and Transition Policy v. 4.0	2022	Gavi
	Eligibility and Transition Policy v. 3.0	2018	Gavi
	Fragilities, Emergencies, and Displaced Populations Policy, v. 4.0	2022	Gavi
	Fragilities, Emergencies, and Refugees Policy, v. 3.0	2018	Gavi
	Gender Policy, v. 3.0	2020	Gavi
	Changes to the HSIS Framework	2020	Gavi
	HSIS Policy	2022	Gavi
	Market Shaping Strategy (2021-2025)	2021	Gavi
	MIC Engagement	2020	Gavi
	MRS Guidance	2020	Gavi
	Programme Funding Guidelines	2022	Gavi
	Self-Procurement Policy, v. 2.0	2016	Gavi
	Vaccine Donation Policy, v. 1.0	2009	Gavi
	Vaccine Funding Guidelines	2022	Gavi
	Zero Dose Funding Guidelines	2021	Gavi
PEF-TCA Guidance	2021	Gavi	
Market docs	Appendix 4: HPV supply and programmatic analysis File name: 04-App 4-HPV supply and programm analysis	2019	Gavi
	Market Shaping Update, Report to the Programme and Policy Committee, 8-9 May 2019 File name: 04-Market Shaping Update	2019	Gavi
	Gavi, the Vaccine Alliance: Supply and Procurement Strategy 2016-20 File name: 07-Annex A - Supply and Procure Strat 2016-20	n.d.	Gavi
	Evaluation of Gavi's Supply and Procurement Strategy File name: 07-Eval Supply and Procure Strategy	2019	Gavi
	VIPS - Vaccine Innovation Prioritisation Strategy (focusing on vaccine product attributes) June 2018 File name: 30_MenozziA_VIPS	2018	Gavi
	2016 – 2020 Strategic Goal 4 Indicators File name: 2016-20 SG4 Indicators- Definitions (2016)	n.d.	Gavi
	File name: 2016-2020 SG4 Indicators Summary & Graphs (2020_03)	2020	Gavi
	File name: 2016-2020 SG4 Indicators_HMD assessments_2020_Partners Input	2020	Gavi
	File name: 2016-2020 SG4 Indicators_Summary & Graphs (2020 03 11)	2020	Gavi
	Evaluation of the Cold Chain Equipment Optimization Platform File name: 2019.4.23_CCEOP CC Report_Midline_final clean	2019	Gavi
	File name: 190731- MSS Review Presentation Slides- Update Sept 2019	2019	Gavi
	File name: 20180206 Gavi Externalities Handover Documentv2	2018	Gavi
	File name: 20190731 GF MSS - Mid-Term Review - Updated Aug 29	2019	Gavi
	2016-2020 strategy: implementation and progress File name: Annex B - Progress on implementation of strategy	2018	Gavi

Midterm evaluation of MOU8 File name: Appendix 1-190408 hera - Final report MOU8 Gavi-Unicef	2019	Gavi
Country-owned decisions in vaccine procurement File name: Country-owned decisions roadmap FINAL_Public Summary	2018	Gavi
DFID annual review market shaping indicators File name: DFID An.Review_2017_Gavi annual review- MS indicators	2017	Gavi
UK investment in Gavi File name: DFID An.Review_2019_final to DFID	2019	Gavi
Gavi 5.0 strategy one-pager File name: Doc 07 - Annex A - Gavi 5.0 one-pager	n.d.	Gavi
Gavi 5.0 indicator dashboard File name: Doc 07 - Annex B - Gavi 5.0 indicator dashboard	n.d.	Gavi
Indicator definitions File name: Doc 07 - Annex C - Gavi 5.0 indicator definitions	n.d.	Gavi
Detailed indicator definitions File name: Doc 07 - Appendix 1 - Detailed indicator definitions	n.d.	Gavi
Gavi 5.0 measurement framework/strategy indicators File name: Doc 07 - Gavi 5.0 Measurement	2020	Gavi
Gavi engagement in SARS-CoV-2 vaccine File name: Gavi engagement in SARS-CoV-2 vaccine 20200325 1900	2020	Gavi
Market shaping externalities File name: GaviMarketShapingExternalities_Final (Updated)	n.d.	Gavi
Healthy Markets Framework_Tech Overview (2017_02)	2017	Gavi
Healthy markets framework File name: healthy-markets-framework--public- overviewpdf	n.d.	Gavi
CCEOP market shaping evaluation File name: Market Shaping Brief External v4 (1)	2019	Gavi
'creating markets' to leverage the private sector for sustainable development and growth File name: poste restante	2019	Gavi
Market shaping update 2016 File name: PPC_2016_Market Shaping Update to governance	2016	Gavi
Market shaping update 2017 File name: PPC_2017_Market Shaping Update_Final 2017	2017	Gavi
Market shaping update 2018 File name: PPC_2018_Market Shaping Update	2018	Gavi
Market shaping update 2019 File name: PPC_2019_Market Shaping Update PPC May2019	2019	Gavi
Strategy: Progress challenges and risks and update on COVID-19 File name: PPC_2020_Strategy progress challenges and risk incl C-19	2020	Gavi
File name: Report 2011 - Vaccine supply and procurement strategy	2011	Gavi

	RFP Invitation notice File name: RFP TGF-19-004_MSS_MidtermReview_RFP_Final	2019	Gavi
	Supply and procurement roadmap Cholera File name: Roadmap_Cholera Roadmap 2018-Restricted-FINAL14122018	2018	Gavi
	Supply and procurement roadmap HPV File name:Roadmap_HPVRoadmap 2017-Restricted-FINAL	2017	Gavi
	Supply and procurement roadmap Pentavalent File name:Roadmap_Penta Roadmap 2016 Update_RESTRICTED_final	2016	Gavi
	Supply and procurement roadmap Rotavirus File name: Roadmap_Rota Roadmap 2016 Update_RESTRICTED_final	2016	Gavi
	Supply and procurement roadmap YF vaccine File name:Roadmap_YFRoadmap 2017-Restricted	2017	Gavi
	file name: SG4.4 HMD (2019) - Partners Input_Consolidated	2019	Gavi
	File name: SG4.4 HMD assessments_2020_Partners Input	2020	Gavi
	File name: SPS-draft project-V4 (002)	n.d.	Gavi
	TERG market shaping strategy midterm review File name: terg_marketshapingstrategymidterm_review_en	2019	Gavi
	File name: VIPS SC June 2019_Background document	2019	Gavi
	VIPS background document File name: VIPS SC May 2020 Background document_vFINAL	2020	Gavi
External Documents			
HSS Background	Looking back at a year that changed the world WHO'S RESPONSE TO COVID-19 File name:534775899-WHO-SPRP-EoYR-2020-24022021	2021	Gavi
	Evaluation of Gavi's Support to Civil Society Organisations File name: evaluation-of-gavi-support-to-cso-2018--- itad-final-reportpdf.pdf	2018	Gavi
	Vaccine Pricing: Gavi Fully Self-financing & Accelerated Transition Countries File name: Factsheet_vacc_pricing_Gavi_transitioning	2018	WHO
	Final Synthesis Report Health Systems Strengthening Tracking Study File name: GAVI Alliance HSS Tracking Study	2009	Gavi
	How to evaluate the implementation of complex health programmes in low-income settings: the approach of the Gavi Full Country Evaluations File name: GAVI FCE review in low-income settings HPP	2020	Health Alliance International, Mozambique and University of Washington, USA; PATH; D'Eva Consulting; Gavi et al.

	Meta-Review of Country Evaluations of Gavi's Health System Strengthening Support File name: gavi-hss-meta-review-report	2016	Gavi
	Update to the 2015 Meta-Review of Gavi HSS Country Evaluations Gavi Evaluation File name: gavi-hss-meta-review--update	2015	Gavi
	File name: gavis-approach-health-systems-strengthening-reforms-revised-june-2019	2019	Gavi
	Overview of Gavi Full Country Evaluations Findings File name: IHME_Gavi_brief_2016_Cross-Country	2016	Gavi et al.
	Perspective and investments in health system strengthening of Gavi, the Vaccine Alliance: a content analysis of health system strengthening-specific funding File name: Perspective and investments in health system strengthening of Gavi	2015	Feng-Jen Tsaia,*, Howard Leeb and Victoria Y. F
	Dr Seth Berkley's reflections on 2022 and on turning the tide in 2023 File: Seth Berkley New Year greetings	2022	Gavi
	The GAVI Alliance and the 'Gates approach' to health system strengthening File name: The GAVI Alliance and the Gates approach to health system strengthening	2014	Katerini T. Storeng, GAVI
	Landscaping the structures of GAVI country vaccine supply chains and testing the effects of radical redesign File name: Vaccine programs radical redesign article	2015	redesignBruce Y. Leea et al.
	Gavi Update File name: VIC-2019-Session-3-Partner-Update-Gavi-the-Vaccine-Alliance	2019	Unicef
	IASC, 2022, Inter-Agency Humanitarian Evaluation of The Yemen Crisis, July 2022	2022	IASC
	David Trafford and Peter Bogis, Operationalising Strategy – tuning Strategic intent into Operational Reality: https://beyond-default.com/strategic-intent-operational-reality/	n.d.	Beyond Default
	How to evaluate the implementation of complex health programmes in low-income settings: the approach of the Gavi Full Country Evaluations https://academic.oup.com/heapol/article/35/Supplement_2/ii35/5959265	2020	Soi et al.
	File name: Gavi EvLU, 2022, CCS Tracker	2022	Gavi
	File Name: Gavi RfP 156-2021-GAVI-RFP, Learning how to optimally programme immunisation interventions focused on reaching Zero Dose children and missed communities in Gavi countries	2021	Gavi
	File name: EHG, 2022, Evaluation of Gavi's response to Covid-19 Inception reports Vol I and II	2022	Gavi
	File name: WHO, 2021, WHO's Response to COVID-19	2021	WHO

Table 24: Country case study documents

Document Type	Document Name	Year	Source
CAMBODIA			
Applications	Cambodia FPP Supporting Narrative File name: 1_TEMPLATE_Cambodia FPP Supporting Narrative - 19 Sept 2022.docx	2022	Gavi
	Theory of Change Support Detail File name: 2_Theory of Change Support Detail - Cambodia FPP - 19 Sept 2022.xlsx	2022	Gavi
	FPP COSTING Y1 to Y5 File name: 3_FINAL_FPP COSTING Y1 to Y5 Master - Cleaned Finalized 19 Sept 2022.xlsx	2022	Gavi
	Signatures and Endorsement of the Theory of Change and Gavi Support Detail File name: 1. FPP-2023-2027-Signed-MoH and MEF.pdf	2022	Gavi
	National Immunization Program Review 2017 File name: 10_EPI review report-31 December 2017.pdf	2017	Ministry of Health, National Immunization Program, Kingdom of Cambodia
	FPP Field Assessments March 2022 File name: 11_FPP Field Assessments March 2022 - Summary of Findings vFinal.pptx	2022	Gavi
	NIP FPP Assessment Matrix Indicators by Province File name: 12_20211230_NIP_FPP_Assessment_Matrix_Indicators_by_Province_Final.xlsx	2021	Ministry of Health, National Immunization Program, Kingdom of Cambodia
	Zero dose children Multiple deprivation analysis, Cambodia File name: 13_Zero_dose_children_Multiple_deprivation_analysis_Cambodia_findings.pdf	2022	Gavi
	Cambodia Global Digital Health Index File name: 14_GDHI Cambodia Assessment.pdf	2022	Gavi
	COVID-19 2Documentation File name: 15_Cambodia COVID-19 RCCE Documentation_10052022.pdf	2022	Gavi
	DHI for Immunisation Road Map File name: 16_Costed_Cambodia_DHI_for_Immunisation_Road_Map.pdf	2022	Gavi
	COVID Vaccination File name: 17_COVID_Vaccination_updated_from_10_February_2021_to_3_June_2022.pdf	2022	Gavi
Cambodia MOH Health Center Outreach Guidelines File name: 19_Cambodia MOH Health Center Outreach Guidelines 2020.pdf	2022	Gavi	
TWGH Approval	2022	Gavi	

	File name: 2_TWGH Approval - Review and endorse the Gavi Full Portfolio Plan Gavi FPP 2023-2027.pdf		
	EPI Assessment Tool PHD File name: 20.1_EPI Assessment_Tool _ PHD-14 February 2022 - ENG.pdf	2022	Gavi
	EPI Assessment Tool HC File name: 20.2_EPI Assessment_Tool for HC_14 February 2022 - ENG.pdf	2022	Gavi
	EPI Assessment Tool OD File name: 20.3_EPI Assessment_Tool for OD_ 14 February 2022 - ENG.pdf	2022	Gavi
	EPI Assessment Tool FGD Guide for Caregivers File name: 20.4_EPI Assessment_Tools-FGD Guide_for Caregivers_ENG_FINAL.pdf	2022	Gavi
	EPI Assessment Tool FGD Guide for Community Leaders File name: 20.5_EPI Assessment_Tools-FGD Guide_for Community Leaders_ENG_FINAL.pdf	2022	Gavi
	National Immunization Strategy 2021-2025 File name: 3_CAM National Immunization Strategy 2021-2025_vf.pdf	2021	Directorate General for Health, Ministry of Health
	Cambodia Demographic and Health Survey 2021-22 File name: 4_CDHS 2021-22_KIR_Signed.pdf	2022	National Institute of Statistics and Directorate General for Health, Ministry of Health
	Overarching feedback on Cambodia FPP submission File name: 4_KHM_Crosscutting FPP feedback_NIP Response_1 August 2022.docx	2022	Gavi
	Scoring results for OD selection File name: 5_Annex_Tables of OD scoring for prioritization.docx	2022	Gavi
	Cambodia Full Portfolio Planning (FPP) Summary of Findings from Field Assessments File name: 6 FPP Field Assessments March 2022 - Summary of Findings vFinal.pptx	2022	Ministry of Health
	Cambodia data File name: 6.1_JRF2021_Cambodia Exported 20220607.xlsx	2022	Gavi
	Subnational coverage data 2021 File name: 6.2_JRF Subnational coverage data 2021 EN.xlsx	2021	Gavi
	Cambodia National Immunization Strategy 2021-2025 and beyond up to 2030: Situation analysis File name: 7_NIS situation analysis consolidated (version 31Aug2021).docx	2021	Gavi
	Gavi 2020 multi-stakeholder dialogue File name: 8_2021 Cambodia Gavi MSD Report.docx	2020	Gavi
	Gender Equality Deep-Dive for Cambodia File name: 9_Gender Deep Dive - CCA Cambodia.pdf	n.d.	United Nations, Cambodia
	Cold Chain Equipment Inventory Assessment Report File name: 1_Cambodia CC inventory report_01 Aug 2022.docx	2022	National immunization Programme

WHO/UNICEF pre-review of Cambodia's CCEOP 2 application File name: 10_Response_Cambodia_WHO_UNICEF_PreReview_CCEOP2_application_21June2022.docx	2022	WHO/UNICEF
CCEOP Performance Framework File name: 11_CCEOP Performance Framework_01 Aug 2022.docx	2022	Gavi
Inventory Gap Analysis File name: 12_CCE_InventoryGapAnalysis_Cambodia_2022_Revised_29072022.xlsx	2022	Gavi
CCEOP Budget File name: 2_CCEOP Budget Gavi Eng_Cambodia revised_15August2022.xlsx	2022	Gavi
Cold Chain Rehabilitation and Expansion Plan, Deployment Plan, and Equipment Selection File name: 3_Cambodia_CCE_need_CC_expansion_and_rehabilitation_plan_15_Aug.doc	2022	Kingdom of Cambodia, National immunization Programme
Cold Chain Equipment Maintenance Plan 2023 File name: 4_Chpt 4_Maintenance plan 2023_010822.docx	2022	Kingdom of Cambodia, National immunization Programme
Cold Chain Equipment Disposal Guidelines File name: 5_Guidelines-for-Disposal-of-CCE CAMBODIA_01 Aug 2022.docx	2022	Kingdom of Cambodia, National immunization Programme
CCEOP Operational Deployment Plan File name: 6_CCEOP_Operational_Deployment_Plan July 2022.xlsm	2022	Kingdom of Cambodia, National immunization Programme
EVM Comprehensive Improvement Plan File name: 7_EVM Comprehensive Improvement Plan_01 Aug 2022.xlsx	2022	Kingdom of Cambodia, National immunization Programme
Effective Vaccine Management Assessment: Assessment report File name: 8_Cambodia EVMA 2020 Report.docx	2020	WHO, UNICEF, Ministry of Health, Kingdom of Cambodia
Tax exemption for Gavi File name: 9a_Tax exemption for Gavi-Signed by MoEF-Sep-2017-English.pdf	2017	MoEF
Tax exemption for Gavi KHM File name: 9b_Tax exemption for Gavi-Signed by MoEF-Sep-2017-KHM.pdf	2017	MoEF, KHM
Respond to Gavi feedback round 2 File name: Summary of Gavi fdbk CCEOP round 2 response.docx	n.d.	Unknown
Screening of Full Portfolio Planning Application File name: Cambodia FPP Pre-Screening Template_2022.docx	2022	Gavi
Innovations to be scaled up File name: to explore innovations to be scaled up using catalytic scale up funding.xlsx	n.d.	Unknown

	Independent Review Committee (IRC) Country Report File name: IRC Review Report for FPP_2022_Cambodia_Final.pdf	2022	Gavi
	The responses from Cambodia to the questions from Independent Review Committee June 2019 File name: Cambodia-HPV-Issues to be addressed-03-Jun-2019-Final.docx	2019	Gavi
	The responses from Cambodia to the questions from Independent Review Committee May 2019 File name: Cambodia-HPV-Issues to be addressed-10-May-2019-Final.pdf	2019	Gavi
	Full Portfolio Planning (FPP) Discussion 2File name: FPP discussion_23 Sept 2021_shared.pptx	2021	Clinton Health Access Initiative
	REQUEST FOR ADDITIONAL HSS FUNDS File name: 1-Cambodia_HSS top-up 2 request_April 2019-Final-16-May-19.pdf	2019	Gavi
	Cambodia response to Gavi on additional HSS Funds File name: Cambodia response to Gavi-final version_30 July 2019-MoH and Gavi.doc	2019	Kingdom of Cambodia, National immunization Programme
	Supporting information for Cambodia File name: Cambodia_HSS3 top-up2 AR memo_Aug 2019.docx	2019	Gavi
DEMOCRATIC REPUBLIC OF CONGO			
Applications	Application Form for the Cold Chain Equipment (CCE) Optimisation Platform –supplementary material to Health System Strengthening (HSS) requests for January and May 2016 submissions only File name: 0_RDC Proposal GAVI CCEO...l 2016 vf-updated-En	2015	Gavi
	Health Systems Strengthening (HSS) Cash Support Application Package –Proposal Form File name: 1. PROSITION GAVI RSS-corr_du12 JUIN 2014-en	2014	Gavi
	Justification du soutien aux programmes 2019 File name: 3) JSP DRC GAVI RSS3 version 09 12 2019	2019	Gavi
	Application Form B: Assistance to Strengthen the Involvement of Civil Society Organizations (CSO) in Immunization Programs and Other Related Health Issues File name: CSO Proposal_DRC	n.d.	Gavi and Democratic Republic of Congo
	Lettre de Décision: Soutien au Vaccin Antipoliomyélitique Inactivé (VPI) File name: FR lettre-de-decision-DRC-2019	2019	Gavi
	GAVI Health System Strengthening Support Evaluation File name: hss-evaluation-congo,-demo...tic-republic-of-thepdf	2009	HLSP
	APPLICATION FORM FOR GAVI NVS SUPPORT: Measles 1st and 2nd dose routine File name: Proposal-for-Measles-1+2-support-2020-DRC	2020	Gavi
TCA plans	TCA Plan 2021, DRC File name: 2021-TCA-Plan-DRC	2021	Gavi
	COVAX TA Plan 2021, DRC File name: DRC COVAX TA Plan 2021	2021	Gavi
	TCA Plan 2020, DRC File name: FR targeted-country-assistance-plan-DRC-2020	2020	Gavi
	TCA Plan 2019, DRC File name: targeted-country-assistance-plan-DRC-2019	2019	Gavi
	TCA Plan 2018, DRC File name: FR targeted-country-assistance-plan-DRC-2018	2018	Gavi

	TCA Plan 2017, DRC File name: FR targeted-country-assistance-plan-DRC-2017	2017	Gavi
Mission reports	Mission report March 2022 File name: DRC Mission Report_March 2022_EV-GAVI0238.	2022	Gavi
	Agenda Mission March 2022 File name: 04_03_2022_Agenda_mission...mars 2022_Nestor-Gavi	2022	Gavi
	Final Briefing Note Mission March 2022 File name: Briefing Note - Gavi Missi... DRC_March 2022 FINAL	2022	Gavi
	Briefing Note Mission March 2022 File name: Briefing Note - Gavi Mission to DRC_March 2022 VE	2022	Gavi
	Summary of the DRC Working Group during the Alliance Technical Team File name: DRC Summary WG Alliance ...hcnical Team,02.2022	2022	Gavi
	Dialogue multipartite de la RDC sur la vaccination dans le contexte Covid-19 File name: DRC_Rapport de dialogue multipartite 2020_FR	2020	Gavi, WHO, UNICEF, SANRU
	HEALTH FINANCING COUNTRY BRIEFS BRIEF #1 File name: Gavi_Health Financing Country Briefs_01 (003)	2021	Gavi
	MoU between Gavi and IOM File name: MOU IOM-GAVI_24Nov2020	2020	Gavi, IOM
	RDC PLAN D'ACTION OPERATIONNEL 2022 DU PROGRAMME ELARGI DE VACCINATION File name: Fusion_PAO_2022_PEV_Hub Kinkole_PM_22 02 2022	2022	PEV
	RDC PLAN D'ACTION OPERATIONNEL 2022 DU PROGRAMME ELARGI DE VACCINATION File name: PAO_PEV_2022	2022	PEV
	Synthèse du plan de relance de la vaccination de routine «plan Mashako 2.0» File name: Présentation Plan Mashako 2.0 CCIA 02_03 DN	2022	PEV, Gavi, UNICEF, WHO, WB, USAID, PATH, Acasus, Bill and Melinda Gates Foundation, Village Reach
	REUNION DU CCIA TECHNIQUE File name: Presentation_PAO_2022_CC...H_2_mars_2022	2022	PEV
	Rapport Hebdomadaire de la Division Logistique File name: RH_DIVLOG_S9_02_03_2022-2	2022	PEV
	Aide Memoire: COVID-19 Vaccine Delivery Partnership –Africa CDC – HSRC ACT-A File name: CoVDP DRC Mission - Aide Memoire, 06.2022	2022	Africa CDC, HSRC ACT-A
	Mission Report June 2022 File name: DRC Mission report, June 2022-GAVI0238	2022	Gavi
	Mission Report EAF Workshop File name: DRC EAF workshop Mission report (08.2022)	2022	Gavi
	Monitoring Mission Report File name: DRC Monitoring mission report 25-29.09.2022	2022	Gavi
	Partnership Team Meeting File name: Partnership team meeting_26092022_PEV	2022	PEV
	COVID joint mission report File name: DRC COVID joint mission report 7-11.2022.	2022	Gavi
	Proposition FAE RDC File name: review Gavi-mission 21112022	2022	Gavi
Mise en œuvre du plan de relance de la vaccination de routine «Plan Mashako» File name: 01_Plan Mashako bilan_Forum_v2	2021	PEV, Gavi, UNICEF, WHO, WB, USAID,	

			PATH, Acasus, Bill and Melinda Gates Foundation, Village Reach
	Suivi des engagements de la Déclaration de Kinshasa en faveur de la vaccination et l'éradication de la Poliomyélite File name: 01_Suivi_engagement_Octobre_2021_v2	2021	PEV
	Mise en œuvre du plan de relance de la vaccination de routine «Plan Mashako» Lancement de la nouvelle vision Mashako2.0 File name: 02_Plan Mashako - perspectives (2.0)_Forum_v2	2021	PEV, Gavi, UNICEF, WHO, WB, USAID, PATH, Acasus, Bill and Melinda Gates Foundation, Village Reach
	Suivi de la Déclaration de Kinshasa pour la Vaccination et l'Éradication de la Polio File name: Score card 2021.	2021	Unknown
	Mission Agenda File name: Mission Gavi 28 agenda 2020 V2	2020	Gavi
	Trip Report File name: Trip Report Feb 2020	2020	Gavi
	AGENDA DIALOGUE MULTIPARTITE 2020 File name: Agenda MSD RDC 2020	2020	Unknown
Other	Evaluation à mi-parcours du projet GAVI -RSS2en RDC (2015 -2019) File name: 4. Rapport provisoire	2018	Gavi
	Lettre à Ministère de la Santé Publique, Hygiène et Prévention, DRC File name: 2021-11- lettre Gavi RDC -stratégie 2021-2025 de Gavi	2021	Gavi
	Plan Pluri Annuel Complet du PEVde la République Démocratique du Congo, 2008-2012 File name: comprehensive-multi-year-plan-for-2008-2012	2008	Ministere de la Santé, République Democratique du Congo
	Accord Cadre de Partenariat pour un Soutien sous Forme de Vaccins et/ou d'Espèces Gavi-Alliance & RDC File name: DRC PFA signed 30 October 2014 - French	2014	Gavi/DRC
	Dialogue multipartite de la RDC sur la vaccination dans le contexte Covid-19 File name: DRC_ Rapport de dialogue multipartite 2020_FR	2020	Gavi, UNICEF, WHO, SANRU
	Evaluation de la mise en œuvre Plan Mashako File name: Evaluation conjointe_ Plan...ECV_Performance_Final1	2022	Gavi, WHO, The World Bank, USAID, PEV, UNICEF, SANRU, Bill and Melinda Gates Foundation, PATH, JSI
	Rapport de l'évaluation conjointe (JA) 2018 RDC File name: FR joint-appraisal-DRC-2018	2018	Gavi
	Rapport de l'évaluation conjointe 2017 File name: FR rapport-de DRC-2017	2017	Gavi
	Rapport de l'évaluation conjointe 2015 File name: FR rapport-de-evaluation-conjointe DRC-2015	2015	Gavi

	Annexe 1: Mise à jour sur les exigences en matière de gestion de subventions File name: GMR DRC Updated 2021	2021	Unknown
	Joint appraisal report (JA) DRC 2018 File name: joint-appraisal-DRC-2018	2018	Gavi
	Justification du soutien aux programmes 2019 File name: JSP DRC GAVI RSS3_2020-2024	2019	Gavi
	Lettre à Ministère de la Santé Publique, Hygiène et Prévention File name: Lettre Gavi au MSP FAE, 20.10.2022	2022	Gavi
	Evaluation de la Capacité du Programme (ECP) en DRC File name: PCA Final Report GAVI	2016	PWC
	PLAN OF ACTION FOR THE CAMPAIGN TO CONTROL TYPE A MENINGOCOCCAL MENINGITIS IN THE DRC IN 2015 File name: Plan of Action for campaigns COD-EN	2015	Ministry of Public Health, DRC
DJIBOUTI			
Applications	IPV (March 2015)		
	300511 Djibouti CMYP En	2011	Gavi
	Annex C GAVI IPV Prog Timeline of Activities 2015_Fr_FB WHO	2015	Gavi
	Annex_B_Gavi_IPV_Prog_Application_Form_2015_EN	2015	Gavi
	Copy of Annex D VIG and Op Cost Detail Template 2015_EN	2015	Gavi
	ICC_Reunion_du_20_janvier__2015_validation_finale__proposition_VPI_EN	2015	Gavi
	Plan_d'introduction_du_VPI_2015-2016_Djibouti_VERSION FINALE_13 janvier 15_EN	2015	Gavi
	Reunion_presentation_sur_le_proposition_IPV_29_12_2014_EN	2014	Gavi
	DJIBOUTI_Screening_template_IPV_for March 2015_FINAL	2015	Gavi
	Final IRC Country Report_Djibouti (IPV)_ENG	2015	Gavi
	CCEOP (March 2017)		
	1. 2017 CCEOP Appl_Djibouti_v2 1-En	2017	Gavi
	Budget Worksheet in CCEOP_Annex 16	2017	Gavi
	Djibouti_PPAC_21 02 2017_VF	2017	Gavi
	EPI_Logistics_Forecasting_tool_Djibouti Annex 18	2017	Gavi
	manuel de procédure passation des marchés Annex 6_fr	2017	Gavi
	PNDS 2013 2017 partie 2 VERSION DU 80113_Annex 8	2017	Gavi
	SWOT_analysis_CCE OP Djibouti Annex 14	2017	Gavi
	Djibouti_Screening_template_CCEOP_IRC Mar 2017	2017	Gavi
	Djibouti_IRCreport_Mar2017_CCEOP	2017	Gavi
	IPV2 (March 2021)		
	Djibouti_Screening_template_IPV2 March 2021_RL	2021	Gavi
	document sur la deuxième dose du vaccin VPI	2021	Gavi
	Explication cible VPI 2 et elements de reponse_Gavi questions 10-052020_12-05-21_10.11.43 (1)	2021	Gavi
	IRC Report Djibouti IPV2 March 2021 (1)	2021	Gavi
	Prévision budgétaire_Djibouti_IPV2 (1) version finale le 24.02.21 A 20H30	2021	Gavi
	Procès verbale de comité NITAG 2020 sur la deuxième doses du vaccin polio inactivé scan	2020	Gavi
	FPP (2022)		
	Annex3_Evaluation_PNV DJIBOUTI 17 JUIN 2021	2021	Gavi
	Annex5_Politique_National_Vaccination_Djibouti	2018	Gavi
	Djibouti PNDS 2020_2024_Final_edite (2)	2020	Gavi

	Elaboration du Budget subvention GAVI RSS 2_19_12_2021	2021	Gavi
	FINAL_FR - GAVI Budget Reporting_21_02_2022_2nd review	2022	Gavi
	lettre de validation proposition GAVI	2022	Ministère de la Santé, Republique de Djibouti
	Narratif FPP Djibouti_19_12_21.final	2021	Gavi
	PV CCIA	2022	Ministère de la Santé, Republique de Djibouti
	TdC_le Detail de soutien Gavi_DJIBOUTI_PLAN DE TRAVAIL 19_12_2021	2021	Gavi
	220429_DJI_country response to IRC comments	2022	Gavi
	Elaboration du Budget subvention GAVI RSS 2 V29_04_2022	2022	Gavi
	FR - GAVI Budget Reporting_29_04_2022	2022	Gavi
	FPP Screening Template_2022_Djibouti	2022	Gavi
	Djibouti_IRCReport_27May2022_final	2022	Gavi
Portfoli o manage ment docume nts	Country Overview		
	170504Djibouti_summary_May 2017	2017	Gavi
	180514 DJI Country Summary_May 2018	2018	Gavi
	Djibouti_summary_March 2017	2017	Gavi
	Risk		
	2017_05_30 Djibouti Risk Matrix	2017	Gavi
	Country Plans		
	180115_DJI_Country Team Plan 2018	2018	Gavi
	Djibouti Country Team Plan 2020	2020	Gavi
	Djibouti Country Team Plan 2022	2022	Gavi
	Mission Reports		
	2017_06_07 Trip Report Djibouti 22 to 28 April 2017 RL cort	2017	Gavi
	161027_Djibouti_Trip_Report_JA_FINAL	2016	Gavi
	DJIBOUTI_Draft Trip Report	2022	Gavi
	Djibouti_Trip_Report_SCM_GF_Feb-2016_FINAL	2016	Gavi
	Djibouti_Trip_Report_SCM_Nov-2015	2015	Gavi
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	Decision Letters		
	AR 07 2017-02 Cover Memo_country Djibouti Final	2017	Gavi
	Copy of 220805_DJI_AR_table_HSS2_EAF_TCA_Signed	2022	Gavi
	DJI-HSS-1-Change3-AR table 2021	2021	Gavi
	DJI-2015.01(xaxx)IPV	2015	Gavi
	DJI-2015.02(xxxa)HSS	2015	Gavi
	DJI-2017.01_CCEOP	2017	Gavi
	DL DJI 2019 ISD	2019	Gavi
	2020_DJI-IPV-R	2020	Gavi
2020_DL_DJI_HSS_1(Change 3)	2020	Gavi	
2020-DJI_CoverLetter_DL	2020	Gavi	
2020-DJI-PCV-R_signed	2020	Gavi	
2020-DJI-PENTA-R_signed	2020	Gavi	

	2020-DJI-RV-R_signed	2020	Gavi
	DJI_2020.01_HSS_PBF	2020	Gavi
	DJI-2021-COVID19-CDS	2021	Gavi
	DL DJI PBF 3 signed	2021	Gavi
	DL_2021_DJI-HSS-1 (FMA)_Signed	2021	Gavi
	DL-2021_DJI-IPV2-PSG_Signed	2021	Gavi
	2022.DL-DJI-HSS-2, TCA, EAF_signed	2022	Gavi
	DJI-IPV-R-2022	2022	Gavi
	DJI-PCV-R-2022	2022	Gavi
	DJI-Penta-R-2022	2022	Gavi
	DJI-RV-R-2022	2022	Gavi
	221007_DJI_Lettre accompagnement LD	2022	Gavi
	Health Systems		
	DJI_Memo_NCE_HSS 09_03_2021	2021	Gavi
	Plan_amélioration_Donnees_2019-2021_Djibouti_vf	2019	Gavi
Co-Financing	co-financing-information-sheet-djibouti	2019	Gavi
TCA Plans	2017 targeted-country-assistance-plan-djibouti	2017	Gavi
	2018 targeted assistance-plan-djibouti	2018	Gavi
	2019 targeted-country-assistance-plan-djibouti	2019	Gavi
	2020 Targeted-country-assistance-plan-Djibouti	2020	Gavi
	2021-TCA-Plan-Djibouti	2021	Gavi
Gavi Country Hub	https://www.gavi.org/programmes-impact/country-hub/eastern-mediterranean/djibouti	2022	Gavi
WHO Immunisation Dashboard	https://immunizationdata.who.int/pages/profiles/dji.html	2021	WHO
ETHIOPIA			
Applications	Memo: Reprogramming of VIGs and Operational Support Grants File name: 180629_Ethiopia_Memo-'-Reprogramming of VIGs and Ops Costs.pdf	2018	Gavi
	IRC comments Ethiopia Additional funds application 2019 File name: Ethiopia IRC report HSS flexis_October re-review_FINAL	2019	Gavi
	Screening Form: Ethiopia (re-review) Requests for Additional HSS Funds File name: Ethiopia pre-Screening form	n.d.	Gavi
	TCA Summary Narrative File name: 3. TCA Summary Narrative 2 Jan 2023	2023	Gavi
	Ethiopia FPP Development Process Documentation File name: Ethiopia FPP Development Process Documentation, Dec. 2022	2022	Gavi
	TOC Narrative 2023 File name: 2. TOC Narrative final 9 Jan. 2023	2023	Gavi
	Independent Review Committee (IRC) Country Report File name: IRC Report Ethiopia TCA Jun 2022_final	2022	Gavi
	FPP Situational Analysis File name: 1. FPP Situational Analysis, 2, Jan 2023	2023	Gavi

	Independent Review Committee (IRC) Country Report File name: Ethiopia IRC Country Report (HSS) Nov2015.pdf	2015	Gavi
	Independent Review Committee (IRC) Country Report File name: Ethiopia_IRCreport_Nov2016_CCEOP.pdf	2016	Gavi
	Independent Review Committee (IRC) Country Report File name: Ethiopia_IRC report_June 2017_CCEOP MSD.pdf	2017	Gavi
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	Independent Review Committee (IRC) Country Report File name: IRC Report Ethiopia Mfu Sept 2021.pdf	2021	Gavi
	Periodic Intensified Routine Immunization (PIRI) Proposal to GAVI File name: PIRI Proposal FINAL_23-'12-'17_14.09.21.pdf	2017	Federal Ministry of Health, Ethiopia
TCA plans	2021 TCA Plan Ethiopia File name: 2021-TCA-Plan-Ethiopia	2021	Gavi
Co-financing	Gavi co-financing information sheet, Ethiopia Website: https://www.gavi.org/sites/default/files/document/co-financing-information-sheet-ethiopia.pdf	Accessed Jan 2023	Gavi
WUENIC immunisation dashboard	WUENIC Immunization Dashboard, Ethiopia Website: https://immunizationdata.who.int/pages/profiles/eth.html	Accessed January 2023	WUENIC
Other	Vaccine support Website: https://www.gavi.org/programmes-impact/types-support/vaccine-support	Accessed January 2023	Gavi
	Ethiopia National Expanded Program on Immunization COMPREHENSIVE MULTI-YEAR PLAN (2021-2025) File name: Ethiopia cMYP 2021 - 2025	2021	Federal Ministry of Health, Ethiopia
	Comprehensive multi-year programme 2016-2020 File name: cMYP Ethiopia 2016-'2020.pdf	2016	Federal Ministry of Health, Ethiopia
	Ethiopia, UNHCR Website: https://www.unhcr.org/afr/ethiopia.html	Accessed January 2023	UNHCR
	Gavi country fact sheet, Ethiopia WEBSITE: https://www.gavi.org/programmes-impact/country-hub/africa/ethiopia	Accessed January 2023	Gavi
	National Health sector Gender Audit File name: National Health Sector Gender Audit Final Report January 2022	2022	MoH, Government of Ethiopia

	2014-2015 MoH comprehensive plan File name: 2014-2015 MoH comprehensive plan Revised sent to DPs Nov 6 (Budget)	2014 - 2015	MoH, Government of Ethiopia
	Gavi board and board committee Operating procedures Website: https://www.gavi.org/sites/default/files/document/corporate-policies/Gavi%20Alliance%20Board%20and%20Committee%20Operating%20Procedures%20-%20December%202022_with%20Annexes.pdf	Accessed February 2023	Gavi
INDIA			
Applications	Application Form for India: Health System Strengthening (HSS) Support in 2016 File name: GAVI-HSS2 Application Form -Final 26April2017	2017	Gavi
	Independent Review Committee (IRC) Country Report India FPP review File name: 2022_10 IRC India FPP Review Report Final	2022	Gavi
	Independent Review Committee (IRC) Country Report India FPP review (India FPP, Oct 2022). Filename: 1.Applications\FPP 2022 as of Nov 28 [In progress]	2022	Gavi
	India - Reporting and renewal requirements to be submitted in 2019 File name: India - Reporting and renewal requirements to be submitted in 2019.docx	2019	Gavi
	India Gavi Rota Proposal File name: FW_ India Gavi Rota Proposal	2016	Gavi
	India's 2013 application to the GAVI Alliance for Health System Strengthening (HSS) cash support File name: decision-letter-hss-india-2013pdf	2013	Gavi
	Letter from National Rural Health Mission, Ministry of Health & Family Welfare to Gavi File name: Cover Letter-Revised GAVI HSS Phase-2	2017	Ministry of Health & Family Welfare
	Proposal for HSS support 2017: India, https://www.gavi.org/sites/default/files/document/proposal-for-hss-support-2017--indiapdf.pdf	2017	Gavi
	Proposal Form for Gavi NVS support for India – Rotavirus vaccine File name: PROPOSAL FORM for India_2016_Rota 24.11.2016.docx	2016	Government of India
Portfolio management documents	Country Overview		
	Comprehensive Multi-Year Plan (cMYP) 2018–22, Universal Immunization Programme, Reaching Every Child, Immunization Division, Ministry of Health & Family Welfare, Government of India. File name: cMYP 2018-22 final	2018	
	India co-financing-information-sheet https://www.gavi.org/sites/default/files/document/co-financing-information-sheet-indiapdf.pdf	2016	
	India Partnership Strategy for 2016 to 2021 File name: India-Gavi partnership strategy_Annex 6_Co-signed.pdf	2016	
	India's Eligibility for Gavi support and next steps for the current HSS grant File name: India eligibility and HSS extension and grant closure_8Oct2016.pdf	2016	
	Gavi Support India: https://www.gavi.org/programmes-impact/country-hub/south-east-asia/india	2023	
	Country Plans		
Measles-Rubella (MR) Vaccine Introduction Plan https://www.gavi.org/sites/default/files/temp/gavi_1570473800/India-MR-2017/MR%20Introduction%20Plan%20-%20India.pdf	2017		

Minutes of Immunization Action Group Meeting File name: Doc 5.2- IAG mins 22-04-15.pdf File name: Doc 5.1-Minutes of Meeting IAG 23rd July 2015 Meeting.pdf	2015	Ministry of Health & Family Welfare
Mission Indradhanush web site https://www.nhp.gov.in/mission-indradhanush1_pg	2023	Ministry of Health & Family Welfare
Mission Reports		
Mission report (combined for last two missions) Strategic Partnership between India and Gavi 14-24 June & 22-26 August 2022 File name: India mission_June & August missions 2022	2022	Gavi
Decision Letters		
Approval of funding made by Gavi (reviewed by Alliance High Level Review Panel (HLRP)) in Decision Letter for India Health System Strengthening (HSS) cash support File name: decision-letter-hss-india-2016PDF	2016	Gavi
Decision Letter India Health Systems Strengthening Programme File name: Decision-Letter-HSS-India-2021	2021	Gavi
Decision Letter IPV India 2019, Re: Approval of Inactivated Polio Vaccine cost-sharing support for India https://www.gavi.org/sites/default/files/document/2022/Decision-Letter-IPV-India-2019.pdf	2019	Gavi
Decision Letter NVS India 2015 Revised Decision Letter for India Vaccine Support https://www.gavi.org/sites/default/files/document/decision-letter-nvs-india-2015pdf.pdf	2015	Gavi
Decision Letter NVS India 2015 (2), Decision Letter: India's Proposal to Gavi, the Vaccine Alliance https://www.gavi.org/sites/default/files/document/decision-letter-nvs-india-2015-%282%29pdf.pdf	2015	Gavi
Decision Letter NVS India 2016 Re: Approval of Measles Rubella Vaccine Campaign for India https://www.gavi.org/sites/default/files/document/decision-letter-nvs-india-2016-%283%29PDF.PDF	2016	Gavi
Decision Letter NVS India 2017 Re: Approval of Measles Rubella Vaccine Campaign for India https://www.gavi.org/sites/default/files/document/decision-letter-nvs-india-2017-%282%29pdf.pdf	2017	Gavi
Decision Letter, India Health Systems Strengthening Programme File name: IND-HSS-2 Year 5 DL.pdf	2021	Gavi
Decision Letter: India's Proposal to Gavi, the Vaccine Alliance File name: IND-2015.02(xaxx)P IPV.pdf	2015	Gavi
Gavi support for Measles Rubella Vaccine Campaign for India File name: Decision Letter NVS India 2018 (2)	2018	Gavi
Gavi support for Rotavirus Vaccines to India File name: Decision-letter-nvs-india-2018-(3)pdf	2018	Gavi
HPV reallocation for PCV support for the Government of India File name: 20200402_Memo - HPV funding reallocation for PCV for India_Final.docx	2020	Gavi
Re: Approval of Pneumococcal Vaccine Support for India File name: 160930 Decision Letter India PCV approval.pdf	2016	Gavi
Re: Gavi support for Measles Rubella Vaccine Campaign for India https://www.gavi.org/sites/default/files/document/decision-letter-nvs-india-2018-%282%29pdf.pdf	2018	Gavi

	Re: Renewal of Health Systems Strengthening Support for India File name: 190522 IND DL HSS2 - 2017-2021.pdf	2019	Gavi
	Re: Renewal of Pneumococcal Vaccine support for India File name: 190704 Decision Letter India - Gavi support for PCV.pdf	2019	Gavi
	Support for Vaccine: Pneumococcal conjugate vaccine (PCV) This Decision Letter sets out the Programme Terms of a Programme File name: IND-2021_PCV Switch DL_Final.pdf	2021	
	Health Systems		
	Performance Review, Gavi Health System Strengthening grant to India: 2017-2021, July 2021 File name: India HSS performance review July 2021	2021	Gavi
	GAVI HSS Phase-2 proposal File name: Cover Letter - Revised GAVI HSS Phase-2 proposal	2017	Ministry of Health & Family Welfare
	Gavi India Review Report_HSS Rota (2017) File name: Gavi India Review Report_HSS Rota_Final_21Jan.pdf	2017	Gavi
TCA Plans	Targeted Country Assistance Plans https://www.gavi.org/country-documents/india	2017 - 2021	Gavi
Gavi Country Hub	Gavi 5.0 India investment case development process File name: 20200902_Gavi 5.0 India investment case development process_PPT for CP MD(FINAL).pptx	2020	Gavi
	Strategic Engagement Plan for India File name: Strategic Engagement Plan_India_2016.docx	2016	Gavi
	Strategic Partnership with India, Report to the Programme and Policy Committee (20-22 October 2021) File name:09 - Strategic Partnership with India_vF_clean.docx	2021	Gavi
	Supporting Narrative for Theory of Change for Gavi Support Request from India File name: Project narrative_Final_For Gavi CT.docx	2022	Gavi
	ToC Workplan File name: 15092022_India_TEMPLATE_ToC	2022	Gavi
Other organisations	Fact Sheet India, Expanded programme on immunization (EPI) https://apps.who.int/iris/bitstream/handle/10665/349282/India2021_EPISheet-eng.pdf?sequence=1&isAllowed=y	2021	WHO SEARO
	WHO Immunization Data portal at https://immunizationdata.who.int/listing.html?topic=&location=	2023	WHO
	WUENIC Immunization Dashboard, India, accessed 6 January 2023, https://immunizationdata.who.int/pages/profiles/ind.html	2023	WHO
	https://www.unicef.org/india/what-we-do/immunization accessed 5 January 2023	2023	UNICEF
Gavi general	Gavi Annual Progress Report 2021 https://www.gavi.org/sites/default/files/programmes-impact/our-impact/apr/Gavi-Progress-Report-2021.pdf	2021	Gavi
	Report to the Board 30 November - 2 December 2021, https://www.gavi.org/sites/default/files/board/minutes/2021/30-nov/10%20-%20Strategic%20Partnership%20with%20India.pdf	2021	Gavi
NIGERIA			
Applications	Independent Review Committee (IRC) Country Report File name: IRC report Nigeria_TCA Jun 2022_final.docx	2022	Gavi
	Independent Review Committee (IRC) Country Report File name: IRC Report Nigeria Rota Sept 2021.pdf	2021	Gavi
	Independent Review Committee (IRC) Country Report File name: IRC Report_Nigeria_Mfu YF MenA additional_July 2020.pdf	2020	Gavi

	Independent Review Committee (IRC) Country Report - Nigeria / In-country review File name: Nigeria_IRC Report_Bayelsa_Final.pdf;	2020	Gavi
	Country Metrics Narrative Input – Nigeria File name: Nigeria Country Metrics Narrative Input	n.d.	Gavi
	Application Form for Cold Chain Equipment Optimisation Platform support in 2018 File name: Nigeria CCEOP_Application_13_06_2018	2018	Gavi
	EO update: Nigeria & Zero-dose File name: 212005 - Nigeria and zero-dose update v1.pptx	2021	Gavi
	Cover Note – Gavi Secretariat: TCA Applications for the IRC review File name: Cover note for TCA country requests_Nigeria_vF	2022	Gavi
	IRC report Nigeria TCA File name: IRC report Nigeria_TCA Jun 2022_final	2022	Gavi
	PEF Targeted Country Assistance (TCA) Narrative File name: TCA_Narrative_2022_Nigeria_vF	2022	Gavi
	Summary of 2019 High-Level Mission in Nigeria File name: 200126_Summary of 2019 High-Level Mission in Nigeria for IRC Use Only	2019	Gavi
	Independent Review Committee (IRC) Country Report File name: IRC Report_Nigeria_CCEOP_July 2018	2018	Gavi
TCA Plans	Targeted Country Assistance Plan, 2021 File name: 2021-TCA-Plan-Nigeria	2021	Gavi
	Targeted Country Assistance Plan, 2020 File name: 2020-TCA-Plan-Nigeria	2020	Gavi
	Targeted Country Assistance Plan, 2019 File name: 2019-TCA-Plan-Nigeria	2019	Gavi
	Targeted Country Assistance Plan, 2017 File name: targeted-country-assistance-plan-nigeria-2017pdf	2017	Gavi
Co-financing	Co-financing information sheet for Nigeria File name: co-financing-information-sheet-nigeriapdf	2019	Gavi
Mission Reports	Disbursed Funds from Gavi to Nigeria (2002-2021) File name: Gavi support to Nigeria.pptx	2021	Gavi
	High-Level Mission 2022; Reflections and next steps File name: NGA HLM 2022 debrief.pptx	2022	Gavi
	Conducting the Gavi Alliance High-Level Mission to Nigeria 2022 File name: NGA HLM 2022 presentation to CP.pptx	2022	Gavi
	Second Nigeria HLM 2022 File name: Second Nigeria HLM 2022 Accountability Framework Reporting.pdf	2022	Gavi
	Addressing Burden of Zero Dose in Nigeria File name: Addressing Burden of Zero Dose in Nigeria_24022022.pptx	2022	Gavi
	TA Needs Identification for delivery and uptake File name: TA Needs Identification for delivery and uptake.pptx	2022	Gavi
	TA Needs Identification File name: TA Needs Identification for iSC.pptx	2022	Gavi
	Gavi Mission Report_Nigeria File name: 220628_Gavi Mission Report_Nigeria_June-July2022.pdf	2022	Gavi
	Accountability Framework File name: Accountability Framework_Result 6July22.xlsx	2022	Gavi
	Gombe ES File name: Gombe ES Presentation.pptx	2022	Gavi
	Gombe ZD File name: Gombe State Final ZDROP Presentation.pptx	2022	Gavi

	Trip Meeting Notes September File name: 220926_Gavi Trip Meeting Notes_Nigeria_September 2022.pdf	2022	Gavi
	Trip Report September File name: 220926_Gavi Trip Report_Nigeria_September 2022.pdf	2022	Gavi
	Introductory presentation File name: CVM_Introductory presentation_Nigeria NLWG.pptx	2022	Gavi
	Trip Report - CVM Team mission to Nigeria File name: Trip Report.pptx	2022	Gavi
Other	Nigeria Strategy for Immunization and PHC System Strengthening 2018 – 2028 File name: cMYP Nigeria 2018-2028	2018	Ministry of Health, Nigeria
	Update on Revised Nigeria Accountability Framework, Zero Dose LGA Prioritization and NSIPSS Mid-Term Review File name: 220909_Nigeria Update to Seth.pptx.	2022	Gavi
	When Gavi came to visit Nigeria Website: https://nigeriahealthwatch.com/when-gavi-came-to-visit-nigeria/ .	Accessed March 2023	Nigeria Health Watch
	NERICC-Nigeria's panacea to routine immunization and primary health care strengthening Website: https://www.afro.who.int/news/nericc-nigerias-panacea-routine-immunization-and-primary-health-care-strengthening	Accessed March 2023	WHO
SOUTH SUDAN			
Applications	Decision Letter, South Sudan COVID-19 Vaccine Delivery Support File name: SSD-COVID19-CDS DL for NBF 2022_signed	2022	Gavi
	Decision Letter, South Sudan Support for Vaccine: Inactivated Polio Vaccine (IPV) File name: SSD-IPV-R adjustment 2022	2022	Gavi
	Decision letter, South Sudan Support for Vaccine: Pentavalent Vaccine File name: SSD-PENTA-R adjustment 2022	2022	Gavi
	Decision Letter, South Sudan, Health Systems Strengthening Programme File name: DL HSS3 SSD Bridge Funding	2021	Gavi
	Decision Letter, South Sudan, Yellow Fever Diagnostics and Laboratory Consumables Procurement Support File name: DL South Sudan YF Dx Prog Aug 2021	2021	Gavi
	Decision Letter, South Sudan, Support for Vaccine: Inactivated Polio Vaccine (IPV) File name: DL-IPV2-SSD 22.1.21	2021	Gavi
	Cover Letter to Decision Letter File name: SSD-2021-CoverLetter_DLs REVISED	2021	Gavi
	Decision Letter, South Sudan, COVID-19 Vaccine Delivery Support File name: SSD-CDS Decision Letter 2021	2021	Gavi
	Decision Letter, South Sudan COVAX Cold Chain Equipment (CCE) Support File name: SSD-COVID19-EOS-CCE (DL)	2021	Gavi
	Decision Letter, South Sudan Covid-19 Vaccine Support File name: SSD-DL-Covid19-March 2021	2021	Gavi
	Decision Letter, South Sudan Health Systems Strengthening Programme File name: SSD-HSS-3- DL CDSS Covax Bridge Funding South Sudan	2021	Gavi

	Decision Letter, South Sudan Support for Vaccine: Inactivated Polio Vaccine (IPV) File name: SSD-IPV-R_signed	2020	Gavi
	Decision Letter, South Sudan Support for Vaccine: Pentavalent Vaccine File name: SSD-PENTA-R_signed	2020	Gavi
	Supporting Narrative South Sudan File name: SupportingNarrative South Sudan_Final_6_5_22	2022	Gavi
	Supporting Detail SSD FPP File name: Gavi_Support_Detail_SSD_FPP_20_5_22_NoComments - Copy	2022	Gavi
	CCEOP application File name: Chapter 1_CCEOP application_CCE REplan	2022	UNICEF/ MoH
	EVMA cIP progress updates File name: South Sudan EVMA_cIP_progress updates_April 2022	2022	Gavi
	Final Country Report South Sudan FPP review, Independent Review Committee (IRC) File name: IRC Review Report for FPP_2022_South Sudan (Final 1 August 2022)	2022	Gavi
	Cover Note, TCA Applications for the IRC review File name: Cover note for TCA country requests_South Sudan	n.d.	Gavi
	Country Report South Sudan FPP review, Independent Review Committee (IRC) File name: IRC Report South Sudan TCA Jun 2022_final	2022	Gavi
	South Sudan PEF Targeted Country Assistance (TCA) Narrative for 2022-2025 Multi-Year Planning File name: TCA_Narrative_2022_South Sudan_vF	2022	Gavi
	South Sudan COVAX TA Plan 2021 File name: South Sudan COVAX TA Plan 2021	2021	Unknown author
TCA plans	Targeted country assistance plan South Sudan File name: 2021-TCA-Plan-South-Sudan	2021	Gavi
	Targeted country assistance plan South Sudan File name: Targeted-country-assistance-plan-South-Sudan-2020-vf_1	2020	Gavi
	Targeted country assistance plan South Sudan File name: Targeted-country-assistance-plan-South-Sudan-2019	2019	Gavi
	Targeted country assistance plan South Sudan File name: Targeted-country-assistance-plan-South-Sudan-2018	2018	Gavi
Co-financing	Co-financing information sheet for South Sudan File name: co-financing-information-sheet-south-sudan	2021	Gavi
CCEOP	CCEOP Budget Template File name: CCEOP_Budget_Template_South Sudan_09052022	2022	Gavi
	CCEOP revised File name: CCEOP_ODP_SS_V2.3_SD revised	2022	Gavi
	CCEOP technical and target requirements File name: CCEOP_technical_and_target_requirements (1)	2022	Gavi
WUENIC immunisation dashboard	WUENIC Immunization Dashboard South Sudan, WUENIC Website: https://immunizationdata.who.int/pages/profiles/ssd.html	Accessed March 2023	WUENIC
	WUENIC Immunization Data South Sudan, WUENIC Website: https://immunizationdata.who.int/listing.html?topic=coverage&location=SSD	Accessed March	WUENIC

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Other	National Expanded Programme on Immunization Multi-Year Plan, 2018—22, Ministry of Health, The Republic of South Sudan, November 2018 File name: cMYP South Sudan 2018-2022	2018	Gavi
	IMF Country Report No. 23/108 File name: 1SSDEA2023001	2023	IMF
	South Sudan: WHO and UNICEF estimates of immunization coverage: 2021 revision File name: immunization_ssd_2022	2021	WHO/UNICEF
	Integrating immunisation services into nutrition sites to improve immunisation status of internally displaced persons' children living in Bentiu protection of civilian site, South Sudan File name: PAMJ-32-28	2019	Olusola Oladeji et al.
	CDC in South Sudan File name: South-Sudan-Final	2022	CDC
	Rates used in Gavi FER proposal budgeting and implementation File name: Unified Rates FER_6_5_22	2019	Ministry of Health, The Republic of South Sudan
	Cold Chain Inventory Report File name: 1# South Sudan Cold Chain Inventory Report_15052022	2022	Gavi/UNICEF/ MoH/WHO
	Tariff exemption waiver File name: 4#Proof of _Tariff exemption waiver_South Sudan	2022	Gavi
	EVM Improvement Plan File name: EVM Improvement Plan implementation progress_April 2022 - Copy	2022	MoH/ UNICEF
	South Sudan EVMA File name: South Sudan EVMA_July 2019 _Report_fv_ICC endorsed_17.12.2019.doc	2019	MoH/ UNICEF/ WHO
	Supply_Chain_Sizing_Tool_Gap analysis File name: Supply_Chain_Sizing_Tool_Gap analysis 8 April 2022 FINAL_rev	2022	MoH/ UNICEF/ WHO
	Gavi's South Sudan country fact sheet Website: https://www.gavi.org/programmes-impact/country-hub/africa/south-sudan	Accessed March 2023	Gavi
	FPP Mission Report to South Sudan, Juba, Gavi, August 2022 File name: Report FPP Mission 22-26 Aug FINAL	2022	Gavi
	South Sudan COVID-19 National Deployment and Vaccination Plan, Ministry of Health, Government of South Sudan, February 2021 File name: south_sudan_covid-19_national_deployment_and_vaccination_plan_26aug2021	2021	Ministry of Health, Government of South Sudan
Journey So Far with FPP Process in South Sudan, Gavi, n.d. File name: FPP Process for South Sudan	n.d.	Gavi	
CCE inventory for SSD File name: CCE inventory for SSD all levels- December 2021 Final Ver	2021	Gavi	
YEMEN			
Applications	Measles FU (June 2017)		
	Revised DFA Memo File name: Revised DFA Memo	2020	United Nations
	1. PROPOSAL_2017_ROUND_2_YEM.2017.05.30	2017	Gavi

	cMYP YEM 2016-2020_draft 5 October	2016	Ministry of Health, Yemen
	Comments on Proposal _ 29 May 2017	2017	Gavi
	Yemen_June 2017 IRC Screening template_MR support	2017	Gavi
	Yemen_IRC report_June 2017 MR camp	2017	Gavi
	#16-JRF Progress Report_ 2017	2017	Gavi
	CCEOP+HSS (March 2019)		
	1_Yemen CCE OP Application-corrected (008)		Gavi
	1_Yemen Gavi CCEOP -HSIS Pre-Review feedback-KP		Gavi
	PSR Yemen_13 March 2019	2019	Gavi
	YEMEN_Questions for Gavi Secretariat RH III		Ministry of Health, Yemen
	TOR_PSR review Yemen prior to March 2019 IRC_FINAL	2019	Gavi
	YEMEN_Questions for Gavi Secretariat		Ministry of Health, Yemen
	CCEOP WHO Pre-review Assessment Report_Yemen_2019_D1	2019	Gavi
	Yemen Gavi CCEOP Pre-Review feedback comments_incl. in pre-screening template		Gavi
	IRC Report_Yemen_PSR_CCEOP_Mar 2019	2019	Gavi
	Measles FU (September 2022)		
	1. NVS Application Round 2 (April 2022) - Yemen	2022	Gavi
	MOH Plan 2021 2025_EN	2021	Ministry of Health, Yemen
	NITAG MOM 16 June 2021_ENG	2021	NITAG
	NITAG MOM 28 Dec 2021_ENG	2021	NITAG
	NITAG recommendations_30-05-22	2022	NITAG
	Report on Measles- Rubella campaign Yemen 9-14 Feb 2019	2019	Gavi
	Timelines for Yemen		Gavi
	z (USE)Yemen GMR GMA 09 March 2020FINAL	2020	Gavi
	CORRECT Yemen_Pre-screening & Feedback form_MR_Jul 2022	2022	Gavi
	Yemen_IRC background info_Sept 2022	2022	Gavi
	IRC Report_Yemen MRfu_Sept 2022	2022	Gavi
	TCA (2022)		
	Cover note for TCA country requests_Yemen	2022	Gavi
	IRC Report Yemen TCA Jun 2022_final	2022	Gavi
	TCA_Narrative_2022_Yemen_vF	2022	Gavi
Portfolio management documents	Country Overview		
	YEM Reporting and renewals requirements (1) (1)		
	Workplanning		
	Yemen Country Team Plan 2018	2018	
	Risk Matrix		
	Country Risk Matrix Yemen - May 2017	2017	
	Mission Reports		
	Trip Report 13-16 June 2022 - PFM Yemen Mission _ June 2022 (updated _6 July)	2022	Gavi
	Trip Report YEM 15-19 May 2017.VII	2017	Gavi
	Yemen Mission report _		Gavi
	2022.03.24_Country EAF_TA_PT	2022	Gavi
	220316_Gavi_EAF_Yemen	2022	Gavi

	Gender brief to board and PPC-final		Gavi
	ZeroDose_FundingGuidelines_final_Eng_Oct2021	2021	Gavi
	220613_GaviSupport_Yemen	2022	Gavi
	PEF TCA		Gavi
	220616_YEM_ActionPoints_ReviewMission	2022	Gavi
	Assessments and Reports		
	20171220 Yemen Memo Request Application Flexibilities FER (1)	2017	Gavi
	Yemen HSS 3 reprogram for incentives _memo (002) (1)		Gavi
	Yemen GMRs 4 AUGUST 2020 _FINAL (1) (1)	2020	Gavi
	Decision Letters		
	180808 AR Cover Memo_Yemen MR f-u campaign	2018	Gavi
	190930_YEM Cover Letter for DL vax renewals	2019	Gavi
	201023_YEM DL CCEOP_23102020_signed	2020	Gavi
	210331_DL_YEM-HSS-3 (First partial Approval CCEOP CJI)	2021	Gavi
	210922_DL YEM-HSS-3 (2nd Partial approval)	2021	Gavi
	211027_DL_YEM-HSS-3 inc FMRA	2021	Gavi
	211005_DL_YEM-COVID19-CDS-CDS	2021	Gavi
	YEM-2015.03 HSS	2015	Gavi
	YEM-2018.02-HSS2	2018	Gavi
	(f) Memo MD CP Yemen HSS2 2nd NCE FER 10March2020-pb MD CP APPROVED	2020	Gavi
	5.0 Strategy Gavi support Country Ceilings Yemen		Gavi
	170816 Yemen Co-financing waiver extension	2017	Gavi
	Final report GAVI HSS 2 (SC180720 SC200266) June 2020 FV	2020	Gavi
	HSS. Audit report-mth (1)		Gavi
Co-Financing	co-financing-information-sheet-yemen	2019	Gavi
TCA Plans	targeted-country-assistance-plan-yemen-2017	2017	Gavi
	targeted-country-assistance-plan-yemen-2018	2018	Gavi
	targeted-country-assistance-plan-yemen-2019	2019	Gavi
	Targeted-country-assistance-plan-Yemen-2020	2020	Gavi
	2021-TCA-Plan-Yemen	2021	Gavi
Gavi Country Hub	https://www.gavi.org/programmes-impact/country-hub/eastern-mediterranean/yemen	2022	Gavi
WHO Immunisation Dashboard	https://immunizationdata.who.int/pages/profiles/yem.html	2021	WHO

Table 25: Comparator study documents

Document Type	Document Name	Year	Source
Comparator Study Documents			
	Technical Evaluation Reference Group: Thematic Evaluation of the Global Fund's Performance in Challenging Operating Environments (COE)	2022	The Global Fund

The Global Fund Sustainability, Transition and Co-financing Policy	2016	The Global Fund
Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy, (2023-2028)	2022	The Global Fund
Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle	2022	The Global Fund
Evaluation of Gavi's Support to Civil Society Organisations	2018	Itad Gavi
EVOLVE: Key takeaways from the As-Is phase & pain points	2022	Boston Consulting Group
Operationalising the Global Financing Facility (GFF) model: the devil is in the detail	2019	BMJ Global Health
Gavi Full Country Evaluations - Phase 2 Findings Report (Cross-country)	2017	PATH
Global Fund Prospective Country Evaluations Synthesis Report	2021	PATH
BUSINESS PLAN Global Financing Facility in Support of Every Woman Every Child	2015	World Bank
The Case for Investing in the Global Financing Facility 2021–2025	2021	GFF
Operational Plan off Strategy Refresh 2021-2025	2021	GFF
Applicant Handbook 2023-2025 Allocation Period	2022	The Global Fund
Community, Rights and Gender Strategic Initiative 2017-2019: independent evaluation	2020	The Global Fund
Global Health Funds and Humanitarian Programming - K4D Helpdesk Report	2022	K4D
Added value of new development instruments: scaling up before impact?	2019	Global Health Advocates (GHA)
The Disconnect Between Gender-Transformative Language and Action in Global Health	2021	United Nations University
MOPAN Assessment of the Global Fund Part 1: Analysis Summary	2022	MOPAN
MOPAN Assessment of the Global Fund Part II: Technical and statistical annex	2022	MOPAN
MOPAN Assessment of the Global Fund: Global Fund 2021 Management Response	2022	MOPAN
The UK's work with the Global Fund Information note (ICAI)	2022	ICAI
UK Investment in the Global Fund to Fight AIDS, Tuberculosis and Malaria 2020-2022, Business case and summary	2022	UKaid
Update on Strategy Implementation Preparations - slide deck	2022	The Global Fund
Update on Strategy Implementation Preparations - paper	2022	The Global Fund

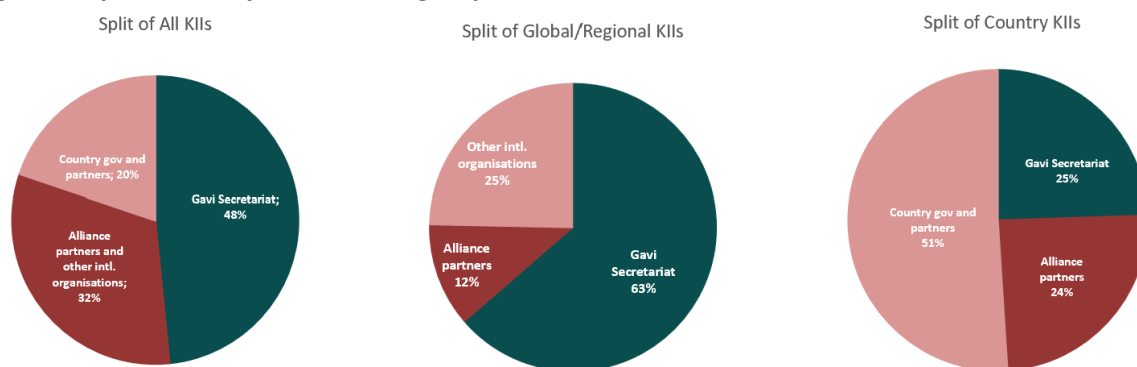
Report of the Executive Director 48th Board Meeting (Global Fund)	2022	The Global Fund
Country Coordinating Mechanism Policy Including Principles and Requirements	2018	The Global Fund
Evolving CCMs to Deliver on the Global Fund Strategy	2019	The Global Fund
"Country Coordinating Mechanism Evolution: Enhancing Partnership and Sustainability of Health Governance"	2020	The Global Fund
Global Fund operational policy manual	2023	The Global Fund
Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria	2022	The Global Fund
Update on Pandemic Preparedness Objective and Establishment of the FIF at the World Bank	2022	The Global Fund
GFF Strategy 2021-2025: Protecting, Promoting and Accelerating Health Gains for Women, Children and Adolescents	2020	GFF
GFF Strategy Refresh issues Paper	2020	GFF
Introduction to the Global Financing Facility: A Guide for GFF Engagement and Increasing Financing Resources		GFF
Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child		GFF
Global Financing Facility (GFF) Civil Society Workshop, November 3-4, 2018, Oslo, Norway, Workshop Summary Report	2018	GFF
Global Civil Society Coordinating Group - Civil Society Communique on the GFF, November 2018	2018	GFF
The Challenging Operating Environments Policy	2016	The Global Fund
Global Financing Facility (GFF), Fall 2018 Webinar Series: GFF Replenishment, OCTOBER 04, 2018	2018	GFF
GFF Annual Report 2019-2020	2020	GFF
GFF-CSO and Youth Engagement Framework 2021-2025 Overview	2020	GFF
The Community, Rights and Gender Strategic Initiative, Update June 2021	2021	The Global Fund
The Community, Rights and Gender Strategic Initiative, Update June 2020	2020	The Global Fund
The Community, Rights and Gender Strategic Initiative, Update June 2022	2022	The Global Fund
Global Financing Facility FAQ	checked on 28/02/23	GFF
GFF Fourth Investors Group Meeting Report	2016	GFF
THE GFF Approach in Fragile Settings	2016	GFF

	Somalia GFF Investment Case	2019	GFF
	Gavi Board Meeting, December 2021 - Annex A CSCE Strategic framework for Gavi 5.0	2021	Gavi
	Gavi's FER Policy - revised (original was from January 2013)	2022	Gavi
	Gavi Board Meeting, December 2021 - Annex B CSCE Theory of Change and Strategic Initiative	2021	Gavi

12. Key informants interviewed

In total, the evaluation team interviewed 127 key informants (KIs), including those gathered through eight country case studies. Some KIs were revisited as needed to fill gaps in the data collected. An approximate allocation of KIs to three key categories is included below, including for KIIs conducted at global- and country- levels.

Figure 8: Split of KIIs by stakeholder group



Name	Position	Organisation
Global and regional key informants		
Adrien de Chaisemartin	Deputy Director, COVID-19 Supply and Policy Former Director, Strategy, Gavi	BMGF
Alan Brooks	Former Director, HSIS Strat-Ops Steering Committee Member	Gavi
Albane De Gabrielli	Senior Manager, Strategy, Performance, and Transformation	Gavi
Alex de Jonquières	Director, Health System and Immunisation Strengthening	Gavi
Alice Ma	Senior Manager, Strategy Development and Tenders	Gavi
Amanda Glassman	Executive Vice President and Senior Fellow Chief Executive Officer, CGD Europe	Center for Global Development
Amy LaTrielle	Director, Fragile and Conflict Countries	Gavi
Anjana Giri	Programme Manager, Funding, Design, and Review	Gavi
Anne Cronin	Senior Country Manager of Yemen and Sudan Former Head, Partners’ Engagement Framework	Gavi
Anne Schuchat	PPC Chair, Board Member	Gavi
Anuradha Gupta	President, Global Vaccine Immunisation Former Deputy CEO, Gavi	Sabine Vaccine Institute
Aurelia Nguyen	Chief Programme Strategy Officer Former MD, Office of the COVAX Facility Former MD, Vaccines & Sustainability	Gavi
Beatriz Ayala-Öström	IRC Member	Gavi
Benjamin Loevinsohn	Director, Immunisation Financing & Sustainability	Gavi
Benjamin Nkowane	IRC Chair	Gavi
Billie Nieuwenhuys	Senior Country Manager of Kenya and Uganda	Gavi
Binay Kumar	Senior Manager, Health Systems Programme Monitoring & Learning	Gavi
Catherine Zilber	Vice President for Infectious Disease Programs	CDC Foundation

Charlie Whethem	Project Director, Evolve	Gavi
Chris Wolff	Deputy Director, Country Partnerships	Bill and Melinda Gates Foundation
Ciara Goldstein	Manager, Crisis Management Former Manager, Partner's Engagement Framework	Gavi
Colette Selman	Director, Core Countries, Country Support	Gavi
Daniel Ngemara	Senior Immunisation Specialist, MENARO	UNICEF MENARO
David Marlow	Chief Operating Officer	Gavi
Derrick Sim	Managing Director, Office of the COVAX Facility	Gavi
Dominic Hein	Head, Market Shaping	Gavi
Ed Baker	Senior Specialist, Strategy Development and Tender Strategy	Gavi
Emmanuel Bor	Head, Immunisation Financing & Sustainability	Gavi
Ephrem Lemango	Associate Director, Health; Chief of Immunisation	UNICEF
Friederike Teutsch	Senior Manager, Funding, Design, and Communication	Gavi
Hope Johnson	Director, Monitoring, Evaluation and Learning	Gavi
Ibrahim Mohamed	Senior Manager, Country Health Systems	Gavi
Jalaa' Abdelwahab	Director, Vaccine Programmes	Gavi
Janeen Madan Keller	Deputy Director, Global Health Policy Program and Policy Fellow	Center for Global Development
Jasmine Castro	Evolve Consultant	NTT
Jean Munro	Senior Manager, Gender	Gavi
Johannes Ahrendts	Director, Strategy, Funding, and Performance	Gavi
Jonna Jeurlink	Senior Country Manager, Tanzania and Malawi	Gavi
Karan Sagar	Head, Comprehensive Vaccine Management	Gavi
Lauren Franzel-Sassanpour	Unit Head, Vaccine Alliances and Partnerships	WHO
Lea Hegg	Deputy Director, Fragile and Conflict Countries	Bill and Melinda Gates Foundation
Lindsey Cole	Head, Funding, Design, and Review	Gavi
Lizzie Noonan	Senior Manager, Health System and Immunisation Strengthening Policy and Programmes	Gavi
Marion Menozzi-Arnaud	Senior Projects Specialist, Innovation	Gavi
Marta Tufet	Head, Policy	Gavi
Marumbo Ngwira	Head, Programme Support Team	Gavi
Michael Kent Ranson	Senior Economist; Gavi Board Member	World Bank
Moz Siddiqui	Head, Strategic Innovations and Partnerships	Gavi
Nicoletta Rosselli	Evolve Consultant	NTT
Nikita Bhide	Senior Manager, Strategy and Business Support	Gavi
Pascal Bijleveld	Former Director, Country Support	Gavi
Patricia Kuo	Former Head, Funding, Design, and Review	Gavi
Quentin Guillon	Head, Strategy	Gavi
Ranjana Kumar	Head, Health Systems Planning, Management, and Performance	Gavi
Santiago Cornejo	Chief, Revolving Fund for Access to Vaccines (RFV) Former Director, Immunisation Financing & Sustainability	PAHO/WHO
Setara Ahmad	Senior Program Officer	CDC Foundation

Shakia Bright Pitts	Public Health Advisor	CDC
Sowmya Kadandale	Regional Health Advisor, MENARO	UNICEF MENARO
Stephen Sosler	Head, Vaccine Programmes	Gavi
Thabani Maphosa	Managing Director, Country Programmes	Gavi
Tiziana Scarna	Senior Manager, Innovation and Special Projects	Gavi
Tokunbo Oshin	Director, High Impact Countries	Gavi
Veronique Maeva	Senior Country Manager, Afghanistan and Syria	Gavi
Country key informants		
CAMBODIA		
Am Vichet	Senior Associate, Vaccine Program	CHAI
Chum Aun, Dr.	Vaccine Specialist	CHAI
Ly Nareth	Senior Health Specialist	World Bank
Makiko Iijima, Dr.	Immunization Officer	WHO
Mao Lan	Senior Program Manager, SRMNCH and Lab Services	CHAI
Megan Counahan	Regional Health Advisor	DFAT
Nadia Lasri	Senior Program Manager	GAVI
Ork Vichit	Manager	NIP
Raveesha R. Mugali, Dr.	Immunization Specialist	UNICEF
Reillie Christine Acks	Program Manager	Gavi
Samuel Chirwa	Cold Chain Specialist	UNICEF
Sarah Bryer	Advisor	CHAI
Tann Voucheng, Prof.	Secretary of State	MoH
Thiep Chanthan	Deputy Manager	NIP
Vong Lenin	Health Officer	UNICEF
Yong Vuthikol, Dr.	Deputy Manager	NIP
DJIBOUTI		
Iryna Korchak	Programme Manager	Gavi
DEMOCRATIC REPUBLIC OF THE CONGO		
Assy Lala, Dr.	Project Manager, Gavi CSO	SANRU
Benoit Mibulumukini, Dr.	Programme Manager, Access to Primary Health Care Project	SANRU
Christelle Mputu	Senior Associate	Acasus
Cyril Nogier	Senior Country Manager	Gavi
Deogratias Manirakiza	EPI Officer	UNICEF
Fiona Merali	Project Lead, Gavi HSS	UNOPS
Freddy Nkosi	Country Director	Village Reach
Jean Bernard	Programme Manager	Gavi
Jean Mukendi, Dr.	Adjoint Director	Expanded Programme on Immunisation (PEV)
John Samuel Otomba Tonda Epenge	EPI Officer	WHO
Julien Saleh	Gavi Fund Manager, Support and Financial Management Unit (CAGF)	MoH

Lusamba Dikassa Paul Samson, Prof.	President, Working Group for Vaccine Coverage (GTCV); Chair, NITAG	NITAG
Marcellin Nimpa Mengouo	EPI Team Lead	WHO
Sayed Ghulam	Senior Health Specialist	World Bank
ETHIOPIA		
Tito Rwamushaija	Senior Country Manager	Gavi
INDIA		
Homero Hernandez	Senior Country Manager	Gavi
NIGERIA		
Ifedayo Morayo Adetifa, Dr.	Director General	Nigeria CDC
Dieng Boubakar, Dr.	Health Manager, Immunisation Services	UNICEF
Chijioke Samuel Okoro	Senior Health Specialist	World Bank
Ndadilnasiya Endie Waziri, Dr.	National Coordinator, National Stop Transmission of Polio Program (NSTOP)	AFENET
Kikelomo Lambo	Senior Program Manager	CHAI
Omotayo Bolu, Dr.	Director for Immunisation	US-CDC
Hadley Ikwe	Senior Immunisation Specialist	US-CDC
Hamidreza Setayesh	Senior Country Manager	Gavi
Jessica Crawford	Acting Senior Country Manager	Gavi
Kofi Boateng	EPI Focal Point	WHO
Omotayo Giwa	Associate, Vaccine Programmes	CHAI
Sidney Sampson	Managing Partner/CEO	Sydani
Garba Ahmed Rufai, Dr.	Deputy Program Manager, National Emergency Routine Immunisation Centre	National Primary Healthcare Development Agency
SOUTH SUDAN		
Patience Musanhu	Senior Country Manager	Gavi
Alisa Jones	Programme Manager	Gavi
YEMEN		
Anne Cronin	Senior Country Manager	Gavi
Comparator study key informants		
GLOBAL FUND		
Abigail Moreland	Head, Grant Portfolio Solutions and Support	The Global Fund
Bianca Auping-Kamps	Head, Operational Efficiency	The Global Fund
David Traynor	Senior Technical Coordinator, Policy and Strategy	The Global Fund
Elise Braunschweig	Strategy and Policy Hub / Strategy implementation team	The Global Fund
Evan Doyle	Policy Advisor / Strategy Development Team	The Global Fund
Francesca Moschetta	Senior Advisor, Challenging Operating Environments	The Global Fund
Mark Edington	Head, Grant Management Division	The Global Fund
Nicole Gorman	Senior Policy Advisor, Strategy and Policy Hub	The Global Fund
Shantih Van Hoog	Strategy and Policy Hub / Strategy Development Team	The Global Fund
Silvio Martinelli	Head of Access to Funding	The Global Fund
GLOBAL FINANCING FACILITY		

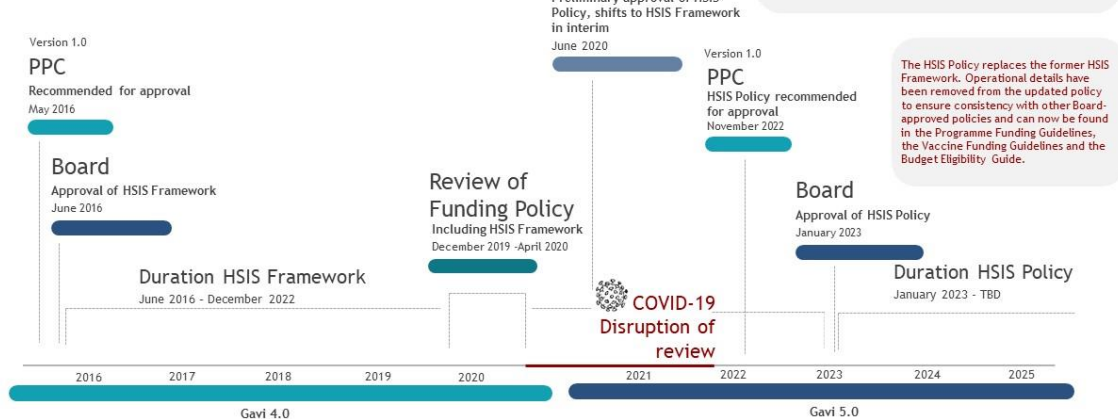
Maty Dia	Senior CSO Engagement Specialist, Focal Point for Somalia	The Global Financing Facility
Peter Hansen	Head of Results	The Global Financing Facility
Petronella Vergeer	Portfolio Manager	The Global Financing Facility
Tawab Hashemi	Senior Health Specialist	The Global Financing Facility

13. HLEQ1 supplementary annex: Policy evolution timelines

Health System and Immunisation Strengthening Support Policy Evolution

Health system and immunisation strengthening support framework/Policy (HSIS)

Health System and Immunisation Strengthening Department



In 2022 the HSIS policy replaced the former HSIS Framework, which operated in a similar manner as a Gavi policy but contained a much greater level of detail. HSIS Policy ensure that HSIS funding is allocated and programmed to enable countries to build strong, equitable, sustainable, and high- quality immunisation programmes and applies to all Gavi-eligible countries. The HSIS policy revision was informed by the HSS meta review and full country evaluations.

Initially, HSIS framework was presented to the board in May 2016 and approved by the board in June 2016. The HSIS framework focused on programming, architecture, sustainability and resource allocation in order to assist countries in reaching all children, regardless of geography, socioeconomic status or gender-related barriers. The framework was assessed during the review of the funding policy in December 2019 – April 2020. HSIS was preliminarily approved to replace the framework to a policy.

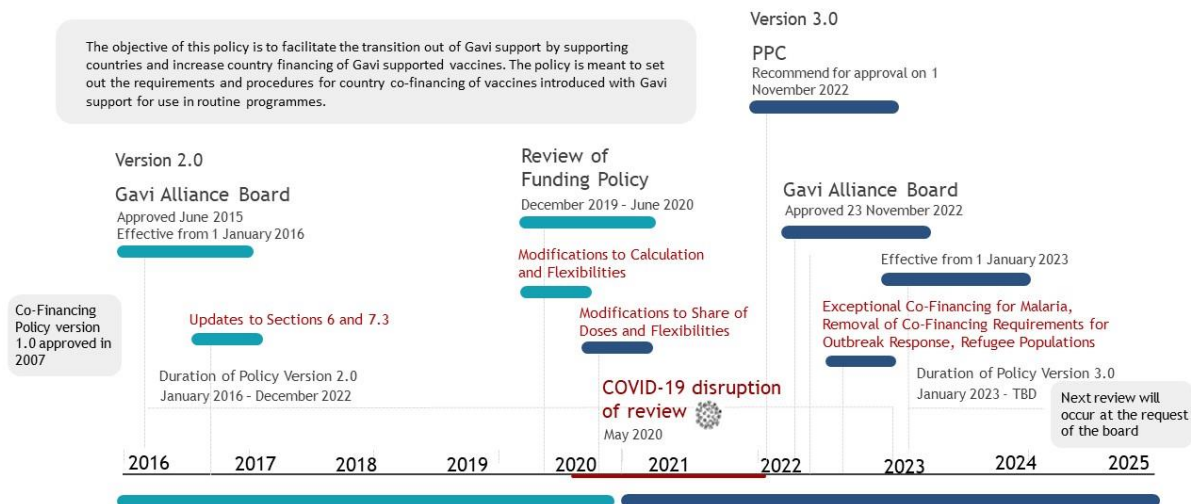
The key shifts in 2020 included implementation of a new allocation formula with stronger focus on equity; removal of cap of USD 100M over 5 years applied to total country HSS but retain the floor of USD 3M; and discontinuation of the Performance Based Payment Mechanism. The scope of the policy revision includes Health Systems Strengthening (HSS), the Cold Chain Equipment Optimization Platform (CCEOP), and support for vaccine implementation (through a single application process and CCEOP is incorporated into Full Portfolio Planning as part of the integrated application kit). Countries are also expected to align planning of support through Equity Accelerator Funding (EAF), Partners Engagement Framework (PEF)/Targeted Country Assistance (TCA) and HSIS.

Link to the updated [HSIS policy](#).

Co-Financing Policy Evolution

Co-Financing Policy

Immunization, Financing and Sustainability Department



The Co-Financing policy was approved in 2007 (Version 1.0) to encourage governments in Gavi supported countries to invest in new vaccines and enhance country ownership of vaccine financing. The policy aims to set out requirements and procedures and facilitate the mobilisation and sustainability of domestic financing for country co-financing of vaccines introduced with Gavi support. For countries with the long timeframe to transition, ensure country ownership of vaccine financing and build capacity related to procurement processes. In June 2015 updated version (Version 2.0) was approved by the Gavi Alliance Board, followed by the second update (changes to the exceptions and compliance sections - section 6 and 7.3) approved in June 2016.

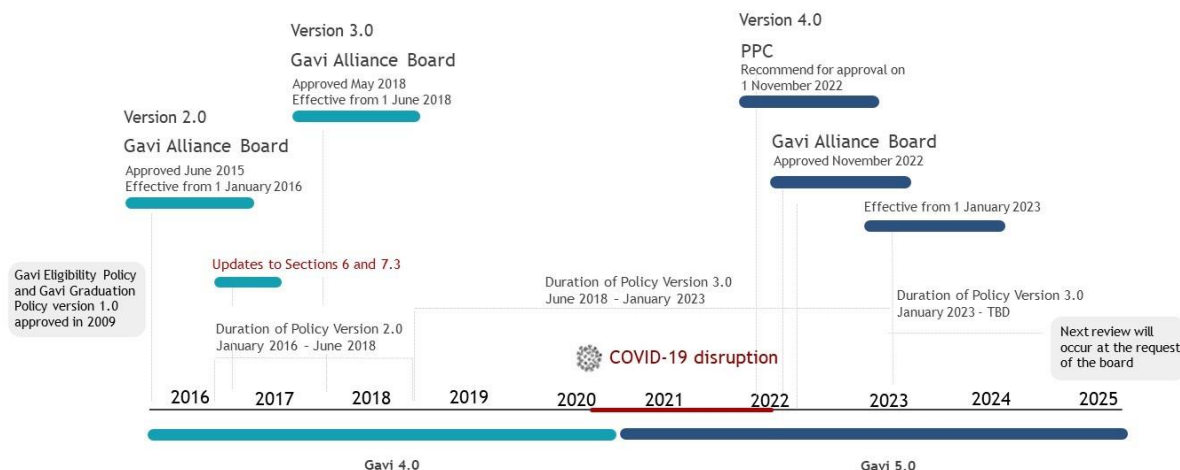
The significant changes were introduced within the Version 3.0 (approved in November 2022) which included the extension of the timeframe for countries' expectation to transition out of Gavi support. The accelerated transition period was extended from 5 years to 8 years. Additional criteria for transitioning were also defined, countries are expected to reach a co-financing contribution of 35% before beginning to transition. This update also established a time-limited co-financing approach for the new Malaria vaccines. The board extended the co-financing exemptions for IPV in support of Polio eradication efforts and confirmed zero co-financing requirements for outbreak response and refugee populations currently not integrated into national plans.

Link to latest version (Version 3.0) of the [Co-financing policy](#).

Eligibility & Transition Policy Evolution

Eligibility & Transition Policy

The purpose of this policy is to set out the criteria and procedures that determine which countries are eligible for Gavi support and to define the transition pathway through which this support is phased out, ensuring that Gavi funding is aligned with its mission to focus support on lower-income countries



The purpose of the Gavi Eligibility and Transition Policy is to set out the criteria that determines country eligibility for Gavi support and to define the transition pathway through which support is phased out, ensuring Gavi funding is aligned with their mission. Originally, the policy was entitled ‘the Gavi Eligibility and Graduation Policy’ (Version 1.0 - approved in 2009) and is changed into the Eligibility and Transition Policy with Version 2.0 (effective as of Jan 2016). The key elements and principles of the eligibility and graduation policies are maintained in the Eligibility & Transition Policy. The policy included new terminology that aims to better reflect the ongoing transition for countries and responds to stakeholder concerns about the term ‘graduation’. The Gavi Eligibility and Transition Policy contribute to the vision that, when countries transition out of Gavi support, they have successfully expanded their national immunisation programmes with vaccines of public health importance and sustain these vaccines post-transition with high and equitable coverage of target populations, while having robust systems and decision-making processes in place to support the introduction of future vaccines.

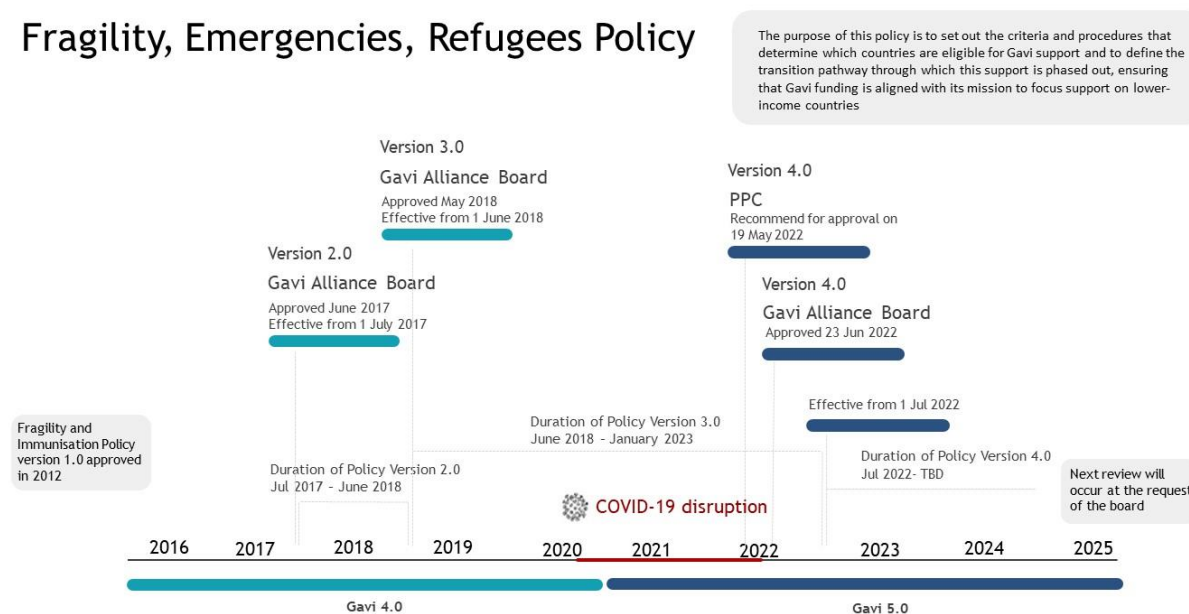
Updated policy (Version 3.0) was approved in May 2018 (effective as of June 2018). Countries are eligible to apply for new vaccine support during the five years of Phase 2, provided that vaccine introductions during this phase effectively contribute to strengthening routine immunisation and increasing coverage and equity. Countries that surpass the Eligibility Threshold have one year to apply for new HSS (i.e. for a country that has not received any HSS support from Gavi yet) and vaccine support, from January 1 of the year after surpassing the Eligibility Threshold (a grace year). However, new HSS support is restricted to those countries with Penta3 coverage below 90%.

The newest updated version (Version 4.0) is effective as of January 2023. The significant changes for the policy include extended timeframes for countries scheduled to transition out of Gavi support. The duration of the accelerated transition period was extended from 5 to 8 years. Additional criteria for entering the accelerated transition period were defined - countries should reach a co-financing contribution of at least 35%.

Link to latest version (Version 4.0) of the [Eligibility and Transition policy](#)

Gavi's Fragility, Emergencies, Refugees Policy Evolution

Fragility, Emergencies, Refugees Policy



The Gavi Fragility, Emergency and Refugees (FER) policy enables Gavi to prioritise countries affected by chronic fragility, acute emergencies and high numbers of displaced populations. FER policy ensures provision and suitability of Gavi's support to Gavi-supported countries that are faced with chronic fragility, acute emergencies, and/or displaced population (timely, flexible, tailored approach to maintain and strengthen immunization coverage). The FER policy was initially approved in 2012 (Version 1.0) and distinguishes between (1) fragility, (2) emergencies and (3) refugees. The policy enables sufficient

flexibility to enable swift and effective responses to these circumstances. In 2018, the PPC recommended that the Gavi Alliance Board approve certain flexibilities to enable countries to fully benefit from Health System Strengthening (HSS). These changes include: (1) allowing countries facing fragility challenges to request additional HSS support of up to 50% beyond the current ceiling and (2) to allow the Gavi Secretariat the flexibility to increase individual non-fragile country ceilings for HSS through 2020 by up to 25%.

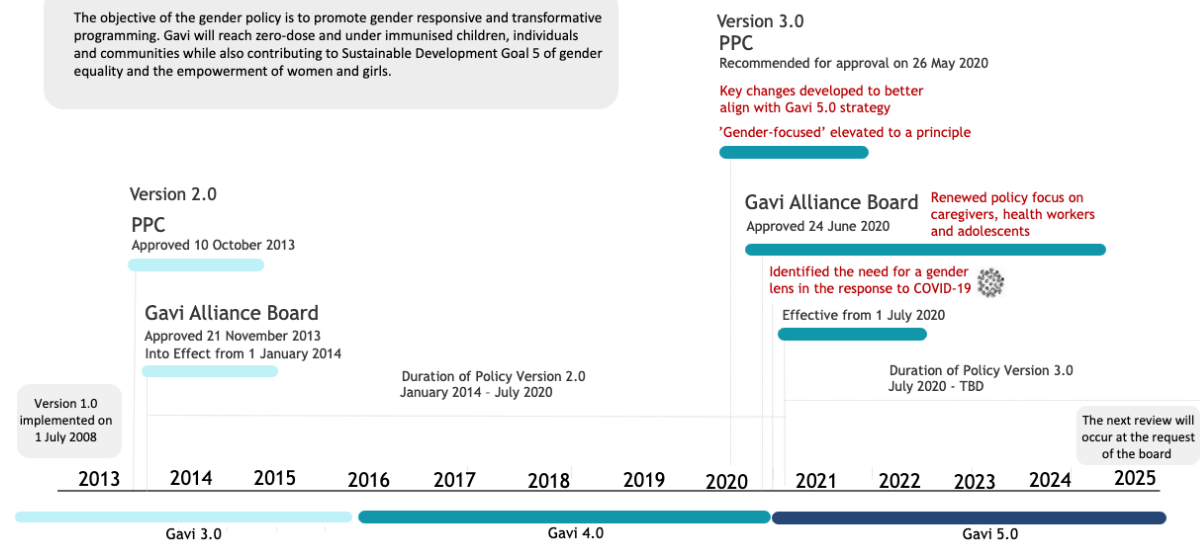
In 2022, the policy has been revised to align with the goals of Gavi 5.0, focusing on sustainably reaching zero-dose and under-immunised children. The revised policy has adapted the methodology to identify the list of countries experiencing chronic fragility and highlighted a long-term bespoke approach, using all Gavi's funding, programmes, and processes, to maintain and strengthen immunisation coverage in these countries. Gavi's role and ambition in acute emergencies is better articulated and support has been expanded from refugees to ensure provision of immunisation for displaced populations. As a result, the name of the policy is now changed to *Fragility, Emergencies and Displaced Populations Policy*.

Link to the updated [FED policy](#)

Gender Policy Evolution

Gender Policy

The objective of the gender policy is to promote gender responsive and transformative programming. Gavi will reach zero-dose and under immunised children, individuals and communities while also contributing to Sustainable Development Goal 5 of gender equality and the empowerment of women and girls.



Gavi has committed to increasing immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and promoting equity of access for all genders to immunisation and related health services that respond to their different needs. First approved by the Gavi Board in June 2008 and updated in November 2013, the Gavi gender policy recognises that overcoming gender-related barriers and ensuring equal access between genders is a key factor to expanding immunisation coverage and reinforcing health systems.

The next policy revision was approved by the Gavi Alliance Board on 24 June 2020 (Version 3.0) to better align with Gavi's 5.0 strategy from 2021-2025, focusing on sustainability and reaching zero-dose children and to ensure a gender lens in Gavi's response to COVID-19. The new goals included focus on identifying and addressing underlying gender-related barriers faced specifically by caregivers, adolescents and health workers; overcoming differences in immunisation coverage between girls and boys, and encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programmes and wellbeing. 'Gender-focused' has been elevated to a principle and gender has been mainstreamed into the broader equity goal to strengthen health systems to increase equity in immunisation. The secretariat noted that he would leverage the gender Equity Reference Group

(ERG) to develop the right metrics to measure progress on gender related programming, including community driven data for gender. The next review of the gender policy will occur at the request of the board.

Link to the updated [Gender policy](#)

CSCE Strategic framework for Gavi 5.0

Civil Society and Community Engagement (CSCE) Framework

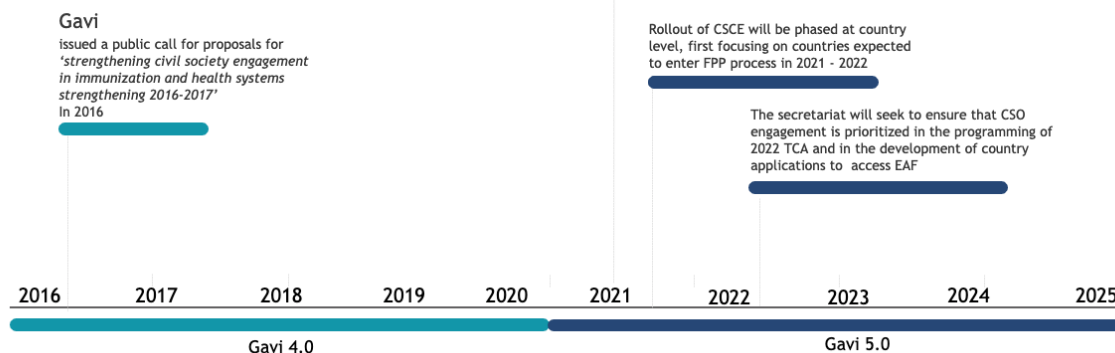
The CSCE framework was developed for Gavi 5.0 to provide a clear vision for Gavi's engagement with CSOs and communities, in line with Gavi's strategic goals. CSO capacity will be strengthened to engage more effectively in Gavi specific processes such as FPP and joint appraisals. In 2006, the Gavi Board approved a pilot programme for CSO support to build sustainability at a country level by involving local civil society organizations in the planning and implementation of health activities.

CSCE Approach

PPC

Recommended for approval of the board in June 2021

An outline of the framework is currently unavailable on the Gavi website



The Civil Society and Community Engagement (CSCE) strategic framework was developed in 2021 in order to create a stronger culture for Civil Society Organization (CSO) engagement. Through the CSCE framework, CSO capacity will be strengthened to engage more effectively in Gavi specific processes such as FPP and joint appraisals. The CSCE strategic initiative will focus on enhancing capacity, ensuring representation, voice & accountability, managing effectively and funding efficiently.

The key shifts for the operationalisation of the CSCE framework include management shifts, operational shifts and implementation shifts such as investments in the CSCE learning agenda and a dedicated CSCE management role.

Co-created through an 18-month consultative process in partnership with the CSO Constituency, the approach provides a clear vision for Gavi's engagement with CSOs and communities and is designed to include a wide spectrum of civil society actors operating at different levels in different country contexts.

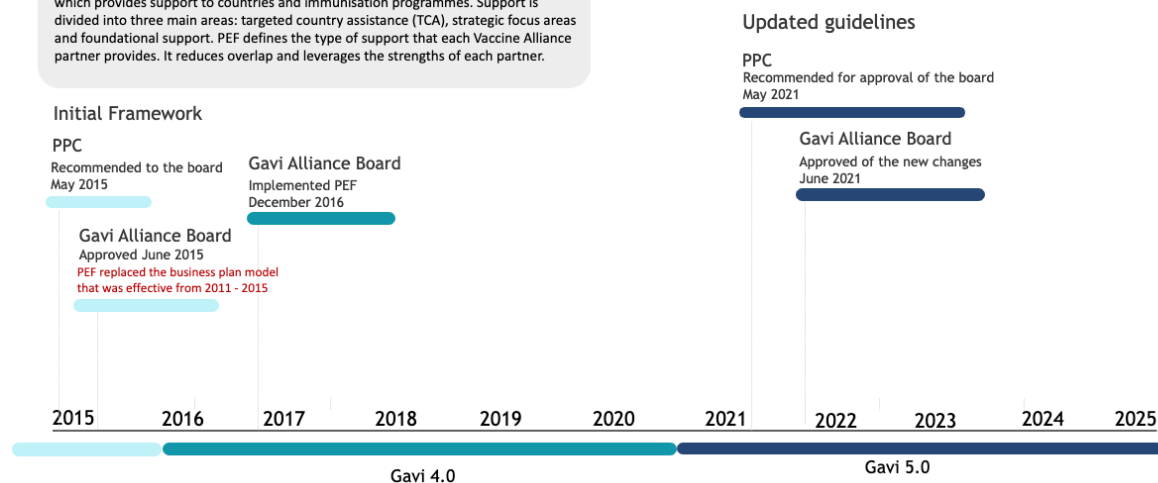
At the time that the framework was published, the rollout was anticipated to be phased at country level, first focusing on countries expected to enter the FPP process in 2021-2022, as well as priority countries with high numbers of zero-dose children or urgent demand issues with COVAX. The Secretariat also aimed to prioritise CSO engagement in the programming of 2022 Targeted Country Assistance (TCA) and in the development of country applications to access Equity Accelerator Funding (EAF). As of 2022, this was operationalised to some extent through updated guidelines and influence of the Secretariat and IRC in adherence to budget requirements. The Gavi application guidelines highlight that 10% of combined HHS, EAF and TCA ceilings should be used towards CSO implementation. Additionally, Gavi promotes the goal that local partners will provide over 30% of TCA support throughout the 5.0 strategic period.

Link to the [CSCE report to the board](#)

Partners' Engagement Framework

Partners' Engagement Framework (PEF)

The Partner Engagement Framework allows Gavi to provide funding to its partners which provides support to countries and immunisation programmes. Support is divided into three main areas: targeted country assistance (TCA), strategic focus areas and foundational support. PEF defines the type of support that each Vaccine Alliance partner provides. It reduces overlap and leverages the strengths of each partner.



Through the partners' engagement framework, Vaccine Alliance partners support countries' immunisation activities. The partners' engagement framework (PEF) was initially approved by the Gavi Board in June 2015. PEF was implemented within Gavi in 2016. PEF served as a replacement for the Business Plan model which was applied from 2011 – 2015. The framework provides a new way of planning, funding, operationalising and monitoring technical assistance (TA) to countries by leveraging the strengths of partners in order to support countries' immunisation programmes. Support under PEF is divided into three areas: Targeted Country Assistance (TCA), strategic focus areas, and foundational support. Additionally, there are 4 key principles of PEF: country focus, differentiation, transparency and accountability.

Funding and guidelines for PEF were updated in 2021. The new PEF structure provides support to partners across 3 new categories, replacing Foundational Support and Special Investments in Strategic Focus Areas: (a) WHO and UNICEF: global and regional functions; (b) Other partners: tailored agreements for coordination/prioritisation of immunisation agendas; and (c) Global/Regional partners: Time limited, catalytic investments in activities in zero-dose and other strategic priorities.

PEF dedicates most of its resources to technical assistance to countries. This is a major shift from Gavi's previous approach, where activities were largely defined and funded at the global and regional levels.

Link to the [PEF board report](#)

14. HLEQ2 supplementary annex: Contextual factors

A range of contextual factors at country level influence strategy operationalisation and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs.

Based on evidence from desk review and the case studies, in the table below we present the key contextual factors which influence (facilitate and/or constrain) strategy operationalization process at the county level and may affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs. In summary, strong leadership and government commitment and engagement with participation in dialogue processes, community engagement and strong partner collaboration and coordination are main contextual factors that facilitate policy operationalization at the country level. On the other hand, weak country capacity, lack of human resources and country co-financing ability are key constraining factors.

Table 26: Contextual factors at country level that influence the strategy operationalization process and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs

Country	Political Leadership and Gov. Commitment	Partner collaboration and coordination	Community Engagement and capacity	Country capacity (technical knowledge and skills)	Human resource availability	Country co-financing ability
Cambodia	F			F		
Djibouti			F	C	C	C
DRC	F	F		C	C	
Ethiopia	F		F	C	C	
India	F	F	F	C	F/C	F
Nigeria		F			C	
South Sudan	F		F	C	C	C
Yemen	C	F			C	C

(F) – Contextual factor facilitating policy implementation

(C) – Contextual factors constraining policy implementation

Political Leadership/Government Commitment: This was demonstrated through the countries commitment and shifts to UHC, development of the Comprehensive Multi-Year Plan (cMYP), strengthening national immunization teams and the adoption and implementation of national programs focusing on ensuring zero dose (e.g., Cambodia, DRC, India, Ethiopia). Documentary evidence also suggests that the shift to UHC and related shifts in domestic revenue are raising potential and capacity and can enable positioning as a platform for essential primary services¹⁴⁰. The case studies support this view.

For example, according to KIs the Government of India is committed to ensure that every child is protected from all vaccine preventable diseases against which vaccines are available under Universal Immunisation Programme (UIP), regardless of location, immunisation status, or gender-related barriers, which aligns with Gavi's equity agenda and Gavi 5.0 targets.¹⁴¹ With its Comprehensive Multi-Year Plan (cMYP) 2018-22, India is aiming to reduce mortality and morbidity due to vaccine preventable diseases and reduce the number of zero-dose children in the line with immunisation agenda 2030 (IA2030)¹⁴².

Gavi's strategic priorities are also reflected in the Ethiopia cMYP (2021-2025), which focus to equity and zero dose. Although the cMYP mentions that there are gender-related barriers around seeking

¹⁴⁰ CEPA, Evaluation of Gavi's Eligibility and Transition and Co-financing policy, Nov 2019

¹⁴¹ Comprehensive Multi-Year Plan (cMYP) 2018—22, Universal Immunization Programme, Reaching Every Child, Immunization Division, Ministry of Health & Family Welfare, Government of India. File name: cMYP 2018-22 final

¹⁴² Goals to reduce mortality and morbidity due to vaccine preventable diseases and reduce the number of zero-dose children by 25% within 2025 and by 50% with 2030 through targeted sub-national strategies.

immunization services, but with limited interventions to address the gender-related barriers, it does not state how this is going to be achieved¹⁴³. In India, gender is not included in the cMYP and there is no specific objective or activity in the workplan that specifically targets gender. In some of the reviewed countries, additional mechanisms were developed, and capacities built to address priorities such as gender-related barriers and to integrate rights-based approaches into national health policies and programs. In Cambodia, several ministries have developed and implemented Gender Mainstreaming Action Plans. Women and Children Consultative Committees have been established at capital, provincial, municipality, district and khan levels. High level commitment and strong leadership from the ministry of health was reported by interviewed stakeholders in DRC with strong and high-quality policies in place to enable effective governance and management, though frequent changes in leadership were noted as a factor which may hinder continuity in DRC.

Government engagement and participation in dialogues during the application processes were key factors contributing to uptake, sustainability and adaptations of Gavi priorities and shifts to the country context (Cambodia, Djibouti, Ethiopia, Nigeria). Limitations in government engagement are seen in some of fragile/ conflict countries with multiple governments in place and lack of internal collaboration. For example, the lack of collaboration of the two governments in Yemen (Southern and Northern Governates) affect the implementation of policies at the country level (e.g., complicates processes from grant application to implementation as most documentation must be signed by both governates).^{144,145}

Partner collaboration and coordination: Documentary and KIs evidence suggest that strong coordination and collaboration across implementing partners, and with the MoH and MoF is a key enabling factor to the collaborative decision-making process and policy operationalization at the country level. The evaluation of the Gavi FERPolicy highlighted several examples that support this view. For instance, according to the FER evaluation report, in Angola, engagement with the World Bank has supported the country's efforts to address post-transition health systems weaknesses. In Pakistan, good coordination with partners was reported through the development of the National Immunization Support Project (NISP), which has “reportedly improved advocacy for timely co-financing payments and the immunisation financing to the recurrent budget”.

Gavi's deep engagement at the provincial level, in collaboration with other key partners, has been an enabling factor to facilitate and prepare the country for the process of co-financing payments.¹⁴⁶ The case studies also support this view. For example, in Nigeria, engagement with the World Bank has helped country to identify the key levers of support needed to improve transition. In Yemen, a FER country, core partners (WHO and UNICEF) play a fundamental role with all the Gavi funding channelled through them.¹⁴⁷ In DRC good collaboration, coordination and partner support enabled the Mashako^{148,149} plan implementation with improvement of immunization coverage by two points

¹⁴³ Ethiopia national expanded program on immunization, 2021-2025

¹⁴⁴ Interview with SCM, January 2023

¹⁴⁵ Gavi's daily engagement is mainly with the Northern governate's MoH, which controls 70% of the country but is not internationally recognized. The Southern governate holds the official MoH, thus they hold the official power to approve and request even though they only represent a minority of the population

¹⁴⁶ HERA (2021) Fragility, Emergencies and Refugees (FER) Policy Evaluation, Final Report, Vol. 1 Main Report, September 2021.

¹⁴⁷ IRC Report_Yemen, April 2019, Gavi.

¹⁴⁸ Evaluation conjointe du plan Mashaka 2022

¹⁴⁹ The Emergency Plan for the Revitalization of Routine Immunization in the DRC, named the Mashako Plan after former DRC Minister of Health Professor Leonard Mashako Mamba, aims to raise routine immunization coverage by 15 percentage points over the next 18 months, meaning 220,000 children that otherwise wouldn't have will receive lifesaving vaccines. The Mashako Plan is an initiative received with great interest by partners supporting health activities in DRC and target eight vulnerable provinces.

after two years. In Cambodia NIP benefitted from coordination and managerial support from CHAI, as an additional core partner in supporting the FPP process and drafting grant application¹⁵⁰.

Community engagement: All KIs agree that community engagement in the Gavi grant design and country processes, as well as in the implementation of programs that address under-immunized and zero-dose children, and access to immunization services, is extremely important. In the review countries, community engagement varies from community participation (engaged as passive or active recipients), mobilization (engaged to support) or empowerment (engaged through a capacity-building process to plan, implement or evaluate activities). In Ethiopia, there is a vibrant civil society and community-based movement included in advocacy, planning, promoting, capacity building, implementing and monitoring services and resource mobilization¹⁵¹. During the expansion of health facilities, some of the communities have contributed over 50% of the cost of constructing health posts.

In Djibouti, the HSS 1 and 2 grants have been designed to fund activities aimed to improve immunization activities in general through various activities, including mobile teams and campaigns and community engagement aimed to reach zero-dose communities, such as nomadic and rural populations.^{152, 153, 154} In India, although having an active HSS 2 grant, a need to work more extensively with community-based and civil society organizations at the local level was highlighted in the report to the Board (2021) and the 2022 IRC report. In Ethiopia, the review and analysis of the comprehensive EPI conducted by the Ethiopian government pointed to limited stakeholders' engagement, including CSOs at lower levels, with community engagement and demand generation to immunization being suboptimal, especially in remote areas.¹⁵⁵

Country co-financing ability: Documentary evidence suggests that country co-financing ability should also be considered an important factor for the operationalisation of Gavi policies at the country level. In Djibouti, some desired Gavi-supported vaccines, including the replacement of the measles vaccine with the combined measles-rubella vaccine (MR) and the HPV vaccine, have not been implemented yet due to limitations of the government's ability to co-finance these immunizations,^{156, 157} (despite MR and HPV being identified as priority items as early in the 2016-2020 cMYP).^{158, 159} Similarly, in DRC, although there is an interest in accessing support for HPV and Hepatitis B vaccines, they have not been able to do so due to their inability to meet co-financing requirements¹⁶⁰. Another example is South Sudan where Government is facing problems with Gavi's requirement of co-financing of vaccines and is yet to start co-fund vaccines¹⁶¹.

Country capacity: Both documentary evidence and KIs opinions were consistent highlighting country capacity (in terms of human resource availability, as well as their knowledge and skills) as an

¹⁵⁰ Cambodia CCS.

¹⁵¹ Ethiopia national expanded program on immunization, 2021-2025

¹⁵² IPV 1 Application, March 2015, Gavi.

¹⁵³ Final IRC Country Report_Djibouti (IPV)_ENG, March 2015, Gavi.

¹⁵⁴ FPP ToC Narrative, December 2021, Gavi.

¹⁵⁵ Ethiopia national expanded program on immunization, 2021-2025.

¹⁵⁶ FPP Screening Template_2022_Djibouti, January 2022, Gavi.

¹⁵⁷ Interview, Djibouti Country Team Member, 23 January 2023.

¹⁵⁸ Comprehensive Multi-Year Plan (cMYP) 2018—22, Universal Immunization Programme, Reaching Every Child, Immunization Division, Ministry of Health & Family Welfare, Government of India. File name: cMYP 2018-22 final. The overall aim of India Comprehensive Multi-Year Plan (cMYP) 2018—22 is to eventually reduce mortality and morbidity due to vaccine preventable diseases by reaching out and vaccinate all children achieving full immunisation coverage of 90%

¹⁵⁹ 2016-2020 cMYP, 2016, Gavi.

¹⁶⁰ DRC Country Case study summary.

¹⁶¹ South Sudan Case study summary.

important contextual factor which influence policy operationalization at the country level. For example, in DRC lack of human resources at the provinces level affected program management at the operational level leading to postponement of the yellow fever and measles campaigns several times. The review and analysis of the comprehensive EPI conducted by Ethiopian government revealed inadequate human resources and high staff turn overs as barriers affecting policy implementation¹⁶². In Nigeria inadequate and inequitable distribution of qualified human resources for health is seen as one of important challenges hindering the delivery of public health services and development in Nigeria¹⁶³. Limited human resource capacities are also reported in Djibouti. This have been cited by the IRC and CT as a concern for country transition out of Gavi support¹⁶⁴. Limited country capacity is also reported in Yemen, due to ongoing conflict between the regions and competing priorities. Multiple applications have described a decrease in available human resources in Yemen.^{165, 166}

In terms of knowledge and skills, strong country capacity was reported by Cambodia CT highlighting good in-country technical skills which resulted in FPP processes being completed within 6 months without involving external consultants. However, other documentary and KIs evidence underscored the fact that stakeholders in many countries (both government ones and local and CSOs) have insufficient capacity for efficient policy operationalization. According to the Gavi India Review Report HSS Rota (2017), there are human resource gaps, especially at the MoHFW level.¹⁶⁷ Inadequate capacity of institutions to conduct operational research to generate evidence was highlighted in the analysis of the comprehensive EPI conducted by the Ethiopian government. An insufficient national capacity in relation to gender and gender barriers to accessing and using health/immunization services was also reported in a number of the reviewed countries (DRC, Djibouti, India). KIs highlighted the fact that, although the government has structures responsible for gender policy and program implementation (such as gender focal points appointed within MOH), there is a lack of knowledge and skills to successfully apply gender-sensitive approaches and address gender barrier-related issues.

A range of barriers to implementation and the achievement of Gavi's strategic results exist at country level, which Gavi has increasingly sought to address over time.

A 'barrier' can be defined as any factor that inhibits vaccination implementation.^{115,116,117} Drawing on a range of literature and evidence from the country case studies, these can be broadly categorized as:

- epidemiological and programmatic, ensuring that the most appropriate vaccine products have been introduced and are included in immunisation programming; and
- cross-cutting factors, including those related to health systems, resourcing levels as well as structural barriers (socio-cultural, environmental and political factors).

The sections below highlight the extent to which some of these barriers are reasonably addressed through Gavi's funding levers for a subset of Gavi strategic priorities.

Overall, drawing on findings and insight from across the evaluation, analysis highlights that substantial and increasing efforts are made to address epidemiological, programmatic and many cross-cutting barriers, including health system, resourcing and some structural barriers (e.g., related to political will, gender and demand). However, Gavi does not seek to specifically target or comprehensively mitigate all structural barriers which can hinder the eventual implementation of vaccination, for instance related to inconvenience and direct costs (such as fees and transportation) or indirect costs (such as taking time off work) incurred by caregivers.¹¹⁸ On the supply side, a

¹⁶² Ethiopia national expanded program on immunization, 2021-2025.

¹⁶³ Nigeria Case study summary.

¹⁶⁴ Djibouti_IRCReport_27May2022, May 2022, Gavi.

¹⁶⁵ #16-JRF Progress Report_2017, February 2017, Gavi

¹⁶⁶ 1_Yemen CCE OP, November 2018, Gavi

¹⁶⁷ Gavi India Review Report_HSS Rota (2017), File name: Gavi India Review Report_HSS Rota_Final_21Jan.pdf

particular issue relates to recurrent costs (specifically human resource costs) which Gavi seeks to ensure are paid for primarily through domestic sources. This is so costs are not solely borne by Gavi and should reduce as countries transition away from Gavi support for sustainability considerations.^{119,120} HR shortages are often substantial in many Gavi-eligible countries and human resource needs are significant. Gavi's policy to set a ceiling on these costs is reported to have been problematic for a number of countries, particularly given an increasing need where resource-intensive zero-dose approaches are adopted, such as in Cambodia. The 2019 Funding Policy Review highlighted the need for Gavi to be *"more willing to consider investments in recurrent costs where these directly contribute to reaching under-immunised or zero-dose children and where the government is committed to take over these costs in the long-term"*.¹²¹ The evaluation team understand that there has now been work to amend Gavi's position on funding HR costs, given this issue was holding up many grants.

These issues in part reflect (a) the practical reality that Gavi cannot address all country health systems issues and human resource requirements – doing so would be well in excess of Gavi's mandate and financial capacity; and (b) that many issues are outside of Gavi's sphere of influence, for instance, with many issues requiring socio-cultural influence and/or cross-sector working, and some even relating to geopolitical factors (e.g., climate change, biological threats or conflict). This situation is neatly reflected in the following excerpt from Gavi Board minutes in 2017:

*"In relation to a number of comments from Board members on vaccine hesitancy, the CEO noted that Gavi should be prepared to do some advocacy for the developing countries but that as an organisation Gavi does not have the bandwidth to take this on globally".*¹²²

It was, however, noted that a more proactive role was adopted by Gavi some years later, including through the Demand, Communities and Gender Hub and working with partners to address misinformation and rebuild vaccine confidence at country level. As highlighted in the sections below, Gavi has also adopted a more proactive and ambitious approach to identifying and addressing gender-related barriers to accessing immunisation services, which cover a range of structural barriers. These examples demonstrate a gradual and continual shift over time in Gavi's approach to more proactively engage in issues beyond its direct control as part of an effort to comprehensively address all manner of barriers to the achievement of its strategic goals.

15. HLEQ2 supplementary annex: Desk review of IRC reports from 2016 to 2022

The table provides a high-level summary of the extent to which each priority area is reflected in the Gavi grants reviewed by the IRC, with key findings as follows:

- The evidence on equity/ZD and gender is extensive and suggests that although these issues are considered and mentioned in the proposals, there is still a lack of clear strategy and detailed prioritization of the equity agenda and gender related barriers (color-coded red; green color code signals improvement).
- Similarly the IRC reports consistently note that Gavi countries do not use data from disease surveillance to design strategies and responses.
- Limited information was found on the extent to which proposals prioritize the other strategic areas of CSCE and FER. Only one IRC report highlighted the issue of domestic financing so this has been reported in the detailed review below (and not in the table).

IRC review/ Strategic priority areas	Equity/ zero-dose	Gender	CSO and CSCE	Fragility, Emergency and Refugees	Surveillance and diagnostics
November 2022	<i>Although most applications demonstrated improvements in ZD focus</i> and included some proposed differentiated approaches, <i>most remain generic 'business as usual'</i> . The concern is that if proposal rely on more of the same unsuccessful approaches, countries are unlikely to successfully reach and vaccinate zero-dose and missed children	Despite repeated IRC recommendations, <i>countries are not conducting rigorous gender analyses and discussion of gender barriers and proposals remain weak</i> . Related gender-responsive or transformative strategies are insufficiently addressed and may not be incorporated in action plans			<i>Use of data from disease surveillance, outbreaks investigations and response remains sub-optimal</i> Countries did not document lessons learned from COVID-19 pandemic management, track and trace, leveraging data use and new innovations
September 2022	<i>Countries are not using available equity data or analyses in the design of strategies</i> . Strategies proposed in applications remain generic and are unlikely to effectively identify and vaccinate zero-dose children and missed communities.		Countries are aware that community engagement efforts are essential but <i>continue to rely on information and advocacy approaches once decisions have been made</i> , rather than including target communities in co-design processes		
July 2022	Reaching vulnerable groups is mentioned in plans of action, but these <i>groups are often not quantified and strategy to reach them is not clearly tailored</i>	Equity and <i>gender-based barriers remain superficial</i> and are not incorporated into context-specific implementation plans.			<i>Countries are not using available epidemiological information from their case-based surveillance</i> system for measles and rubella primarily because they do not conduct appropriate analyses of the data on a regular basis.
March 2022		<i>Gender analyses</i> , including examination of barriers to access, <i>remained weak in all applications</i> .			<i>Available data from case-based surveillance for measles and rubella remain underutilized</i> by countries for developing appropriate differentiated strategies.

November 2021	Strategies for reaching zero-dose children and the hard-to-reach are increasingly outlined in the POAs, but often not reflected in the budget.	Gender analysis and gender-responsive strategies remain unaddressed in applications due to lack of guidance to countries and partners on Gavi requirements and expectations			
September 2021	Strategies for reaching zero-dose children and the hard-to-reach are increasingly outlined in the POAs, but not reflected in the budget.	Suitable gender-sensitive or gender-specific approaches were not addressed in the design of campaign strategies, nor were underlying gender issues identified and/or local, contextualized solutions proposed to address them	Village health structures/community health workers seem not to be active between campaigns where they would be very useful for ongoing public health interventions.		
July 2021	Countries do not determine and describe specific strategies that focus on reaching zero-dose children and their communities. The lack of a gender lens in strategic planning continues to be a major barrier in reaching disadvantaged populations. Addressing inequity is not yet a built-in practice.	The IRC has raised this issue in past reports and continues to highlight that gender inequity is not prioritized in country applications , or used as an entry point to understand marginalization and disadvantage in relation to vaccination and/or other health services			While the contributions of the Gavi Alliance in providing test kits and reagents are necessary, they are clearly not sufficient to assure high-quality YF confirmatory testing in a timely manner in all countries that are at high-risk for yellow fever
March 2021	None of the applications targeted specific interventions or ZD children. Links to on-going HSS activities that address equity were not reflected or were only mentioned with no details provided.	addressing gender inequities continue to be inadequately considered in proposed activities to increase vaccination coverage.		The current FER policy, while helpful, is not sufficient to cater for all the specific requirements of countries affected by conflict and protracted humanitarian crisis.	
November 2020	Equity issues are described, but gender analyses are still limited, and equity description is not clearly aligned with strategies	Equity issues are described, but gender analyses are still limited , and equity description is not clearly aligned with strategies			Inadequate use of measles and rubella surveillance data to identify underserved populations:
July 2020	In this round of applications, most countries provided information on coverage and equity. Inadequate strategies to reach unreached population Most countries use available data including equity analysis to identify districts and areas with low immunization coverage and zero-dose children. However, the POAs often fail to demonstrate specific strategies to address the coverage and equity gaps identified in the analysis				Inadequate use of surveillance data to identify underserved populations

March 2020	Several countries acknowledged in their equity analyses that they had districts with markedly lower coverage, but they failed to describe district or region-specific strategies to address the probable causes for the disparities.				An ongoing problem is the generally inadequate use of data to design and tailor strategies.
November 2019	High-coverage countries are beginning to focus more attention on special groups or areas identified in equity analyses, but specific strategies are not well identified.				
					Critical importance of surveillance for new vaccine introduction The three countries reviewed each highlighted the importance of surveillance in introducing new vaccines into countries immunization programs.
March 2019	Limited evidence that equity analysis is informing plan of action and budget			IRC review of applications from FER countries is particularly challenging. Applications are often incomplete and/or poorly developed due to lack of capacities, resources, and time for their development; baseline and coverage data are usually unreliable; and situation assessments are of less value due to uncertainty and volatility.	The IRC has previously noted that countries are not presenting data from their measles case-based surveillance.
November 2018	Most country applications describe and discuss the distribution of coverage by wealth, urban/rural and regions or districts as well as mothers’ education, suggesting that considering socio-economic, geographic and gender-based inequalities has become established practice				
July 2018	Lack of in-depth analyses to understand key drivers of inequities and low coverage:				
March 2018		While the IRC observes closer attention to equity issues, a number of countries still confuse sex-disaggregated data and gender barriers		Need for effective planning to reach the increasing number of unreached children in different circumstances:	

November 2017	Country proposals do provide analyses of inequities in coverage but do not link these analyses clearly to planned activities.				
March 2017	The reviewers were pleased to note more linkages between the equity analysis and the strategies chosen for implementation				
November 2016	Lack of plans/Inconsistent use of equity and coverage plans in country proposals and design of implementation services				Inadequate epidemiological and surveillance data for prevalence of measles and rubella in the country and impact of past campaigns on controlling the disease and lessons learnt.
June 2016	Lack of plan/Inconsistent use of equity and coverage plans in designing implementation strategies		Of the 10 countries considered, 6 included CSOs in their ICCs or in their strategies, but only 4 mentioned CBOs.		
March 2016		Of the 5 HSS proposals reviewed at this Committee, none seriously examined whether there were gender-related barriers to immunization	The IRC noted that there was an effort by countries to consider CSOs in the majority of the proposals; however, where this happened, it is still unclear how this translated into corresponding allocation of funds		

16. Summary of learning from the Global Fund and Global Financing Facility comparator study

We summarise below findings from a high-level exercise to understand how the Global Financing Facility and Global Fund (as equivalent, comparable organisations to Gavi) have encountered and tackled similar challenges to those faced by Gavi in the operationalisation of the 5.0 strategy. These are presented to contextualise Gavi's experience and maximise learning for future action.

1. Background

In our proposal, we allowed for undertaking a comparative landscape study to draw on and triangulate lessons on best/emerging practices from other comparable organisations/institutions facing similar strategic and operational challenges as Gavi. However, on further reflection of the two high level EQs of this evaluation,¹⁶⁸ it was deemed of minimal relevance to compare organisational performance in implementing strategies, and achievement of goals and objectives. Rather, it was more relevant to integrate the comparator questions into thematic studies, for example:

- What has been the experience, enablers/challenges to strategy operationalisation of other comparable organisations looking particularly at grant management processes (more broadly the funding model)?
- What has been the experience, enablers /challenges, of other comparable organisations on the operationalisation of key policies focusing on engaging civil society organisations /communities to help achieve the strategic goals?
- What has been the experience, enablers /challenges, of other comparable organisations on the operationalisation of key policies focusing on engaging in challenging/fragile and emerging contexts to help achieve the strategic goals?

By tackling the comparator studies at a thematic level within the Gavi 5.0 strategy, we can better facilitate sharing of experience, lessons, and guidance on future implementation.

2. Methodology and outputs

Comparator study methodology: document review and key informant interviews

After the core phase data collection exercises for the overall strategy operationalisation evaluation was underway and initial information analysed, the team prepared a provisional list of questions to be answered under the comparator study, a provisional list of key informants, and documents to be reviewed, to discuss and finalise with Gavi. Approximately five key informant interviews per organisation were envisioned at global level. An evidence matrix summarising main findings (along with a more detailed matrix of findings) was produced and is presented here along with a distilled set of lessons learned.

¹⁶⁸ ¹⁶⁸ 1. To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose? 2. To what extent does the strategy operationalisation model work to translate Gavi's strategic priorities into Gavi grant design and national immunisation programme plans?

Approach to the study

Under the cross-cutting workstream (on lessons learned – WS4) we undertook a comparator study with two other global health organisations (the Global Fund to Fight AIDS, TB and Malaria (the Global Fund) and the Global Financing Facility (GFF)) to identify whether there are other, more effective approaches and lessons to be learned to support the operationalisation of Gavi's strategy.

Building on experience from previous evaluations, it was proposed that the comparator study takes place over the months of February-March 2023, once most of the data collection for WS1 -WS3 had been completed and the evidence analysed. The emerging analysis was meant to inform decisions on the choice of comparator organisations to be included, the scope of the study, and the questions to be asked. Thus, the comparator study was informed by the evaluation evidence emerging observations and serves as an additional source of evaluation evidence, which elicited and triangulated lessons learned to help inform wider analysis and final recommendations.

Prior to the core phase of the study taking place, the team consulted with Gavi to agree expectations of the study, to discuss the choice of comparator organisations, and areas to be explored.

Criteria and rationale for the selection of comparator organisations

To ensure utility in terms of relevant lessons, best practices, and ideas this exercise can generate for Gavi and its partners, the following criteria were used to identify relevant comparator organisations.

- Share similar health development objectives and similar business models (e.g., raising finance through replenishments, programming funds through grants, monitoring progress through grant management processes) but have different operational processes and modalities which Gavi can learn from.
- Have similar policies that are implemented in different ways e.g., policies on sustainable health financing and transition, gender equality, and others.
- Reliance on effective partner engagement and technical support for the implementation of their strategies and objectives including at country level.
- Have more experience and learning from designing and implementing a policy or thematic area relevant to the 5.0 strategy, e.g., on community systems strengthening and community engagement.
- Share similar challenges but have different approaches to addressing them e.g., collaboration and alignment across partners.

Based on these criteria, the Global Fund to Fight AIDS, TB and malaria and Global Financing Facility (GFF) were chosen for the study. Examples and rationale for areas of comparison include.

- The Global Fund, Gavi and GFF share a commitment to health results, innovation, country ownership, and health systems strengthening, but have different policies and practices to achieve these objectives.
- Health financing is an important area of comparison, with Gavi and the GF having policies on financial and programmatic sustainability and transition from support, whereas the GFF approach to health financing looks across the entire health sector to support increased domestic resource mobilisation and ultimately financial sustainability.

- Gavi and the Global Fund's objectives of improving access to vaccines and immunisations and addressing AIDS, tuberculosis, and malaria are highly relevant to the GFF's objectives of improving reproductive, maternal, newborn, child, and adolescent health outcomes. However, at country level, many of the key stakeholders working in these areas are different and remain siloed. Comparing how Gavi, GF and GFF modalities are enabling relevant actors to come together to improve coordination, collaboration and alignment of financing and programmes and leverage programmatic synergies at country level is potentially an interesting area for comparison.
- All three organisations have similar partners including UN agencies who are providing technical support to countries but have different engagement modalities. GF also has more experience of engaging communities for systems strengthening – an area of interest and growing emphasis for Gavi.
- Finally, Gavi has a significant history of learning from the Global Fund which can be applied to this study. Gavi is also a contributor to the GFF. Strong links with both comparator organisations will also help facilitate the study through existing contacts and networks.

The Global Education Platform (GEP) was originally considered as a comparator organisation but later removed due to perceived lack of contacts and ease of organizing key informants coupled with the short implementation period for the overall evaluation of strategy operationalisation.

3. High level summary of key learning points

Below we present high level summaries distilled from detailed evidence matrices of findings, from both key informant interviews and document reviews against the three previously mentioned thematic areas. Figure 9 summarises the high level findings from Tables 27, 28, and 29 and maps them against the McKinsey 7Ss. From this mapping, it is noteworthy that most (8 of 10) of the key learning points on strategic operationalisation (grant management and the general funding model), are linked to the three 'hard' elements of the McKinsey framework (Strategy, Structure and Systems). Within this model, 'hard' elements are easier to identify and more within the control of an organisation to influence than the remaining 'soft' elements, although this influence may require significant resources, such as overhaul of a data system, for example.

Figure 9: High-level findings mapped against McKinsey 7S model

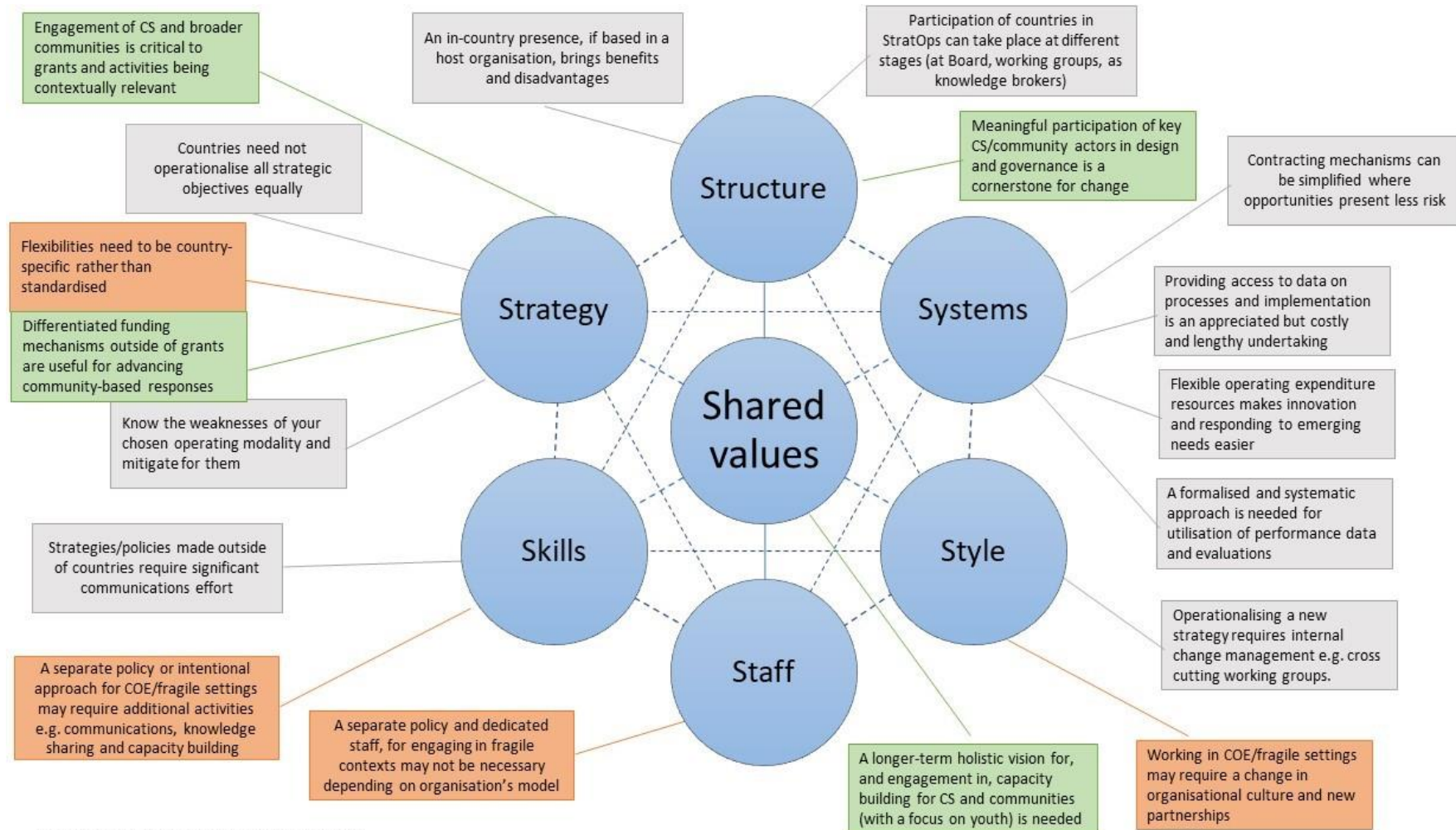


Figure based on McKinsey 7S Model

Table 27: Key learning points for strategy operationalisation- grant management processes and general funding model

	Global Fund	Global Financing Facility
	Docs reviewed: 18, 19, 20, 21, 22, 23, 24, 25, 31	Docs reviewed: 7, 10, 11, 12, 16, 32, 33
1. Participation of countries in strategy operationalisation can take place at multiple levels and different stages including: representation on the Board, participation in strategic working groups, translating/brokering strategic guidance and policies; there is still some way to go to have beneficiaries represented.	<ul style="list-style-type: none"> Regional constituency members (e.g. West and Central Africa) on the Board; Country Co-ordinating Mechanisms (CCMs) - dedicated groups in recipient country that have been set up specifically to work with the Global Fund; New strategy development process included 5,500-participant “broad and open consultation” and regional Partnership Forums. Survey to country stakeholder after each window Country partners funded to translate guidance into more accessible materials 	<ul style="list-style-type: none"> 9 of 32 members of GFF Investors Group (IG), are representatives from beneficiary countries GFF uses country liaison officers (CLOs) and focal points (some live in country and some in DC) and goes into the field, visits beneficiaries and ask if it makes sense what they are doing – where they can improve none of the existing country platforms have effective representation of beneficiaries (e.g. youth or women’s groups).
2. Strategic objectives do not need to be operationalised completely or equally across all countries; a core set of KPIs can help see the sum of the parts.	<ul style="list-style-type: none"> Applicants for funding asked to demonstrate alignment with the key building blocks of the new Strategy but degree of progress needed in each, can vary by country. Country prioritisation processes used to identify specific areas where a step change needed in countries. Try to preselect two or three areas with a country to focus on rather than the whole programme Adds up to a collective approach to the 10 changes in the strategy Certain volume of indicators countries have to report on. 	<ul style="list-style-type: none"> Intention is for common set of indicators included in all Investments Case frameworks e.g. drawn from SDGs. overall Investment Case guidelines provide that certain minimum criteria are met, each country identifies the window of opportunity for the GFF partnership in their country
3. Where there are opportunities that present less risk, contracting mechanism should be simplified.	<ul style="list-style-type: none"> Simplified internal processes for approving COE policies – category of risk (low level to be approved by regional manager through emails – taking responsibility at that level); Not for major pieces of the portfolio portfolio optimisation process reallocates underutilised funds to grants with higher absorption New Opex framework approved to give more space – category of expenditure to invest in specific levers to drive new strategy e.g. team of temporary resources, growing other specific technical areas, an annual priority budget that focuses on emerging needs and innovation 	<ul style="list-style-type: none"> GFF has taken a relatively flexible approach based on country-context, e.g. each country decides how the Investment Case fits in with the existing strategy, policy and budget-setting processes GFF will provide higher grant amounts for second- and third-round financing for countries that demonstrate progress in increasing the amount of financing behind investment case priorities and in aligning implementation efforts

<p>4. Strategies developed principally in Geneva requires significant effort to guarantee understanding at the country level and timely sharing of information to allow countries to act on the new strategy, guidelines, policies and other critical documentation.</p>	<ul style="list-style-type: none"> • All staff based at the Secretariat in Geneva so use in-country partners, especially CCMs. “people sitting in Geneva are not going to be able to communicate things in a way that resonates or immediately understood”, investing in partners who are better equipped to do that e.g. national network • Makes material available early e.g. end of July if applications happening in December. • Avoiding tendency to want to communicate it all at once – some is relevant in 4 or 6 months’ time; what’s necessary now, what’s necessary next phase? • Secretariat staffing - worrying signs of burnout 	<ul style="list-style-type: none"> • GFF knowledge and learning program has been instrumental in disseminating the new Investment Case guidelines to the latest wave of GFF countries and support dissemination of practical tips and knowledge across countries • The current GFF staffing model relies heavily on the CLOs; need to augment the skills and experience of GFF, including additional capacity to facilitate productive engagement with CSOs, youth and private sector partners. In doing so, the GFF will seek to optimize the use of staffing capacity of its host institution, the World Bank.
<p>5. All operating modalities have disadvantages; know what yours are, why they are necessary and mitigate for them.</p>	<ul style="list-style-type: none"> • Positive effect of three year cycle is that there is space to look at responding to lessons learned in the strategy (two cycles within a strategy period) • Grant making year, is typically toughest one of the cycle, in which they need to push through 80% funding, and everything else is deprioritised; incredibly intense for Secretariat, LFAs, PRs. • Delegated decision making at senior management level helps things move faster • Organisational culture of seeking to “do right thing” and then work out how to make it happen (persuasion or mitigation of risks). 	<ul style="list-style-type: none"> • As all GFF Trust Fund grants are channelled through World Bank operations through the government, the GFF can support aligning and ensuring timely processing and implementation of funds. • some confusion about the respective roles of WB team leaders and GFF Focal Points. • Around 45 staff members – not including the country liaison officers (CLOs) “most in GFF consider it to be too lean” • CLOs are “game changers” and a key part of the model – would not work as well without them; value for money – not a big driver in the cost of the model.
<p>6. Access to data on processes and implementation results is appreciated by internal and other stakeholders but is a costly and lengthy undertaking.</p>	<ul style="list-style-type: none"> • They know what is happening and can send regular summaries where teams are on processes and are moving to PR submitting through a portal. • Requires data to be under grant management not IT, full time staff dedicated to undertaking change, 2-3 years to get the core system, big budget, Sr. management agreement. 	<ul style="list-style-type: none"> • GFF data portal - Countries like that they can see all the data in one place, civil society sees it has a helpful way to get a transparent view. • The portal provides a go to place for data on progress working on 3.0 version now, will link to case studies, innovative research and studies.

		<ul style="list-style-type: none"> • Not necessarily a learning activity, if you don't have easy access on status of report in countries and what's going on in terms of system reforms.
<p>7. Operationalising a new strategy requires internal change management; cross cutting working groups can help support this.</p>	<ul style="list-style-type: none"> • Much attention paid to change management including training courses and webinars for internal staff. • Strategy Delivery Initiative - 5 person full time team working on a 2 year development process with cross-functional working groups for each key change • working groups assessed the potential operational implications, including the impact on policies, people, systems, processes, and operating expenses • built in planning checkpoints in order to ensure course correct and shift operationalization for the next cycle to ensure coherence across the change levers Secretariat staff are engaged across multiple areas of planning 	
<p>8. Flexible operating expenditure resources makes it easier to support strategy to deliver and address emerging needs and innovation.</p>	<ul style="list-style-type: none"> • New Opex framework approved to give more space – category of expenditure to invest in specific levers to drive new strategy e.g. team of temporary resources, growing other specific technical areas, an annual priority budget that focuses on emerging needs and innovation 	<ul style="list-style-type: none"> • New strategy includes dedicating a percentage of grants to core coordination functions e.g., investment case implementation support, support for data use, and results monitoring and strengthening of country platforms.
<p>9. An in-country presence, if based in a host organisation, brings benefits and disadvantages.</p>		<ul style="list-style-type: none"> • World Bank rules can constrain GFF's ability to be agile and responsive to country and partner needs and expectations; • However, GFF's close link with the World Bank enables going beyond funding scale up of specific services to facilitate broader dialogue on country HSS and financing, in recognition of the underlying systemic barriers to deliver services • GFF works closely with World Bank team members including in country to tap into their expertise and respond more holistically with a focus on UHC.
<p>10. A formalised and systematic approach is needed to utilisation of performance data and evaluations</p>	<ul style="list-style-type: none"> • No formal system for the development of management responses, and no accountability for the implementation of or follow-up to management responses systematically 	

	<ul style="list-style-type: none"> • poor operational use/uptake of performance data - not clear if used consistently as ultimately the responsibility of country stakeholders to follow up on actions and on Country Teams (CTs) to feed lessons into the next funding cycle 	
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Table 28: Key learning points for civil society / community engagement

	Global Fund	Global Financing Facility
1. Engagement of civil society and broader communities, building on their expertise, is critical to ensure a contextually relevant and flexible approach to design and implementation of grants/activities.	<ul style="list-style-type: none"> • Critical to country dialogue process to ensure contextual relevance of funding requests– separate TA to support CS dialogues • Short term TA for the development of funding requests (including the mandatory annex on up to 20 addition CS activities) and grant making specific to CS needs • Long term TA through national networks (outside of normal grant mechanisms) targeting CS and community engagement 	<ul style="list-style-type: none"> • Central tenet to GFF is engaging CSOs and youth at both global and country levels to achieve country goals; CSOs are • Supporting GFF implementation and country Investment Cases (ICs) ensuring that ICs are evidence-based, reflective of community needs, and aligned with other issue-focused policies and strategies. • reaching populations most left behind through demand generation for services • CSOs showing their value, represented in different working groups, initiatives, investor group which is something “not shown in in Gavi and Global fund as they don’t’ have the tools and resources to come together and do an assessment of what CSOs can do”
2. Meaningful participation of key CS/community actors in design and governance is a cornerstone for change	<ul style="list-style-type: none"> • Representation in the Country Coordinating Mechanism as mandatory seats at the table • Civil society / communities guaranteed seats within the Board 	<ul style="list-style-type: none"> • CSO representation (northern, southern, francophone and youth) plus two alternate members on the Investors Group – where “CSOs advocacy has been a major influencer in the 2018 replenishment” • Civil society coordination group and steering committee - has guided civil society engagement in the GFF process, enhanced access to information, built capacity • Civil society as part of the Country Platform – core development, management and implementation forum for the investment cases • Leadership did not need convincing of the value and role of CSOs at country level
3. A longer-term holistic vision for, and engagement in, capacity building for CS and communities (with a focus on youth) clearly grounded in achievement	<ul style="list-style-type: none"> • Shift from a short term to a long-term model (covering 2-3 cycles) for the CRG-SI • Longer term ToC developed for community, rights and gender strategic initiative fitting into the overall strategy theory of change 	<ul style="list-style-type: none"> • Updated GFF-Civil Society Engagement Framework and costing exercise outlines concrete actions to strengthen GFF collaboration with CS and promote more meaningful youth engagement • GFF is “working with new fresh minds, not usual suspects of CS in country” and on the IG whereas Gavi and Global Fund are seen to be working “with CSOs that have been there for 10-20 years”. New CS represented including

<p>of the organisations overall strategic vision is warranted</p>	<ul style="list-style-type: none"> • Longer term monitoring, evaluation and learning framework developed to track the full results chain 	<p>more women engaged and a strong emphasis on youth not to mention being African led.</p> <ul style="list-style-type: none"> • GFF is country led – “GFF asks countries what they want putting them in the driver’s seat” and “sells a different narrative” – a holistic narrative rather than focused mainly on price of vaccine/treatment, accessibility, equity only
<p>4. Differentiated funding mechanisms for CS and communities outside of grants has proven useful for advancing community-based responses</p>	<ul style="list-style-type: none"> • CRG-SI – direct contracting to CS networks for provision of TA and to regional CS communication and coordination platforms; peer driven and peer supplied TA • Need to weigh fiduciary risks with programmatic outcomes – recognize and accept trade-offs 	<ul style="list-style-type: none"> • Sperate grants mechanisms outside of the investment case funding: TA and Engagement Hub (hosted by PAI) supports CSOs through small grants, to: <ul style="list-style-type: none"> • Map activities, capacity needs, skills and available resources • Analyse what is required of the CSOs and how they can contribute to policy analysis • Build a common holistic action plan • GFF Small grants mechanisms (hosted by MSH) supports CSOs through grants up to \$70,000 to build technical skills for advocacy and accountability.

Table 29: Key learning points for engaging in challenging/fragile/emergency contexts

	Global Fund	Global Financing Facility
<p>1. A separate policy and dedicated staff, for engaging in fragile contexts may not be necessary depending on the model of the organisation.</p>	<ul style="list-style-type: none"> • A Challenging Operating Environments (COEs) Policy exists and includes criteria to define COEs, Global Fund objectives in COEs, sources of Global Fund financing. principles that guide Global Fund investments in COEs and clarifies oversight mechanisms. • A COE Support Team of three people, provides guidance to Country Teams operating in COEs. 	<ul style="list-style-type: none"> • No specific policy as its Investment Group recognised GFF is already working in fragile settings and aspects of the GFF model are well-suited to these settings • GFF also specifies what it will not do in fragile settings (rapid response, humanitarian coordination and activities which are beyond the RMNCAH focus) • GFF CLOs work closely with government focal points in all GFF countries – including fragile settings.
<p>2. Flexibilities need to be country-specific rather than standardised</p>	<ul style="list-style-type: none"> • Secretariat and implementing partners encouraged to try new approaches during a funding period. • Country allocations can be reprogrammed to respond to crises, including at the sub-national and regional level. During emergencies, this can be complemented by financing via the Emergency Fund to support activities that cannot be funded through the reprogramming of existing grants. 	<ul style="list-style-type: none"> • GFF process is country-led, which means that countries can draw upon different parts of the business model to address different aspects of fragility in accordance with local needs. This ability to adapt to each individual context is particularly critical in fragile settings, as fragility is an overarching concept encompassing a diverse set of situations. • One important element of this is the ability to support decentralized implementation at the sub-national level, something that has been a focus in a number of GFF countries – ‘contract unique’ in DRC good example of this involving GFF, Gavi and Global Fund.

<p>3. A separate policy or intentional approach for COE/fragile settings may need to be supported by additional activities including communications, knowledge sharing and capacity building</p>	<ul style="list-style-type: none"> Limited understanding of the COE policy at the country level, and the lack of a structured opportunity to consider flexibilities, innovation and partnerships appropriate to the context contributes to the policy not fulfilling its potential. 	<ul style="list-style-type: none"> IG recognised (in 2016) that more efforts should be placed on documenting and disseminating experiences one of the main issues is capacity of govt in fragile states, especially ministry of finance to make right and on time decision and coordinate partners and address high impact interventions, GFF working on supporting countries on their oversight role, to surface those challenges and bring to table for discussion
<p>4. Working in COE/fragile settings may require a change in organisational culture and new partnerships</p>	<ul style="list-style-type: none"> Unclear and inconsistent individual risk appetites constrain the use of the policy and contributes to inconsistent operationalization Need to go to the country, find out who is there doing what and engage different stakeholders at country level 	<ul style="list-style-type: none"> Change of mindset needed- hard for Governments if organisational incentives are focused on getting money out the door and GHIs focused on delivering their strategy “in reality, we all want better outcomes - so think collectively”