



EURO HEALTH GROUP

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

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Abbreviations and acronyms

3LOD	Three lines of defence (risk management)
AMC	Advanced Market Commitment (COVAX)
C&E	Coverage and equity
CCEOP	Cold chain equipment optimisation platform
CDS	COVID-19 delivery support
CEO	Chief executive officer
COE	Challenging Operating Environments (the Global Fund)
COO	Chief Operating Officer
COVAX	COVID-19 Vaccines Global Access
CRG-SI	Community, rights, and gender-strategic initiative (the Global Fund)
CSCE	Civil society and community engagement
CSO	Civil society organisation
CT	Country team
EAF	Equity Accelerator Fund
EO	Executive office
EPI	Expanded programme on immunisation
EQ	Evaluation question
EvLU	(Gavi's) Evaluation and Learning Unit
EVOLVE	Ongoing internal Gavi process review
FED	Fragility, Emergencies and Displaced Populations policy
FER	Fragility, Emergencies and Refugees policy
FPM	Fund portfolio manager (at the Global Fund)
FPP	Full portfolio planning
FPR	Funding policy review
GFF	Global Financing Facility for Women, Children and Adolescents
HLEQ	High-level evaluation question
HLRP	High-level review panel
HPV	Human Papillomavirus
HSIS	Health system and immunisation strengthening
HSS	Health systems strengthening
IRC	Independent review committee
IRMMA	Identify, Reach, Monitor & Measure Advocate framework
KI	Key informant
KII	Key informant interview
KMTS	Gavi's Knowledge Management and Information and Technology team
M&E	Monitoring and evaluation
MEL	Monitoring, evaluation, and learning
MIC	Middle-income country
MoH	Ministry of Health

MTE	Midterm evaluation (of Gavi 5.0 strategy)
PEF	Partners' engagement framework
PHC	Primary health care
PMO	Project management office
PPC	Programme and Policy Committee
RfP	Request for proposal
RI	Routine immunisation
SAP	Independent company - market leader in enterprise application software
SCM	Senior country manager
SFA	Strategic focus area
SG	Strategic goal
Strat-Ops	(Gavi) strategy operationalisation
TA	Technical assistance
TCA	Targeted country assistance
ToC	Theory of change
TPM	Team priority matrices
VIS	Vaccine Investment Strategy
WHO	World Health Organisation
ZIP	Zero-dose immunisation programme

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Executive summary

This report presents the results of an independent evaluation of the operationalisation model for Gavi's strategies. It was commissioned by Gavi and undertaken by Euro Health Group, Denmark, together with Khulisa Management Services, South Africa.

Gavi's five-year strategies are operationalised through a model consisting of interlinked programmatic policies, funding levers, and programme funding guidelines¹; the latter two are part of the portfolio management process. The degree of success of the operational model is critical to the effective delivery of Gavi support at the country level and, therefore, to the fulfilment of the objectives of the Gavi strategies. The current five-year strategy, Gavi 5.0 (January 2021 – December 2025), builds on the successes of the previous strategic periods and includes several key shifts to deliver on its mission, including i) a core focus on reaching "zero-dose" children and missed communities, with equity as the organising principle, ii) more differentiated, tailored, and targeted approaches for Gavi-eligible countries, iii) an increased focus on programmatic sustainability, and iv) providing limited and catalytic support for select former and never Gavi-eligible countries.

To support these key strategic shifts, several of the Gavi' instruments were updated or developed, i.e., operationalised, to ensure:

- a more targeted Partner's Engagement Framework, including Targeted Country Assistance (TCA), Foundational Support, and Strategic Focus Areas, in addition to increasing TCA engagement of organisations outside of traditional partners (i.e., WHO and UNICEF), namely international and local civil society organisations (CSOs);^{2, 3}
- Health systems strengthening (HSS) and other support to reach under-immunised communities were targeted, including mainstreaming gender-sensitive approaches;
- flexibilities were established to support the Fragility, Emergencies, and Displaced Populations (FED) policies and Middle-Income Countries approach (MICs);⁴
- Gavi support was further differentiated to meet tailored country needs through the creation of country segments with different flexibilities, guidelines, and operational processes;
- grant-making processes were increasingly streamlined through the Full Portfolio Planning (FPP) process⁵ and multi-year approvals for vaccine support and TCA along with the issuance of revised terms of reference for the High-Level Review Panel (HLRP);
- a review and update of the Secretariat's organisational model; and
- measurement of Gavi 5.0's achievements through an appropriate accountability framework.

The Secretariat designed a comprehensive process of operationalising these shifts under Gavi 5.0, attempting to mitigate challenges and delays encountered under the operationalisation of Gavi 4.0.⁶

¹ Referred to as 'Gavi instruments'; this terminology will be used throughout this report to refer to the different programmatic policies, funding levers, and programme funding guidelines.

² 05-Gavi 5.0: Operationalising the alliance's 2021-2025 strategy, 8-9 May 2019, Gavi

³ New partners expansion, in particular CSOs, is also included in the EAF and HSS applications.

⁴ Both the MICs and FED strategies were implemented in 2022 due to delays related to COVID-19, with thus far little implementation; so, the implementation of these will be considered during the midterm evaluation (MTE). The FED policy was initially called the FER policy, covering fragility, emergencies, and refugees.

⁵ FPP allows for development of a 3–5-year integrated portfolio of key funding levers (HSIS, cold chain equipment optimisation platform, New Vaccine Support, TCA and EAF) and application processes that address the length of the application to disbursement process, a differentiated country approach, focused country engagement and streamlined grant management processes.

⁶ A process that was seen as weak and hampered by a lack of: clear articulation of the process, central coordination, and comprehensive structured work plans to help guide operationalisation (Secretariat KIIs close to the process).

This structured operationalisation process with designated leadership and workstreams was put in place and began working almost two years before the commencement of the new strategy.⁷

Evaluation scope, purpose, key questions, and methodology

The **temporal scope** of the evaluation is the period of 2015 to December 2022 (Gavi 4.0/5.0).⁸ The **geographic scope**, in principle, includes all 74⁹ Gavi-eligible countries, including the 15 post-transition MICs.

The **purpose** of the evaluation was to assess the effectiveness of Gavi's strategy operationalisation model, generating evidence to (1) support the identification of strengths and weaknesses in the strategy operationalisation model and (2) generate organisational-level learning on Gavi's strategy operationalisation model. The **summative component** assesses the effectiveness of the strategy operationalisation model, including the aforementioned Gavi instruments, in supporting countries to reflect Gavi's strategic goals in national programmes, and the **formative component**, focuses on lessons learned that can inform Gavi's approach to operationalisation amidst the shift to Gavi 5.1/6.0. As per the Terms of Reference, the **primary audiences** for this evaluation are the Gavi Board and Secretariat. Secondary audiences include the Alliance¹⁰ partners and Gavi-eligible countries.

To achieve the purpose and objectives of the evaluation, we explored two **high-level evaluation questions** (HLEQs) and 15 evaluation questions as set out in Annex 3, Vol. II. The HLEQs include:

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

The **evaluation methodology** relied on a theory-based, multi-methods approach with a strong focus on utilisation. Data collection generated a substantial evidence base for the findings presented in this report. This included the review of 1,021 **documents**, 127 **key informant interviews** (KIIs) at global, regional, and country levels, eight **country case studies** selected based on transparent criteria and through consultation with the Secretariat, and a thematic **comparator study** of the Global Fund and Global Financing Facility for Women, Children and Adolescents (see Annex 4, Vol. II and [Section 2](#)).

Findings

The findings are presented by two high-level EQs (HLEQs) and thematic areas under each HLEQ.¹¹

High-level evaluation question 1: To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose?¹²

⁷ Each workstream consisted of a detailed, time-sensitive plan for undertaking critical tasks relating to an element of the operationalisation of Gavi 5.0 with designated human resources under the overall coordination of a central Project Management Office (PMO).

⁸ We have noted that Gavi Instruments have been updated post-December 2022, as part of a continuous instrument update programme; they have not been included in this evaluation. The Mid-Term Evaluation of Gavi's 2021-2025 Strategy will consider those.

⁹ As per the CET provided CSS tracker in Sept 2022.

¹⁰ Alliance core partners include WHO, UNICEF, World Bank, and Bill and Melinda Gates Foundation

¹¹ Box 1 in the main text

¹² In addressing coherence, the evaluation relied on the OECD/DAC definition of coherence as an evaluation criterion. This required examining *internal* coherence (the extent to which Gavi's policies, levers and processes are aligned, complementary and not contradictory and non-duplicative with each other) and *external* coherence (alignment with other partners' policies and processes). See

<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

In contrast to a more limited operationalisation process for Gavi 4.0, which was seen as weak and needing more structure and effective coordination (see Section 3.1), a comprehensive and conceptually (design) coherent process was put in place before the start of Gavi 5.0. Of note, it is fair to assume that without the COVID-19 pandemic interruption, most instruments would have made good progress in being reviewed, updated, and developed in time for the start of the new strategic period. Several instruments, albeit with some delays, have come online at different times since 2021 and have guided new country grant application and management processes as well as reprogramming requests.

However, this evaluation found there were, and still are, impediments that question whether the proposed operationalisation model was fit for purpose regardless of interruptions due to the pandemic. The operationalisation process necessitated a significant number of instruments to be updated, reviewed, and developed without having sufficient capacity to do so, either internally or across the Alliance. This sheer effort takes resources (finances, people, and time) away from the core business of administering grants promptly and efficiently. Furthermore, some elements of the design faced challenges, including variations in the scope of the different workstreams leading to differences in the adequacy of resources, differential attention given to the strategic goals (SGs), and the extent to which external stakeholder priorities were reflected in the operationalisation process. Furthermore, the executive office (EO) decision to discontinue the overall oversight mechanism, to plan and coordinate the workstream task teams, facilitate timely decision-making processes, and function as a high-level buffer for additional Board requests, made the process less coherent, effective, and efficient.

More detailed findings are presented below.

a) Operationalisation model

Operationalisation plays an essential role in delivering against the strategic priorities set out in the 5-year strategy, and Gavi 5.0 saw notable improvements in the efficiency of operationalisation design compared to Gavi 4.0. (see [Finding 1.1](#))

Gavi's model effectively balances the concept of country ownership with the need to ensure that its support is provided strategically and offers value for money. It does so through constructive negotiation over grant design, agreement on mutual priorities between Gavi and countries, use of the Independent Review Committee (IRC) to address noted issues in grant applications¹³ (see [Finding 2.6](#)), grant management (see [Finding 2.4](#)), and collaboration with core partners with a country presence (see [Finding 2.5](#)).

This evaluation also established that countries, the Secretariat, and Alliance partners require sufficient time¹⁴ and a coherent, effective, and adequately resourced initiative to operationalise a new strategy's priorities so that they can be reflected in grant applications, reprogramming requests, and the way Alliance support is provided (see [Lessons Learned 1](#)). This process also needs to be sufficiently flexible to respond to changes in the operating environment.

Overall, Gavi designed and put in place a structured and coherent process for the operationalisation of Gavi 5.0, identifying clear causal pathways which would enable related changes in programmes and policies at the country level and with an appropriate projected timeline for implementation (see [Findings 1.1](#), [1.2](#) and [1.9](#)). Some elements of the design faced challenges and limitations, including variations in the scope of the different workstreams and the adequacy of Secretariat resourcing. In

¹³ For example, assessing the contribution of a country plan to the objectives the country sets out and to Gavi's strategic priorities.

¹⁴ For Gavi 5.0, the review and preparatory phase of the operationalisation process using different workstreams is approximately 18 months before the start of the strategic period, which seemed appropriate.

addition, there were variations in the level of stakeholder engagement across workstreams and, subsequently, in the resulting degree of reflection of stakeholder priorities in the model (see [Findings 1.3, 1.4, 1.5 and 1.6](#)).

b) Coherence of operationalisation process, instruments, and outcomes

Despite the **conceptually coherent design of the operationalisation** process for Gavi 5.0, effectiveness was not optimal due to the following factors: design choices, the COVID-19 pandemic, and underlying systemic issues. Design choices which partly explain differences in operationalisation effectiveness across workstreams include:

- Through a detailed Theory of Change (ToC), Gavi dedicated efforts to comprehensively conceptualise the causal pathways required to bring about change in programme/policy intent at the country level. However, the timing of the ToC development did not lend itself to informing an overarching, agreed framework that would guide the design or prioritisation of Gavi's strategy operationalisation (see [Finding 1.2](#)).
- Workloads, capacity, and leadership varied by workstream. Some workstreams (policy, monitoring, and evaluation) had natural 'homes' where the workload was part of the normal scope of work, and some had access to external consultancy support (portfolio management and organisational review) (see [Finding 1.3](#)). However, the programmatic approaches workstream had no additional resourcing and a vast and ambitious scope cutting across many teams due to its objective of developing programmatic guidance covering 15 priorities. These differences may partially explain the differential pace of implementation (see [Finding 1.4](#)).
- The choice of workstream priority topics and the differential pace at which operationalisation workstreams progressed may partially reflect misalignment around the strategic priorities and the power dynamics of decision-making. Some priorities that were important to external stakeholders have yet to be prioritised during Gavi 5.0 operationalisation, e.g., integration, alignment with other funders, and ensuring Gavi support complementing Primary Health Care (see [Finding 1.1](#) and [Lesson Learned 3](#)). However, this theme was eventually relegated to one of 15 topics in the programmatic priorities and not acted upon. This raises questions about the level of how partner engagement, follow-up and accountability in future efforts can be assured (see [Finding 1.6](#)).

With the start of the COVID-19 pandemic in March 2020, many Gavi staff members were called upon to support the organisation's pandemic response activities. As a result, several operationalisation workstreams were purposefully paused by the Gavi Board,¹⁵ while others were prioritised by Board and Secretariat management (see [Finding 1.7](#)). The EO decided to disband the overarching project management office (PMO) responsible for guiding the operationalisation process. Also, the programmatic approaches, portfolio management, partnerships, innovation, and comprehensive funding policy review workstreams were purposefully slowed due to uncertainties engendered by the pandemic and shifting capacities to focus on pandemic prevention & response and COVID-19 Vaccines Global Access (COVAX). The measurement and accountability workstream continued at pace (albeit integrating actions linked to COVID-19). Therefore, while "new" implementation modalities such as the Equity Accelerator Fund (EAF), the revised FPP process, and the country differentiation processes were introduced at the beginning of Gavi 5.0, initially planned revisions to programmatic policies and strategies such as co-financing, MICs, and the vaccine investment strategy lagged. Other workstreams were not fully implemented (portfolio management processes) or only designed and then not rolled out (innovation).

In December 2022, the Board approved Gavi 5.1, an evolution of the priorities for Gavi 5.0, considering the pandemic, its negative impact on routine immunisation, and the expansion of the

¹⁵ Board meeting December 2020

COVAX mandate. Gavi 5.1 confirmed the commitment to maintaining, restoring, and strengthening immunisation services and reaching zero-dose children and missed communities. It also reconfirmed the importance of ensuring access to COVID-19 vaccines and domestic financing for immunisation. Gavi 5.1 put additional focus on integrating the learnings from the pandemic (e.g., an expanded focus on PPR and regional manufacturing diversification), launching the Malaria vaccine, and re-launching the Human Papillomavirus (HPV) vaccine.

Although the impact of the pandemic on the functioning of the Secretariat (especially the diversion of human resources) and countries explains part of the observed loss of momentum, fragmentation, and uneven progress in the operationalisation of the different instruments, systemic challenges persisting through Gavi 4.0 and 5.0 also affected operationalisation (see [Findings 1.8](#), [1.9](#), and [2.1](#)). Examples of longstanding challenges, both in the literature and among key informants, include a lack of coherent coordination across multiple objectives and difficulty in ensuring the complementarity of instruments and their development, guaranteeing a sufficient cadre of qualified human resources, and engaging meaningfully with stakeholders across levels and geographies that have different priorities and capacity strengths.

c) Capacities to support the operationalisation processes

Systemic capacity issues that have persisted across strategic periods and impeded the operationalisation of Gavi 5.0 (see [Finding 1.9](#)) include:

- the delay of the organisational review before COVID-19, in part due to senior management deliberations about resourcing, resulting in a mismatch between capacity and an increasingly complex and expanding organisation (expanded number of initiatives/projects, grants, funding windows, policies, and country segmentation principles);
- weak internal operational structures that would not have been solved by the delayed organisational review; and
- a lack of clarity on who is responsible for managing the range of Gavi funding levers among different Secretariat teams/departments, especially regarding decision-making authority between functional and geographical heads, and the country-facing senior country managers (SCMs). It was found that the lack of clarity often results in all stakeholders being consulted, and thus, inefficient decision-making processes that prevent agility in the operationalisation processes.

The ongoing internal process review (EVOLVE)¹⁶ partially addresses the above issues to establish appropriate capacities to support redesigning grant management processes. This evaluation supports several sub-recommendations of the EVOLVE project, which require the Secretariat to:

- review roles and responsibilities between teams and layers within the Secretariat;
- develop a change management approach to ensure simpler and faster decision-making; and
- continue to work (under EVOLVE and the Operational Excellence process) on addressing risk aversion, including defining what risk appetite means for individuals with decision-making abilities and developing appropriate guidance for staff accordingly.

Gavi increasingly emphasises internal capacity development, particularly for operationalising Gavi's strategic priorities. This includes enhanced training on the different instruments and cross-cutting issues such as gender and organisational reform, though with less focus outside the Secretariat (see [Finding 1.14](#) and [Lessons Learned 4](#)). Lack of attention to a wider audience, i.e., Alliance and other partners, as well as country staff, is a missed opportunity to deepen the understanding of Gavi's

¹⁶ The EVOLVE (grant management review) process is part of a more extensive organisational review process, Operational Excellence, that has started addressing many of the systemic issues identified, including role/responsibilities, fragmentation of the org set-up, decision making and change management. The Operational Excellence process/approach was introduced at the end of 2022 and is outside this evaluation's temporal scope.

strategic priorities, stakeholder needs, and contextual barriers before the next strategy operationalisation process.

High-level evaluation question 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?

With the continued emphasis on intra-country equity through the advocacy for and adoption of the zero-dose agenda, Gavi envisions addressing both the plateauing of global antigen coverage and reaching the unreached. There are many instruments, policies, funding levers, programme guidance and forms of technical support available, which are increasingly more systematically communicated to countries to support their immunisation programs. However, in line with Gavi's commitment to country ownership, country grant applications should reflect national needs and priorities in line with Gavi's strategic priorities. Grants are not required to fully address all Gavi strategic priorities. This evaluation has shown that there has been positive but variable uptake/adoption of some of the Gavi 5.0 programmatic shifts into Gavi grant designs and national immunisation programmes. More significant progress appears to have been made for areas where the Secretariat expended a relatively large amount of effort in its advocacy to countries (e.g., zero-dose) and where it set minimum budgetary requirements (e.g., CSO engagement), as opposed to those areas where guidance and tools were updated but comparatively less emphasis has been placed (e.g., gender). With mixed reviews of the early implementation - lengthy, intensive but higher quality and streamlined approval process - it is too early to say whether the grant-integrating FPP process is sufficient to support timely and effective multi-year immunisation programs in-country.

More detailed findings are presented below.

a) Fundamental issues affecting strategy operationalisation

Despite conceptual (design) coherence as highlighted under HLEQ1, systemic issues exacerbated by the COVID-19 pandemic affected the coherence and effectiveness of **operationalisation implementation**. This was fuelled by a range of factors and complexities linked to internal organisational processes at the Secretariat, including:

- *Insufficient capacity and prioritisation of change management.* Recognising a need for formal change management processes, the Secretariat recently implemented the EVOLVE grant management redesign project (see [Finding 2.4](#)), which has identified pain points. However, concerns regarding the time needed to address critical pain points before the development of Gavi 6.0 exist (see [Findings 1.11](#)).
- *The expectation that stakeholders can interpret a significant amount of information and guidance from a range of documents and tools.* Lacking, or changing, guidance on how to prioritise Gavi's many requests and strategic priorities presents a risk that grant applications do not reflect the best use of Gavi's available resources (see [Findings 1.10](#), [1.11](#) and [2.1](#)).
- *Limited dissemination and onboarding/communication of policy and programmatic shifts within the Secretariat and with partners and countries.* There exists insufficient and unsystematic communication resulting in variations in understanding of policies and guidelines at the Secretariat level, among Alliance partners, and at the country level. However, with a focus on zero-dose children, Gavi is now strengthening communications, both internally and with external partners, to advocate for a greater understanding of its priorities and policies (see [Findings 1.13](#) and [1.14](#)).
- *Challenges in cascading the conceptual coherence of strategic shifts.* Due to the overall complexity of Gavi's portfolio, achieving complementarity across this array of instruments and priorities may be challenging and exacerbated by the fact that not all changes can be

implemented simultaneously, as it takes time to translate policy shifts and socialise them among stakeholders (see [Findings 1.10](#), [1.11](#), [1.13](#), and [2.1](#)).

- *Staggered portfolio of grants.* While the FPP intends to bring funding levers towards greater coherence/synergy, it may be limited because they have different timeframes and start times (see [Finding 2.1](#)).
- *Additional funding levers with different application guidance and flexibilities added to the portfolio create confusion at the Secretariat and country levels.* However, there are ongoing attempts to simplify processes (see [Finding 1.10](#) and [Lessons Learned 2](#)), including addressing organisational issues such as IT rigidities, Secretariat capacities, and risk management that accompany portfolio implementation (see [Finding 2.4](#)).

Some critical factors have contributed to moving toward a more coherent and efficient implementation process. For example, the FPP process provides a more holistic approach to planning support to countries, addressing the strategic shifts under Gavi 5.0 while tackling longstanding strategy operationalisation barriers. While the simplification of the submission and approval processes is cited as positive, the still lengthy application processes for the 'individual' funding levers are of concern – it can take anywhere between 7 to 26 months from FPP initiation to the IRC review recommendations to the Secretariat (and even more time until first disbursement - average time for all grants currently at 9.96 months).^{17, 18} It was also noted that Core Alliance partners and the IRC play a critical positive role in strategy operationalisation implementation. However, the role of Alliance partners varies to some extent across countries according to the context and their capacities, and the uptake of recommendations from the IRC is variable (see [Findings 2.7](#) and [2.9](#)).

b) Translating Gavi's strategic priorities into grant designs

The Gavi Secretariat and the wider Alliance work in various ways to ensure that strategic priorities are reflected in country applications. The Gavi Secretariat places significant emphasis on factors that are primarily within its control, such as developing funding application processes and guidance. While these guidelines and supporting materials target countries, evidence suggests that stakeholders often do not read or engage with them. Instead, they are influenced by communication, advocacy and engagement of the Gavi Secretariat and Alliance partners through multiple media channels, meetings, workshops, the use of consultants and in some countries (e.g., Ethiopia, Nigeria), high-level dialogue between senior Secretariat staff and country stakeholders. However, Gavi is found to facilitate constructive negotiation over grant design and the agreement of mutual priorities between Gavi and countries, in line with the principle of country ownership (see [Finding 2.10](#)).

In addition to the factors described above (see [Findings 2.1](#), [2.2](#), [2.3](#) and [2.5](#)), contextual factors at the country level (e.g., political will and health systems capacities) also influence strategy operationalisation and affect the extent to which Gavi's strategic priorities are reflected in grant designs (see [Finding 2.7](#), [2.8](#)).

c) Addressing key shifts for the Gavi 5.0 strategy

The key strategic shifts for Gavi 5.0 are reflected to varying degrees in Gavi's support to countries. Gavi's strategy and instruments increasingly prioritise zero-dose and missed communities, although at different degrees and not in all countries. This has been facilitated by creating the EAF funding lever, earmarking US\$500 million specifically for zero-dose children and missed communities for Gavi 5.0 (see [Finding 2.11](#)). At times, this prioritisation is reportedly at odds with stakeholder-identified country priorities and needs, examples of which are found in the main body of the report. On the other hand, gender has not been analysed and addressed within grants to the same degree, despite adopting a new policy in 2020 and mainstreaming in application guidance and IRC recommendations

¹⁷ Internal CPMPM Dashboard, accessed May 2023.

¹⁸ The IRC makes recommendations to the Secretariat, who then make the final decision regarding grant approvals.

programming (see [Finding 2.12](#)). Countries have demonstrated a greater analysis of gender issues – representing progress – but are not yet turning this into robust programming.

Policies and strategies approved under Gavi 5.0 also influence the prioritisation of strategic areas. Early observations of the new approach to civil society and community engagement (CSCE) suggest that new initiatives are helping to increase the budget allocation to CSOs, including through the 2021 Board-approved approach and requirements earmarking funding for CSOs in HSS, EAF, and TCA grants (see [Finding 2.13](#)). However, the approach may not be sufficient due to contextual barriers, such as government pushback and the limited capacity of CSOs in some countries. In addition, the recently revised Fragility, Emergencies, and Displaced Populations Policy, approved by the Gavi Board in June 2022, has enabled the prioritisation of countries affected by chronic fragility, acute emergencies and hosting large numbers of displaced populations, offering them flexible and differentiated support to maintain and strengthen immunisation coverage (see [Finding 2.14](#)). Finally, despite some challenges and threats related to the allocation formula, co-financing is considered one of Gavi's central successes. Most countries have agreed to meet co-financing requirements, and most have done so, despite global and national economic shocks such as those caused by the COVID-19 pandemic (see [Finding 2.15](#)).

Conclusions

The Gavi 5.0 strategy operationalisation process achieved varying levels of success in striving for the Alliance to deliver on its 5.0 goals and objectives. This was intended to be achieved through reviewing, developing, and updating the required instruments to support the goals and objectives of Gavi 5.0.¹⁹ These included HSS, TCA, and other support to reach under-immunised communities, using CSOs and gender-sensitive approaches, establishing flexibilities through FED and MICs, providing differentiated approaches for country support, and streamlining portfolio and grant-making processes through FPP and multi-year approvals for vaccine support and TCA. While these aims were reached mainly through the operationalisation of Gavi 5.0, they were achieved to different degrees, at different times and with variable impact upon the overarching aims.

Based on the extensive findings, the evaluation concludes the following:

[Conclusion 1: Solid improvements in the design of the Gavi 5.0 operationalisation model were made, building on lessons learned from Gavi 4.0. However, the overall effectiveness of operationalisation was nonetheless somewhat compromised due to several challenges coming together - pandemic-related constraints, persistent systemic challenges, and operationalisation design choices.](#)²⁰

The Gavi 5.0 strategy operationalisation process was intended to deliver more quickly and comprehensively than the Gavi 4.0 process within a conceptually coherent process put in place for translating strategic priorities into actions. However, reallocation and refocusing of resources during the pandemic, a separate theory of change process not aligned with the operationalisation process and incongruous organisational management responses to board requests to expand the number of funding levers, made the operationalisation of Gavi 5.0 less optimal.

[Conclusion 2: Full Portfolio Planning as a key operationalisation process has not yet fully realised its full potential to provide a more holistic approach to planning and grant design and positively affect the length of end-to-end grant management, further consolidation/integration of processes and monitoring of results is warranted.](#)²¹

The FPP process provides a more holistic approach to planning immunisation support to countries while addressing some longstanding strategy operationalisation barriers through an integrated approach of key funding levers and accompanying application processes. While the simplification of

¹⁹ See the Gavi 5.0 one-pager.

²⁰ For conclusion 1: findings 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.13, 2.4, leading to recommendations 1, 2, 7

²¹ For conclusion 2: findings 1.11, 2.2, 2.3, 2.6, leading to recommendation 8

the eventual submission and approval process is cited as positive, the still lengthy application processes (from FPP initiation to IRC review to grant-making) for the 'individual' funding levers are of concern. This initial experience points to the need for further consolidation and refinement of the approach, including for the support functions at the Secretariat, and further analysis of the results, given that implementation is in its infancy.

Conclusion 3: Despite progress in translating Gavi 5.0 strategic priorities into grant designs, this process is slow and variable by strategic priority area.²²

Equity and zero-dose are increasingly reflected as priorities within Gavi's grant support across the portfolio, but to varying degrees and not in all countries. However, much less progress has been made to meaningfully integrate gender-responsive and transformative interventions in Gavi grant designs across the portfolio. Early observations from Gavi's new approach to CSCE suggest that it is helping to increase the budget allocation to CSOs. Gavi has also made progress in ensuring that relevant flexibilities and differentiated support are increasingly provided to fragile and conflict settings. It has also continued to demonstrate a strong country willingness to meet Gavi co-financing requirements, despite global and national economic shocks, including as caused by the COVID-19 pandemic.

Conclusion 4: There are a range of factors at the Secretariat and country levels that affect current and future operationalisation processes.²³

The evaluation identified a series of factors supported by several findings that enable and hamper the strategy operationalisation process. At the Secretariat level, these included the complexity of grant management, staggered timelines for grants, the role of the IRC, limited internal communication, and the coherence of the operationalisation process, among others. At the country level, these included weaknesses in governance and health systems, the intensive requirements of the FPP process, and the impact of the pandemic, among others. It also highlighted that Gavi has significant influence over many of the most significant factors that hamper strategy operationalisation and would be able to support countries to address some of their weaknesses.

Conclusion 5: There are significant unrealised opportunities for Gavi to capitalise on factors that are within its control to effectively translate Gavi's strategic priorities into grant designs.²⁴

Evidence suggests that country grants are more likely to reflect Gavi's strategic priorities where:

- Gavi, core Alliance partners, countries and other stakeholders are highly aligned and focused on a particular issue, such as for zero-dose linked to IA2030;
- Gavi engages its most senior Secretariat staff, Board members and partner representatives for advocacy to political leaders in implementing countries;
- Gavi sets firm requirements on what countries need to include in their grant applications, for instance, in meeting fiduciary and co-financing requirements;
- a specific issue is focused on and targeted in a subset of countries, such that sufficient financial resources can be committed to achieving a meaningful difference; and
- the IRC has sufficient time and capacity to review grant applications to understand whether Gavi's strategic priorities are meaningfully reflected, and the Secretariat has worked to ensure that any gaps or issues are addressed in the final grant designs.

²² For conclusion 3: findings 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15 leading to recommendations, 3, 4

²³ For conclusion 4: findings 1.1, 1.6, 1.8, 1.9, 1.10, 1.11, 1.13, 1.14, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.8, 2.11, leading to recommendations 3, 4, 5, 7, 8

²⁴ For conclusion 5: findings 1.14, 2.4, 2.10, 2.11, 2.14, 2.15 leading to recommendation 5, 6

Conclusion 6: Fundamental issues with the overall Gavi operationalisation model and persistent drivers of complexity to operationalisation are well known and threaten the prospects for achieving results under the next strategic cycle.²⁵

These include having insufficient capacity and high-level management attention to change management and the design and implementation of the operationalisation process, as well as having limited communication on and cascading of policy and programmatic shifts within the Secretariat and with partners and countries. Furthermore, the staggering of the portfolio implementation and the uncoordinated updating of programmatic guidance limits the implementation of the Gavi 5.0 strategy across the full country portfolio.

Recommendations

Overall, the following recommendations advocate for the simplification and prioritisation of the operationalisation process, with some complementing EVOLVE's efforts²⁶. For each of the recommendations, we have suggested timelines and key responsible bodies for implementation.²⁷

Strategic Recommendations

Recommendations addressing the operational model

Recommendation 1: For the development of Gavi 6.0, ensure that it continues on the same trajectory as 5.0/5.1, with only essential course corrections considering the delays in the operationalisation and implementation of Gavi 5.0 and key considerations around the capacity of the Secretariat to further adapt.

Given the magnitude of the strategic shifts from Gavi 4.0 to 5.0/5.1 and noted delays in operationalisation, not least due to the COVID-19 pandemic, many countries are still in the process of applying for new grants, reprogramming existing grants, or undergoing a comprehensive FPP process. In many countries, grants reflecting Gavi 5.0 strategic shifts may not be implemented until the Gavi 6.0 strategic cycle. Therefore, more time is needed for the operationalisation and uptake of the strategic priorities by stakeholders.

Considering the alignment of the strategic cycle with the replenishment cycle and changes in the global health architecture, addressing the post-pandemic agenda and additional emerging public health issues such as climate change, poly-epidemics, inequities in MICs, fragility and conflict, and health sector financing constraints, it is recognised that strategic changes will likely be reflected in Gavi 6.0. The Gavi Board should, therefore, consider retaining the current strategic focus for the next strategic cycle with limited changes. Ensuring limited changes will allow sufficient time for the Gavi 5.0/5.1 strategy with its recently approved changes and objectives, which are key to the core mission of Gavi²⁸, to be fully operationalised, while the outputs of the EVOLVE and Operational Excellence processes and the recommendations provided in this report can be acted upon without the upheaval of shifting strategic priorities.

Furthermore, one should consider the trade-offs of introducing new focus areas with the accompanying policy development, (individual or integrated) funding levers, program guidance and organisational requirements. As part of a strategy operationalisation process or an overall business

²⁵ For conclusion 6: findings 1.9, 1.10, 1.11, 1.12, 2.1, 2.4, 2.8, 2.9 leading to recommendation 1, 2, 4, 7

²⁶ And potentially the Operational Excellence efforts, although the extent of those efforts was not fully known to the evaluation team as its evolution began outside of the temporal scope of this evaluation.

²⁷ **Act now:** Start immediately with the proposed recommendation; **Continue:** Aware that this may be already ongoing; continue with what has been suggested but tweak it as necessary; **Develop and introduce:** Develop a plan to address and introduce it before Gavi 6.0 operationalisation starts.

²⁸ The core mission of Gavi is to save lives and protect people's health by increasing equitable and sustainable use of vaccines addressing both addressing birth cohorts for the initial vaccinations and COVID-19 vaccinations for the elderly and vulnerable.

planning process, Gavi should investigate the opportunities and challenges that exist in the upcoming five-year period and learn from them to determine the degree of evolution needed.

Who: Gavi Board, Programme and Policy Committee (PPC)

When: **Continue**

Recommendations on the coherence of process, instruments, and outcomes

Recommendation 2: Create a senior, responsible entity within the Gavi Secretariat to guide, design and oversee the strategy operationalisation process, including the development of, and accountability for, an operationalisation plan.

A PMO guiding the strategy operationalisation process was put in place at the start of the Gavi 5.0 operationalisation. However, it was prematurely disbanded by the Executive Office, resulting in a loss of momentum and coherence in workstream activity. Although the strategy operationalisation process needs to involve a diverse set of stakeholders, it nonetheless needs to be guided and overseen by a central anchor entity tasked with developing a detailed operationalisation plan. This could be a unit, a responsible person, or a group of business owners, and either be permanent or ad-hoc. Besides having a robust operationalisation plan with milestones, this entity will need to interface with many parts of the organisation and the wider Alliance, feeding back and responding to constraints that may prove challenging to implement. Therefore, the entity's responsibilities and authority of this entity must be well-defined and communicated with a guaranteed commitment to change and a country-centric focus.

Who: Executive Office, Gavi Secretariat

When: **Develop and Introduce**

Operational Recommendations

Recommendation on capacities to support the operationalisation process

Recommendation 3: Design and implement an operationalisation process supported by adequate resources to ensure the process can be coherently cascaded throughout the organisation and translated to country-level grant designs.

Under Gavi 5.0, some managers were required to take on additional workloads (beyond their day-to-day roles) to fulfil the requirements of operationalisation workstreams. This resulted in variable capacity to dedicate to operationalisation.²⁹ There was also insufficient recognition of the need for additional resources to support Secretariat teams through change management processes. Learning from this, future operationalisation efforts must ensure that the work is resourced appropriately in terms of human resources, engagement with stakeholders, financing, and time.

Who: Gavi Secretariat, Chief Operating Officer (COO) (until a responsible operationalisation entity is in place)

When: **Develop and introduce**

Recommendation 4: Empower staff to implement the strategy as appropriate to the country context by cascading decision-making authority throughout the Secretariat.

Country-facing staff especially have the authority to react more promptly to country requests and contexts. This also includes determining the different roles and responsibilities between teams and layers within the Secretariat, including decision-making on the different strategy operationalisation aspects and portfolio management.

Who: Gavi Secretariat, Executive Office, and senior managers

When: **Act now**

²⁹ Other than the strategy and policy teams as well as M&E, strategy operationalisation is part of their normal scope of work.

Recommendation 5: Increase the involvement of Alliance partners, including country stakeholders, in the strategy operationalisation process, before and during the grant cycle, with more clarity on their roles and responsibilities while ensuring accountability.

Although Alliance partners were initially consulted on the Gavi 5.0 strategy operationalisation, some of the inputs provided were not taken forward in operationalisation, and mechanisms to enable continued involvement of and accountability to external stakeholders varied by workstream. Thus, it is recommended that external stakeholders' involvement be made more systematic (in terms of requirements and timing of involvement, and process in case of concerns or contradicting views) through participation and consultation during strategy development, operationalisation, and implementation, to facilitate discussions of strategic relevance and ensure that implementation of strategic directives is aligned with context, capabilities, and country needs.

Who: Gavi Secretariat, COO (until responsible operationalisation entity is in place)

When: **Act now**

Recommendations on the complexity of the Gavi portfolio and its instruments

Recommendation 6: Simplify and streamline funding levers and related guidance, tools, and processes.

The evaluation found that a significant cause of complexity within the business model is the proliferation of funding levers over the Gavi 4.0 and 5.0 strategic periods. This expansion was primarily driven by a desire to promote strategic priorities that were new, elevated or had earmarked financial resources to support implementation, such as EAF. However, the vast array of funding levers was found to be confusing and hard to navigate for country stakeholders, leading to a scenario where some countries are almost constantly in a cycle of applying for different types of Gavi support.

Many stakeholders were supportive of a recommendation for the Gavi Secretariat to simplify and streamline the current set of funding levers. This would help to address the identified issue of Gavi grants needing to be fully aligned with each other and be highly supportive of the Gavi and specifically the FPP objectives to plan for immunisation support to countries holistically. It would also provide an opportunity to reduce further the range of different guidance documents, tools and processes that country stakeholders are expected to navigate. Doing so would further reduce the complexity of Gavi's country-facing grant management function and improve the internal management of fewer separate grants.

Who: Gavi Secretariat, COO (until responsible operationalisation entity is in place), business process (funding levers, policy) owners

When: **Act now**

Recommendation on translating Gavi's strategic priorities into grant designs

Recommendation 7: Regularly review the FPP approach and process, to recognise and adapt to remaining complexities, country contexts and timeframes for a better alignment of country grants with Gavi strategies.

Many stakeholders agreed that the FPP is a positive development that allows countries to plan holistically. However, the length and complexity of the FPP, coupled with Gavi's multiple funding levers, creates coordination challenges at all levels. Alongside a streamlined set of funding levers, a simplified FPP, with clear mandates, responsibilities, planning and communication processes, could help to ensure the effective use of limited resources.

Who: Secretariat FPP process owners³⁰ and SCMs

When: **Continue**

³⁰ See Figure 11 for a mapping of FPP process owners: SCM/PM, HSIS Focal Points, with support from PFM, FD&R.

1 Introduction

Gavi, the Vaccine Alliance, is a public-private partnership that helps vaccinate half the world's children against some of the deadliest diseases. Since its inception in 2000, Gavi has helped to immunise over 981 million children and to prevent more than 16.2 million deaths, contributing to the halving of child mortality in 74 developing countries.³¹ Gavi also plays a crucial role in improving global health security by supporting health systems and funding global stockpiles of Ebola, cholera, meningitis, and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation and reaching unvaccinated children still being left behind, employing innovative financing and the latest technologies to save more lives, prevent outbreaks before they can spread, and help countries on the road to self-sufficiency.

1.1 Gavi strategy operationalisation model

Gavi's five-year strategies are operationalised through a model with three primary components:

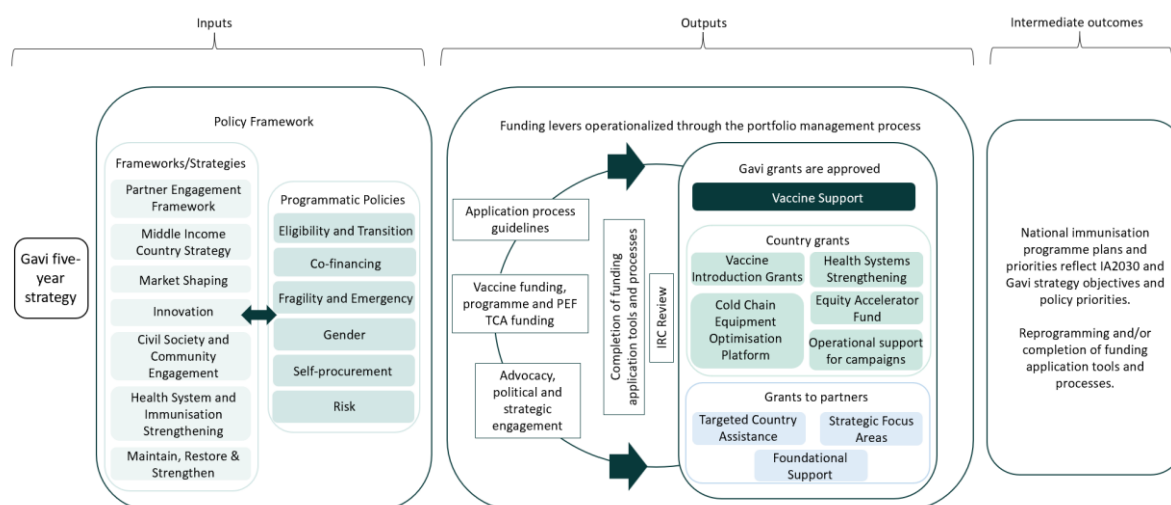
- **programmatic policies** setting out principles for Gavi-supported countries and programmes;
- **programme funding guidelines**³² instructing how Gavi support can be used to overcome specific barriers to immunisation or to create robust and sustainable immunisation systems; and
- **funding levers** operationalised through a portfolio management process, broadly divided into three classes of support: i) vaccine support, ii) country grants and iii) grants to partners at global, regional, and (principally) country levels.

For this evaluation, an expanded Theory of Change (ToC) was developed based on Gavi's overall Gavi 5.0 ToC and the original conceptual framework presented in the request for proposal (RfP) (see Annex 1, Vol II). In addition, consultations were held with Secretariat staff to describe the components and processes of the Gavi 5.0 strategy operationalisation model (see [Figure 1](#)). This starts with the Gavi strategy, the priorities of which are reflected in Gavi's policies, strategies, and frameworks. In turn, the policies, strategies, and frameworks are reflected in the design of Gavi's funding levers and related application guidelines, tools, and processes, as well as in the focus of Gavi's partner support and technical assistance (TA), the Secretariat's advocacy, and the Independent Review Committee (IRC) reviews. Through this strategy operationalisation model, the intention is that countries design and apply for grants that reflect Gavi's strategic priorities and national immunisation plans. See Annex 6, Vol II for the overarching Gavi 5.0 ToC and Annex 5, Vol. II for a detailed description of the ToC and its related assumptions for this evaluation.

³¹ About our Alliance, Gavi, accessed 3 April 2022, <https://www.gavi.org/our-alliance/about>

³² Programmatic funding guidance is used to describe all country-facing guidance issued by Gavi, in the form of programmatic funding guidance, vaccine funding guidance, application process guidance, and the budget eligibility guide.

Figure 1: Theory of Change³³



The degree of success of this operationalisation model is critical to the effective delivery of Gavi support at the country level and, therefore, the fulfilment of the objectives of the Gavi 5.0 strategy. Funding levers are intended to support Gavi 5.0 objectives by contributing to more effective, evidence-based national immunisation programmes that are embedded in supportive health systems. As agreed with Gavi and as detailed in the inception report for this evaluation, achievement of the intermediate outcomes, as shown in Figure 1 is the limit of accountability to be examined by this evaluation.

1.2 Purpose, objectives, and scope of evaluation

Gavi commissioned Euro Health Group, together with Khulisa Management Services, to undertake an **independent evaluation** of its strategy operationalisation model. The primary purpose of this evaluation is to assess the degree to which the strategic intent of each Gavi policy framework³⁴ is efficiently and effectively operationalised through its funding levers and application processes, thus enhancing Gavi's contribution to the delivery of national immunisation programme priorities.³⁵

A summative component of the evaluation assesses the effectiveness of the operationalisation of Gavi's policy framework and funding levers. This entails assessing the extent to which programmatic guidance and use of Gavi funding support countries to reflect Gavi's strategic goals and policy framework in their national programmes (see [Section 4](#) and [Section 5](#)). There is also a **formative component** focusing on lessons learned that can inform Gavi's approach to strategy operationalisation in the future, particularly in the context of the shift to Gavi 5.1/6.0, initially through the recommendations in this evaluation, then through inputs into the evidence base of the ongoing independent Mid Term Evaluation (MTE) of Gavi 5.0 (see [Section 6](#)).

³³ Note that the HSIS Policy was approved in December 2022 and active in January 2023. However, it is still listed as a framework in the ToC as it was outside this evaluation's temporal scope.

³⁴ As per RfP: 'Policy framework' in the Gavi context refers to policies, strategies, and frameworks as detailed in Annex D of the RfP; We refer to these with a generic term of 'Instruments' throughout this document.

³⁵ We rephrased the purpose to be in line with the more detailed description of the assignment in the RfP and reflected in the evaluation ToC (Figure 1).

Central to the evaluation is an assessment of the coherence³⁶ of the design and implementation of the strategy operationalisation model.³⁷ The **temporal scope** of the evaluation covers the period from 2015 to the end of 2022,³⁸ while the **geographic scope**, in principle, encompasses all 74 Gavi-eligible countries, including the 15 post-transition middle-income countries (MICs).³⁹ In response to COVID-19 demands, the Board and Secretariat agreed to delay the implementation of certain aspects of Gavi 5.0. This included the revised approach to supporting MICs and changes in Gavi's approach to innovation and market shaping. Consequently, implementation in these areas by late 2022 was insufficient to allow their evaluation. A decision to include them in the MTE's scope was agreed upon with the Secretariat.

The principal objective of the evaluation is to assess the effectiveness of Gavi's strategy operationalisation model. The results of the evaluation will:

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

1.3 Structure of the report

This report addresses the objective by exploring two high-level evaluation questions (HLEQs) and 15 more detailed evaluation questions.⁴⁰ The HLEQs are:

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

The following narrative presents evaluation findings relevant to these two HLEQs to maximise their accessibility and utility for the primary (Gavi Board and Gavi Secretariat) and secondary audiences (Alliance partners⁴¹ and countries) (see Box 1). Findings are further mapped to each of the 15 EQs and related assumptions, as presented in Annex 3, Vol. II. The report should be read in conjunction with the annexes presented in Vol. II, which provides supporting evidence and more detail on the key findings.

[Section 2](#) provides a brief overview of key aspects of our methodology (described in full in the inception report). [Section 3](#) sets out the context of the operationalisation of Gavi's strategies from Gavi 4.0 to 5.0. [Section 4](#) presents our findings on the design (responding to HLEQ1) along with implementation and results (responding to HLEQ2) of the operationalisation process (see Box 1). [Section 5](#) sets out the headline conclusions. [Section 6](#) sets out lessons that can be drawn from the evaluation findings. [Section 7](#) presents recommendations developed based on discussions with primary users at a stakeholder consultation workshop in accordance with the evaluators' independent and evidence-based judgment.

³⁶ Internal coherence refers to the extent to which Gavi's policies, levers, and processes are aligned, complementary, not contradictory, and non-duplicative; external coherence is the same but with different partners' policies and processes.

³⁷ 'Out of scope' - several topics are outside the scope as per the RfP, including Vaccine donation policy; programmatic flexibilities directly related to the delivery of the COVAX Facility and COVAX advanced market commitment (AMC); and implementation at the country level (national immunisation programmes and their antigen coverage).

³⁸ Analysis and write-up were centred on the operationalisation design, implementation, and results of Gavi 5.0, benchmarked against the operationalisation of Gavi 4.0.

³⁹ Country tracker provided by the EvLU, 29 Sept 2022; tracker mentions 74 countries.

⁴⁰ Annex 3, Vol. II

⁴¹ Alliance core partners include WHO, UNICEF, World Bank, and Bill and Melinda Gates Foundation

Box 1: Structure of the findings section

1. HLEQ1: To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose?
 - a. Operationalisation pathways
 - b. Coherence of operationalisation processes, instruments, and outcomes
 - c. Capacities to support the operationalisation processes
2. 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?
 - a. Challenges and achievements of the operationalisation process
 - i. The complexity of the Gavi portfolio and its instruments
 - ii. Full Portfolio Planning
 - iii. Progress in streamlining grant management processes
 - iv. The role of Alliance partners and the Independent Review Committee (IRC)
 - b. Translating Gavi's strategic priorities into grant designs
 - c. Addressing key shifts for the Gavi 5.0 strategy
 - i. Equity and zero-dose children
 - ii. Gender
 - iii. Civil society and community engagement
 - iv. Fragility, emergencies, and displaced populations
 - v. Domestic financing for immunisation

2 Evaluation methodology

Our evaluation is theory-based and utilisation-focused and is organised around two HLEQs covering 15 detailed EQs (see Annex 3, Vol. II). Analysis was organised around four interrelated workstreams, focused around (1) right design, (2) right ways, (3) right results, and (4) cross-cutting lessons learned, all of which were then consolidated and combined under the HLEQs in cross-workstream analysis workshops.

We have employed a multi-method approach to explore these questions, using a variety of data collection and analytical methods. A full description of the evaluation methodology can be found in the inception report, with a summary of the key features included in Annex 4, Vol. II of this report.

There were no significant departures from the terms of reference during implementation, and the evaluation was broadly implemented as proposed in the inception report. Modifications were made to the planned eight country case studies, envisioned initially as four in-country case studies and four desk studies.⁴² The final conduct of case studies included three in-country case studies (two of which were hybrid, where a core team member worked remotely with a national consultant to undertake the country case study) and five desk studies⁴³. In consultation and agreement with Gavi, we made minor modifications to the comparator study approach to emphasise the learning focus through a thematic approach. In this study, we eventually analysed how similar organisations tackled challenges to the operationalisation of similar grant management processes and policies to Gavi, including the Fragilities, Emergencies, and Displaced Populations (FED) and civil society and

⁴² Cambodia (core team member in-country), Djibouti (desk), DRC (hybrid), Ethiopia (desk), India (desk), Nigeria (hybrid), South Sudan (desk) and Yemen (desk)

⁴³ Hybrid studies were used due to issues of delays in approval by the Gavi Secretariat and countries and timing issues related to visas.

community engagement (CSCE) policies⁴⁴ Deadlines for deliverables were also adjusted, in agreement with Gavi's Evaluation and Learning Unit (EvLU).

2.1 Data collection

Our findings are drawn from a review and triangulation of the evidence from the following data sources: (1) documents provided by Gavi or obtained by the evaluation team, including global and country documents; (2) key informant interviews (KIIs) at global, regional, and country level (in all eight country case studies)^{45,46} and (3) two learning-focused reviews of other comparator organisations (the Global Fund and the Global Financing Facility (GFF)⁴⁷ experiences.

In total, we received approximately 5,750 documents sourced by the EvLU from across the Gavi Secretariat, of which 1,020 were selected for in-depth review. All documents obtained were rapidly reviewed for relevance based on their pertinence to the scope of the evaluation and evidence.⁴⁸ This included approximately 550 global-level Gavi documents and 51 publicly available Global Fund and GFF documents for the comparator studies. For each country case study, the evaluation team received between 250 and 1,600 documents (approximately 5,200 in total). On average, 50 documents were selected for review and inclusion in each country case study report based on i) the relevance of the document to the application, review, and implementation processes (i.e., application materials, pre-screenings, and IRC reports), and ii) the age (within the last five years) of the documents.

We interviewed 127 key informants (KIs),⁴⁹ using a semi-structured interview guide and guaranteeing the confidentiality of the information collected. The guide was revised as our evidence base and understanding of the issues evolved. The KIs were identified through Gavi stakeholders, evaluation team networks and snowball sampling, with some KIs revisited to fill gaps in our understanding and analysis.⁵⁰ Key informant interviews (KIIs) were conducted until we reached analytical saturation, i.e., when new themes were no longer arising from KIIs while having covered all relevant stakeholder groups.

2.2 Data analysis

We used a range of analytical methods, as follows:

- **The ToC** (Figure 1 above) as an organising analytical framework to test our assumptions, including informing the EQs and the HLEQs.
- **Process evaluation** to assess whether the processes and structures were implemented as planned, in accordance with an abbreviated ToC.⁵¹

⁴⁴ Upon further reflection on the HLEQs, comparing organisational performance in implementing strategies and achieving goals and objectives was deemed of minimal relevance. Instead, it was more relevant to integrate the comparator questions into thematic studies focusing on the operationalisation of other comparable organisations, looking particularly at grant management processes (more broadly, the funding model and experience, enablers /challenges, of other comparable organisations and on the operationalisation of key policies focusing on engaging CSOs/communities and engaging in challenging, fragile and emerging contexts) from a learning perspective and to add value in terms of contextualising Gavi experience. See Annex 17, Vol. II for more details.

⁴⁵ See Annex 12 for a full list of stakeholders interviewed. Countries were selected in consultation with Gavi, informed principally by the following primary criteria: breadth across portfolio segments, 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 Gavi 5.0 strategy, and capacity of the country to engage with the evaluation. However, the final selection came down to a decision by Gavi.

⁴⁶ See Annex 10, Vol. II for a summary of findings for each case study

⁴⁷ See Annex 16, Vol. II for the rationale for choosing the Global Fund and GFF

⁴⁸ See Annex 11, Vol. II

⁴⁹ See Annex 10, Vol. II

⁵⁰ Snowball sampling entailed the eliciting of suggested further KIs from previously identified KIs.

⁵¹ Addressing only a part of the overall Gavi ToC, which dealt with the operationalisation of the Gavi instruments.

- **Timeline analyses** to understand the evolution of the Gavi instruments.
- **Thematic coding and analysis** of interview notes and documents. The workstream leads, assisted by research assistants, identified the findings from coded data, triangulated evidence from different sources and presented these at three internal team analysis workshops⁵², which enabled further triangulation of the findings across the workstreams and the eight country case studies.
- **Additional thematic analysis** was undertaken in **the comparator study with the Global Fund and the GFF** on strategy operationalisation, FED (formerly known as Fragility, Emergencies and Refugees Policy (FER)) and CSCE policies.

The findings are presented using a transparent, four-point strength of evidence rating (see Table 1), reflecting the level of triangulation in the available evidence. This was applied by the evaluation team, validated by the team leader, and shown in the headline findings in [Section 4](#).

Table 1: Robustness rating for main findings

Rating	Assessment of the findings by the 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 different sources, e.g., document review and KIIs or multiple KIIs of different stakeholder categories), which are generally of good quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
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 or KIIs from one stakeholder category) of decent quality but that are perhaps more perception-based than factual.
Limited (3)	• Evidence comprises few data sources across limited stakeholder groups (limited triangulation) and is perception-based, or generally based on data sources 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.

Findings, conclusions, and recommendations have been validated through a range of interactions with Gavi Secretariat staff, the Steering Committee and Evaluation Advisory Committee members through multiple rounds of feedback on iterations of the report. In addition, a stakeholder workshop was held to consult on the validity and utility of proposed recommendations, and selected individuals were consulted bilaterally to clarify understanding and address factual inaccuracies as required; this feedback has been incorporated into this report.

2.3 Limitations, challenges, and mitigation measures

The most important limitations (see Annex 4 for a complete list) encountered during the evaluation process are highlighted here. These were mostly anticipated in our inception report, and, in all cases, mitigating actions were implemented to ensure that limitations did not undermine the credibility and validity of the overall exercise.

- **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 vast array of available instruments, which included operationalisation during a pandemic that saw introduction of new strategies, COVID-19 Vaccines Global Access (COVAX) advanced market commitment (AMC), and the Covid-19 delivery support (CDS) funding levers associated with the COVID-19 response. 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 correct set of events by clearly

⁵² Team analysis workshops were held in January 2023 and two in March 2023.

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.

- **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.

Two critical challenges encountered during the evaluation process are highlighted below.

- **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 knowledge 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 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 ongoing internal process review (EVOLVE)⁵³ 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.

2.4 Independence, inclusion, and ethics

A range of organisational structures and approaches were put in place to ensure independence and inclusion throughout the evaluation. These included fortnightly oversight meetings with the EvLU to keep them abreast of progress and challenges and regular interaction with the Steering Committee⁵⁴ (who have received copies of all evaluation outputs), and an inception meeting with the EAC. These interactions allowed for testing initial insights, findings and conclusions while maintaining independent evaluative judgment. Furthermore, we have maintained professional, ethical, and

⁵³ EVOLVE is a long-term transformation project focusing on defining and designing an innovative grant management future for Gavi informed by mapping processes and frameworks and meeting with key stakeholders. The project includes developing 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.

⁵⁴ The Steering Committee plays a key role in providing quality support and expert advice to the evaluation manager and the commissioning unit with a view to ensuring that evaluations are utility focused.

quality standards on objectivity, confidentiality, open communications, integrity, thoroughness, propriety, feasibility, and accuracy, the latter through independent external quality assurance.

2.5 Learning and dissemination

In line with what was set out in our inception report, we applied the principle of utilisation-focused evaluation.⁵⁵ We have engaged with intended primary users (Gavi Board, Gavi Secretariat) at appropriate stages in our process (further detailed in Annex 7).⁵⁶ In addition, findings from case studies were summarised and formatted into three-page briefs for Gavi senior country managers (SCMs) to share with KIs interviewed at the country level as appropriate (see Annex 12, Vol. II).

3 Context: Operationalising Gavi's strategy from 2015-2022

The following section sets out the context of the operationalisation of the Gavi 4.0 (2016-2020) and Gavi 5.0 (2021-2025) strategies.

3.1 Gavi 4.0 and its operationalisation

In the decades since Gavi was launched in 2000 to the beginning of Gavi 4.0 in 2016, Gavi primarily assisted countries with new vaccine introductions and limited immunisation and health systems support. Under Gavi 3.0 (2011-2015), country programme teams served the role of process managers, with a limited number of SCMs responsible for multiple countries (approximately ten countries per SCM).

In 2014, the Board agreed on the new Gavi 4.0 strategy (2016-2020), reflecting a new landscape that foresaw a greater emphasis on co-financing to ensure the sustainability of the immunisation results and a strong focus on consolidation and integration to increase coverage and equity of all life-saving vaccines.⁵⁷

As described in Figure 2, strategic shifts under Gavi 4.0 included: i) accelerate equitable uptake and coverage of vaccines, ii) increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems, iii) improve the sustainability of national immunisation programmes, and iv) shape markets for vaccines and other immunisation products. This was accomplished through increased engagement of the Secretariat staff at the country level, the movement from vaccine introduction to a coverage and equity focus and broader coverage objectives and focus on creating healthier markets.⁵⁸

Figure 2: Gavi 4.0 goals and objectives⁵⁹

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

⁵⁵ Patton, 2013. Available at: https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

⁵⁶ In addition to engaging primary stakeholders as described under “Independence, inclusion and ethics”, a stakeholder collaboration workshop is planned for mid-May to maximise the prospects that conclusions and recommendations are relevant and can be feasibly implemented.

⁵⁷ Report to the GAVI Alliance Board, 18-19 June 2014

⁵⁸ Multiple Secretariat KIs integrally involved with the operationalisation process.

⁵⁹ Report to the GAVI Alliance Board, 18-19 June 2014

3.1.1 Gavi 4.0 operationalisation process

The strategic shifts mentioned above were to be operationalised through a process involving discussions with the Gavi Secretariat executive officers and directors and with the engagement of the country programmes team, focusing on how to reach coverage goals and allocate resources and efforts towards the countries. External input from partners was also sought through the establishment of Global Alliance Technical Teams for Delivery, Sustainability, and Vaccine Introduction & Uptake, a management structure developed under Gavi 4.0 with the aim of better supporting countries and addressing bottlenecks through improved coordination of Alliance partners and leveraging of comparative strengths.⁶⁰

There were also strategic implementation workstreams envisioned, consisting of reviews of the graduation and eligibility policy, the health systems strengthening (HSS) policy, including the allocation formula, and private sector engagement.⁶¹ The primary anticipated outcomes were 1) vaccine introductions and 2) reaching coverage and equity targets. These outcomes were pursued through new grant applications and efforts to encourage the reprogramming of HSS grants established under the previous strategic period to target Gavi 4.0 equity and coverage-related goals.⁶²

3.1.2 Gavi 4.0 operationalisation challenges

According to KIs (from both strategy and country-facing teams), the Gavi 4.0 operationalisation process was weak. It was hampered by a lack of clear articulation of the process, central coordination, and comprehensively structured work plans to help guide operationalisation. Key informants reported that despite good intentions, aspects of the strategy were still to be fully operationalised by the third year of the Gavi 4.0 strategic period. Key operationalisation challenges and lessons learned were identified during this period⁶³, and these eventually informed the development of Gavi 5.0 and its operationalisation processes. They included: an unclear definition of equity, limited/ traditional focus on demand, gender, and CSCE, stagnated coverage in many fragile/conflict countries, focus on hardware rather than improving vaccine management, stalling of HSS implementation due to fiduciary risks, lack of standard metrics to monitor progress, and complex internal processes resulting in prolonged grant management timelines.⁶⁴

Key informants attributed these challenges to the lack of a structured process with proactive work planning, limited cascading of expectations to Secretariat staff and countries, and constraints to bandwidth and involvement of the relatively small country programme teams that had previously been more geared towards process management. These challenges were seen as stemming from the overall weakness or absence of, according to some KIs, a structured approach with strong coordination and oversight.

3.2 Gavi 5.0 and its operationalisation

Gavi's current five-year strategy, Gavi 5.0 (2021-2025), approved in June 2019, builds on the successes and lessons learned from the previous strategic periods and includes several key shifts to deliver on its mission. These shifts include i) a core focus on reaching zero-dose children and missed communities, with equity as the organising principle, ii) more differentiated, tailored, and targeted approaches for Gavi-eligible countries, iii) an increased focus on programmatic sustainability, and iv) providing limited and catalytic support for select former and never Gavi-eligible countries. The main goals and objectives of the strategy are detailed in Figure 3.

⁶⁰ ToR, Global Alliance Technical Team – Vaccine Introduction and Uptake, 30 June 2016

⁶¹ Gavi Alliance Strategy 2016-2020, Gavi, 18-19 June 2014

⁶² Reprogramming Table, Gavi, July 2018

⁶³ Lessons learned and challenges, Gavi, n.d.

⁶⁴ Ibid

Figure 3: Gavi 5.0 goals and objectives⁶⁵



Emerging evidence has shown that the COVID-19 pandemic significantly impacted immunisation.⁶⁶ Resources were stretched as expanded programme on immunisation (EPI) teams balanced delivery of routine immunisations (RI) and the emergency COVID-19 response along with vaccine delivery, leading to backsliding of RI coverage in 2020 and 2021 and impeding the progress of the Gavi 5.0 strategic goals.⁶⁷ Over 25 million children missed one dose of the Diphtheria, Tetanus Toxoid and Pertussis (DTP) vaccine in 2021 alone, with the third dose of DTP declining in coverage by five percentage points (86 to 81%) from 2019 to 2021.^{68,69}

Considering the ongoing COVID-19 pandemic and its impacts on the global health and immunisation landscape, Gavi initially recalibrated its 5.0 priorities towards the first year of the pandemic (Dec 2020). These included: the approval of up to 20 million USD of targeted support (excluding vaccine financing) to former Gavi-eligible countries to address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support in that country. Gavi then further revised the overall 5.0 strategy to consider learnings from the pandemic and the organisation's continued role in COVID-19 vaccination. This shift materialised in Gavi 5.1, approved during the December 2022 Board meeting.⁷⁰ Gavi 5.1 reflects the natural evolution of Gavi 5.0, keeping zero-dose and equity at its core while integrating critical learnings from the pandemic, such as incorporating language surrounding the diversified supply of healthy markets, global health security, health system resilience, along with the introduction of the malaria vaccine and re-launch of the HPV vaccine.⁷¹ This evaluation does not cover Gavi 5.1, given the temporal scope defined by the evaluation terms of reference and as approved in our inception report.

3.2.1 Gavi 5.0 operationalisation process

The Gavi 5.0 strategy operationalisation process was designed to address challenges under Gavi 4.0. The operationalisation process started in parallel to the publication of the Gavi Strategy 5.0 "one-pager" in June 2019 with the intent to last until the beginning of 2021. In contrast to Gavi 4.0 strategy operationalisation, a structured process was established with strong endorsement from and under the leadership of the Deputy Chief Executive Officer (DCEO), consisting of a project management office (PMO) responsible for the coordination of the operationalisation through six

⁶⁵ Gavi 5.0 Strategy (2021-2025) one-pager, Gavi, June 2019

⁶⁶ WHO Immunisation portal, July 2022, <https://immunizationdata.who.int/listing.html?topic=coverage&location=>

⁶⁷ 034-2023-GAVI-RFP Enhancing Management of EPI programmes through strategic use of data, March 2023, Gavi

⁶⁸ COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades, 15 July 2022, WHO

⁶⁹ WHO Immunisation portal, July 2022, <https://immunizationdata.who.int/listing.html?topic=coverage&location=>

⁷⁰ This includes the relaunching of HPV, delivery of COVID-19 vaccines, and rephasing of VIS and new vaccine introduction. In addition, an expanding HSS role for PPR, financing for a COVAX programme and potentially new vaccines, retaining/enhancing COVAX capabilities, exploring a life-course vaccination program, and strengthening regional manufacturing are potential new priorities.

⁷¹ 06-Annex A-Gavi 5.1 strategy one-pager, December 2022, Gavi

different workstreams⁷² with secretariate and Alliance representation, and scopes of work (see [Section 4.1.1](#), [Finding 1.1](#)). In addition, a series of ToCs and corresponding measurement frameworks were developed to address challenges identified during 4.0 in selecting indicators that adequately measured the success of Gavi's investments. Cross-workstream meetings were arranged to facilitate collaboration and timely deliverables. In addition, external consultations with countries were sought through three different meetings in 2019 and 2020, including a Gavi 5.0 operationalisation retreat with 120 representatives from countries and partners in February 2020. Engagements also took place through the different workstreams. However, as detailed in [Finding 1.5](#), the extent of external consultations and prioritisation of themes identified during partners' meetings varied by workstream.

As noted in Gavi's operationalisation strategy, the aim of this process was to achieve a more efficient and comprehensive operationalisation process compared to Gavi 4.0 and to address the lessons and challenges described in [Section 3.1.2](#), operationalising key strategic shifts by:⁷³

- targeting HSS, targeted country assistance (TCA), and other support to reach under-immunised communities, including mainstreaming gender-sensitive approaches and integrating civil society organisations;
- establishing flexibilities through FER/FED and MICs;
- differentiation of support to meet tailored country needs;
- streamlining of grant-making processes through Full Portfolio Planning (FPP) and multi-year approvals for vaccine support and TCA;
- expanding the partnership engagement model that includes organisations, other than the traditional partners, working at local levels; and
- measuring Gavi 5.0 achievements through an appropriate accountability framework.

The effectiveness of the design and implementation of the Gavi 5.0 operationalisation process (HLEQ1 and HLEQ2) are addressed in the findings in [Sections 4.1](#) and [4.2](#), respectively.

4 Findings

4.1 HLEQ1: To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose?

This section presents the key findings gathered under HLEQ1, describing the strategy operationalisation process concerning policies, programmatic approaches, funding levers, and programmatic guidance (collectively referred to as the instruments) under the overall Gavi 5.0 strategy. We consider the operationalisation pathways and present findings on the clarity and utility of the instruments and their coherence and alignment with Gavi 5.0. In addition, we consider Gavi's principles, resource availability and use, as well as the enabling environment for strategy operationalisation. The section also examines the intent behind these instruments, their development or updating, the problem(s) they were solving, and the timeframe in which they became active.

High-level summary of findings

In contrast to a much more limited operationalisation process for Gavi 4.0, a comprehensive and coherent process was put in place before the start of Gavi 5.0. It is fair to assume that without the COVID-19 pandemic interruption, most instruments would have made good progress in being reviewed, updated, and developed in time for the start of the new strategic period. Several

⁷² 1. Measurement and accountability 2. Core funding policies 3. Programmatic approaches 4. Portfolio management (including organisational review) 5. Partnership Engagement Model 6. Innovation

⁷³ 05-Gavi 5.0: Operationalising the Alliance's 2021-2025 strategy, 8-9 May 2019, Gavi

instruments, albeit delayed for some, have come online at different times since 2021 and have since guided new country grant and reprogramming application processes.

However, this evaluation found that there were, and still are, impediments that, even without the interruption of the pandemic, would question whether the proposed operationalisation model was fit for purpose. The process requires a significant number of instruments to be updated, reviewed, and developed, without having sufficient capacity to do so, either internally or across the Alliance. This sheer level of effort takes resources (finances, people, and time) away from administering grants in a timely and efficient manner. Furthermore, some elements of the design faced challenges, including variations in the scope of the different workstreams leading to differences in the adequacy of resources, differential attention given to the strategic goals (SGs), and the extent to which external stakeholder priorities were reflected in the operationalisation process. Furthermore, the discontinuation of an overall oversight mechanism to plan and coordinate the workstream task teams, facilitate timely decision-making processes, and provide a high-level buffer for additional board requests, making the process less coherent, effective, and efficient.

The key findings are summarised in [Table 2](#).

Table 2: Key findings under HLEQ1

HLEQ1: To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose?	Strength of evidence rating
Operationalisation model	
Finding 1.1: A conceptually well-structured and coherent process was put in place for translating strategic priorities into full operationalisation from the start of the Gavi 5.0 implementation period.	Strong
Finding 1.2: Through detailed ToCs, Gavi dedicated considerable effort to comprehensively conceptualize the causal pathways required to bring about change in programme/ policy intent at the country level. However, the timing and coordination of the ToC development did not lend itself to informing and guiding the design or prioritisation of Gavi's strategy operationalisation.	Moderate
Finding 1.3: Resources and managerial set up dedicated to carrying out the work varied by workstream – some workstreams (policy, monitoring & evaluation) had natural 'homes' where the workload was anticipated as part of a normal scope of work, some had access to external consultancy support (portfolio management and organisational review) and others were reliant on people taking on additional work.	Strong
Finding 1.4: The scope and scale of work varied by workstream, i.e., the programmatic approaches workstream had a particularly vast and relatively ambiguous scope without additional resourcing.	Strong
Finding 1.5: Mechanisms were put in place to enable consultation with, and involvement of, external stakeholders in strategy operationalisation, with variation across workstreams.	Moderate
Finding 1.6: There was an effort to consult with partners however, while some priorities important to external stakeholders have been operationalised, others have not been as well-addressed.	Moderate
Finding 1.7: Greater attention was given to the operationalisation of Strategic Goal (SG) 2, particularly the zero-dose agenda, than to SGs 1, 3, and 4; initially through the workstream design and later through the recalibration of Gavi 5.0 during the COVID-19 pandemic.	Moderate
Finding 1.8: Due to the COVID-19 pandemic, some key processes of strategy operationalisation were purposely slowed down, altered, or had dedicated personnel	Strong

– including the PMO's management role - redirected, while other processes progressed.	
Finding 1.9: Underlying capacity and operational challenges delayed the implementation of the operationalisation process and are still in the process of being resolved.	Strong
Coherence of operationalisation processes, instruments, and outcomes	
Finding 1.10: The design intent under the portfolio management workstream was to simplify and streamline portfolio management processes. However, despite the FPP process, there continue to be separate grant application processes and proliferation of funding levers with varying management arrangements. These factors have threatened the establishment of a coherent operationalisation model.	Strong
Finding 1.11: Coherence and timeliness in strategy operationalisation are also affected by misalignment between country applications and Gavi strategy timelines as well as the time needed for an internal cascading from a high-level strategy one-pager to operational changes.	Strong
Finding 1.12: Although there have been discussions of primary health care integration with global partners, the agenda remains a secondary priority at both the global and country levels.	Moderate
Capacities to support the operationalisation processes	
Finding 1.13: Stakeholders have doubts about the Secretariat's capacity to efficiently translate the strategy operationalisation design into implementation, especially considering the continued expansion of the portfolio.	Moderate
Finding 1.14: Gavi has made a considerable effort in change management, targeted at strengthening internal structures and processes, including systematic communication on Gavi's operational model.	Moderate

4.1.1 Operationalisation model

This sub-section presents findings about the different approaches, processes, structures, and timelines to operationalise Gavi instruments (i.e., policies, frameworks, levers, and guidance) in preparation for the start of Gavi 5.0, covering June 2019 to the beginning of 2021.

Strong Finding 1.1: A conceptually well-structured and coherent process was put in place for translating strategic priorities into full operationalisation from the start of the Gavi 5.0 implementation period.

From the beginning, the Gavi 5.0 strategy operationalisation process was designed to mitigate challenges and delays encountered under the Gavi 4.0 operationalisation process (refer to [Section 3](#)), which was reportedly still not fully operationalised three years into the 4.0 strategy.⁷⁴ The process - to adapt the organisational structure of Gavi and its instruments to deliver on the new strategy - began almost two years before the commencement of the new strategy with the goal to have all instruments ready from the beginning of the Gavi 5.0 (January 2021).

Gavi's Strategy 5.0 'one pager' was published in June 2019⁷⁵, and a structured process for strategy operationalisation began alongside the development of this Strategy to put the one pager into practice. This process included establishing different workstreams (see Box 2) and a central PMO anchored in the Strategy Team with close access to the leadership (DCEO). The PMO was to manage operationalisation and to ensure that each workstream would deliver according to the expected timeline and coordinate with other workstreams to avoid duplication.

⁷⁴ Secretariat KILs close to the 4.0 operationalisation process

⁷⁵ Strategy 2021-2025 one-pager, June 2019, Gavi

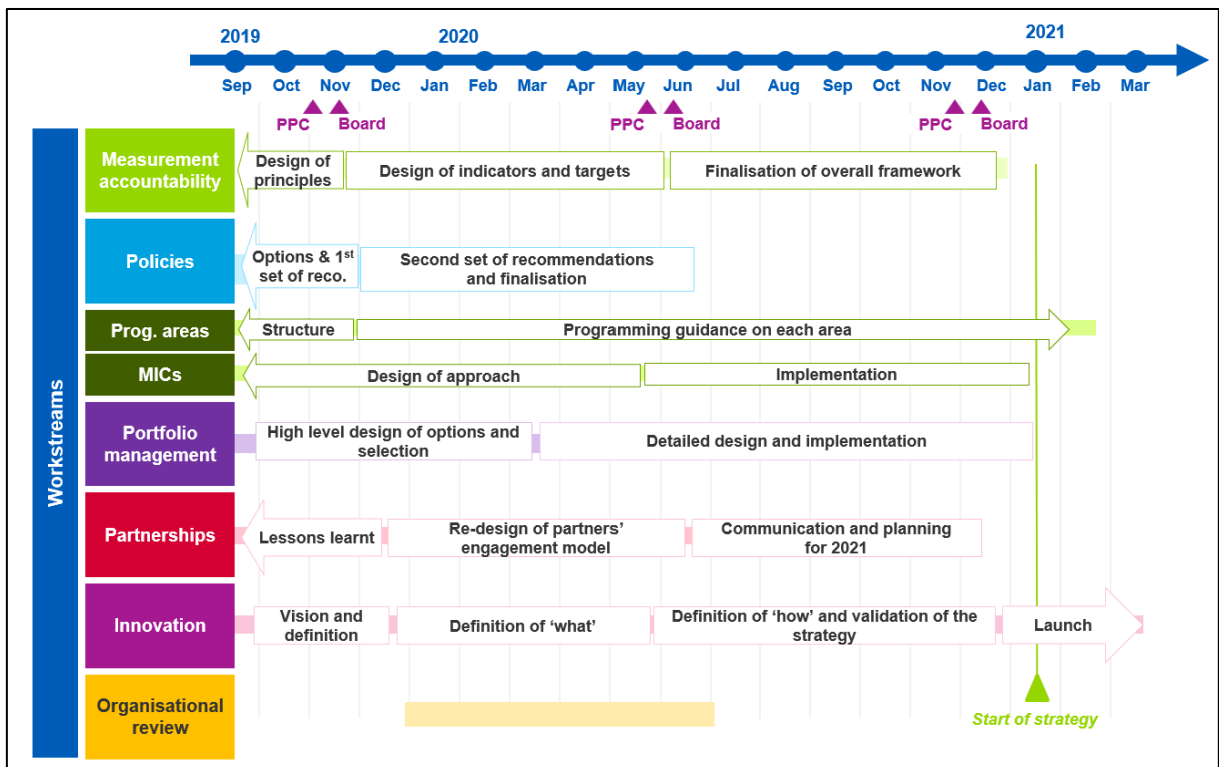
Box 2: Gavi 5.0 strategy operationalisation workstreams

1. Measurement and accountability – ToC and measurement framework
2. Policies – core funding policies
3. Programmatic approaches — up to 15 programmatic priorities were part of this, including the five former strategic focus areas (SFAs)
4. Portfolio management – including sub-sections of grant management processes and tools as well as the organisational review
5. Partners – Partnership Engagement Model
6. Innovation

An operationalisation workshop in May 2019 refined the scope of each workstream, identified problem statements, clarified internal and external governance for each workstream, and considered resourcing implications in addition to overall sequencing/critical paths for deliverables.⁷⁶ Each workstream team was tasked with gathering evidence to elaborate problem statements.

The design process included regular touchpoints with the Gavi Chief Executive Officer (CEO) and the Deputy Chief Executive Officer to ensure strong management involvement.⁷⁷ The main tool for transparency on the status and progress of operationalisation was an electronic tracker. Workstream leads were responsible for ensuring biweekly updates in the tracker, and the output was sent as a pre-read to the executive office (EO) during EO catch-ups. The October 2019 update to the EO laid out the plan for workstream activity sequencing, as shown in Figure 4 below.

Figure 4: Proposed operationalisation timeline⁷⁸



Note: the organisation review was folded into the portfolio management workstream; purple triangles represent timing of Program Policy Committee (PPC) and Board meetings.

⁷⁶ Gavi 5.0: Operationalising the strategy meeting with Anuradha slides, May 2019, Gavi

⁷⁷ ibid

⁷⁸ Internal Strat-Ops meeting slides. "Directors' meeting: Interlinkages and dependencies between the 5.0 workstreams" 15 October 2019

Documentary evidence and KIIs provide a consistent indication of a carefully designed plan for the operationalisation of Gavi 5.0 with essential components and assigned responsibilities under each workstream.

It is notable that Gavi and Global Fund employed broadly the same approach for strategy operationalisation design grounded in separate workstreams to design delivery mechanisms for the strategy. Like Gavi, the Global Fund's Strategy Delivery Initiative entailed a comprehensive change management approach. However, it appears to have been supported by more dedicated human resources (see Box 3 and Annex 16, Vol. II) and workstreams guided by theories of change and focused on key changes/problem statements as described in Figure 8 rather than around processes and policies (Gavi) as described in Figure 4.

Box 3: Key features of the Global Fund Strategy Delivery Initiative

The Global Fund Board requested the Global Fund Secretariat to develop an approach for strategy implementation with a focus on delivering key changes outlined in the 2023 to 2028 strategy using existing levers and identifying where new solutions would be required. The effort was coordinated by five full-time team members, two of whom were brought into the Global Fund specifically to work on this process. Cross-functional working groups were created for each of the 10 'key changes' prioritised under the new strategy, e.g., intensified action to address inequities, human rights, and gender-related barriers. Each key change area was underpinned by a ToC, with corresponding inputs/levers, lever details, activities, and interventions, three-year and six-year visions of success, and long-term outcomes.⁷⁹ Working groups assessed the potential operational implications of each key change area, including the impact on policies, people, systems, processes, and operating expenses. (NB: Further elaboration is provided below)

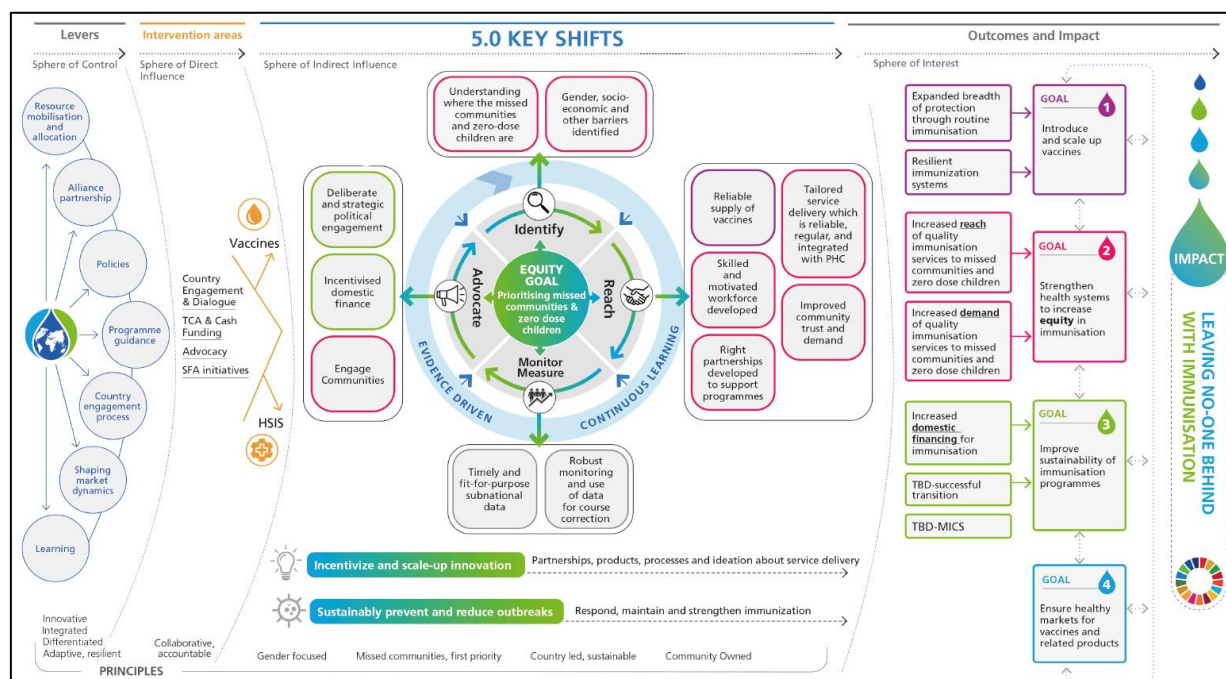
Moderate **Finding 1.2: Through detailed ToCs, Gavi dedicated considerable effort to comprehensively conceptualize the causal pathways required to bring about change in programme/policy intent at the country level. However, the timing and coordination of the ToC development did not lend itself to informing and guiding the design or prioritisation of Gavi's strategy operationalisation.** The measurement and accountability workstream operationalisation objectives were to address the need for a common understanding around the Gavi 5.0 results chain and for better articulation between global goals and objectives and country-level investments.

In addition, the measurement and accountability workstream focused on quality performance indicators aligned with the Gavi 5.0 strategy, including strategy-level indicators, an Alliance accountability framework, and operational-level indicators. Learning from key challenges under Gavi 4.0 in selecting indicators well-connected to Gavi investments,⁸⁰ Gavi 5.0 prioritised the development of ToCs to conceptualise key programmatic shifts required to achieve the strategy (see Annex 6, Vol. II). This exercise also included thinking through the tools (principles, inputs and levers, direct and indirect influencing) at Gavi's disposal to bring about those shifts (see Figure 5).

⁷⁹ Update on Strategy Implementation Preparations 47th Board meeting, GB/B47/09/B, 10-11 May 2022, The Global Fund Geneva/Virtual

⁸⁰ Challenges in Gavi's approach to MEL under Gavi 4.0 (2016-2020) included, for example, lack of clear causal pathways between strategic objectives and intermediate outputs, interventions, and inputs, resulting in selection of indicator(s) that were not well-connected to Gavi investments. Source: Gavi Learning System Dec 2020

Figure 5: Gavi 5.0 theory of change key shifts⁸¹



Due to the overlapping timing of the ToC development and strategy operationalisation processes, the detailed ToCs were not available to inform and guide the design or prioritisation of Gavi's strategy operationalisation.⁸² This is distinct from the timing and utility of ToCs as part of the Global Fund's operationalisation process. Key informants close to the operationalisation process explained that consideration was given to sequencing the ToC development before operationalisation; however, in the interest of expediency – it was recognised that many other structural, staff and systems shifts could be worked on in parallel with developing the ToCs. While this was an understandably pragmatic approach, it meant that the choice of workstreams and their sequencing/ prioritisation/ resourcing could not be guided by an overarching, agreed framework that an earlier ToC process might have provided. It was also not evident that the ToC team and the operationalisation workstreams were working iteratively so that the work of the workstream leads could inform the development of the ToCs and vice versa; this may have limited the utility of the ToC work.

Strong Finding 1.3: Resources and managerial set-up dedicated to carry out the work varied by workstream – some workstreams (policy, monitoring & evaluation) had natural 'homes' where the workload was anticipated as part of a normal scope of work, some had access to external consultancy support (portfolio management and organisational review), and others were reliant on people taking on additional work. The policy and the monitoring, evaluation, and learning (MEL) teams had dedicated resources for their operationalisation workload, as review and revisions to MEL policies and frameworks were included in their pre-existing scopes of work.⁸³ However, this was not the case for other workstreams. For example, the innovation workstream was a relatively new area that cut across Secretariat teams, and consequently, its leadership was taken on by the Strategy, Funding, and Performance team. According to internal documents, only one of the workstreams was able to access external consultancy support – the portfolio management, and organisational review

⁸¹ Source: ToC support to Gavi: from strategy to country-level (slide deck)

⁸² This can be contrasted with the Global Fund strategy operationalisation processes, which commenced with the development of ToCs.

⁸³ Although the MEL team's normal scope of work includes revisions to MEL policies and frameworks, it has been noted that MEL's former functions with regards to programmatic monitoring support were changed; MEL staff were devolved into teams, and this has reportedly left a resource gap. (Secretariat KII)

led by the EO.⁸⁴ All other workstreams were led by and reliant on inputs and consultations from the Secretariat and Alliance partners. Several KIs noted that it was challenging to secure people's time to engage in strategy operationalisation, as it was in addition to their regular workload. This is consistent with the experience from other transformation initiatives (Secretariat KI close to the EVOLVE process).

Strong Finding 1.4: The scope and scale of work varied by workstream, i.e., the programmatic approaches workstream had a particularly vast and relatively ambiguous scope without additional resourcing. The programmatic approaches workstream cut across many teams with a vast and ambiguous scope, ultimately resulting in unfinished business. As of June 2019,⁸⁵ the scope included 15 areas, for example, leadership and workforce, public financial management, supply chain, data, vaccine-preventable diseases surveillance, demand/ gender/ civil society organisations (CSOs), service delivery and quality, political will, sustainability, conflict and emergencies, integration, and primary health care (PHC), collaboration, and urban settings.

Figure 6 below shows the complexity of having several areas under a single workstream. The programmatic approach workstream also suffered from a lack of clarity around leadership and different levels of effort and involvement of Secretariat staff in the various areas as well as the level of resourcing to support the work. Early on, there was an attempt to prioritise attention to the different areas (low, medium, and high effort) by clustering them based on importance to the Gavi 5.0 vision and the degree of change needed (incremental vs transformative) and with consequences for the output for each area (only guidance versus fully fleshed out investment). However, this intended prioritisation never fully materialised. As resources (especially human) were diverted towards working on responding to the pandemic and COVID-19 Vaccines Global Access (COVAX), work on operationalising the programmatic approach workstream was paused until late 2021/early 2022, then re-commenced through the process of updating the Gavi funding guidelines and the evolution of the SFAs.⁸⁶

Eventually, progress has been made in providing integrated guidance on priority areas for investment (see [Finding 2.4](#)). However, several Secretariat KIs close to country programming report that there are still too many programmatic priorities and initiatives; SCMs and country stakeholders are overwhelmed by numerous competing priorities to consider in the grant application process. This competition among priorities can, to some extent, be linked to the unfinished agenda of operationalising the programmatic approaches workstream.

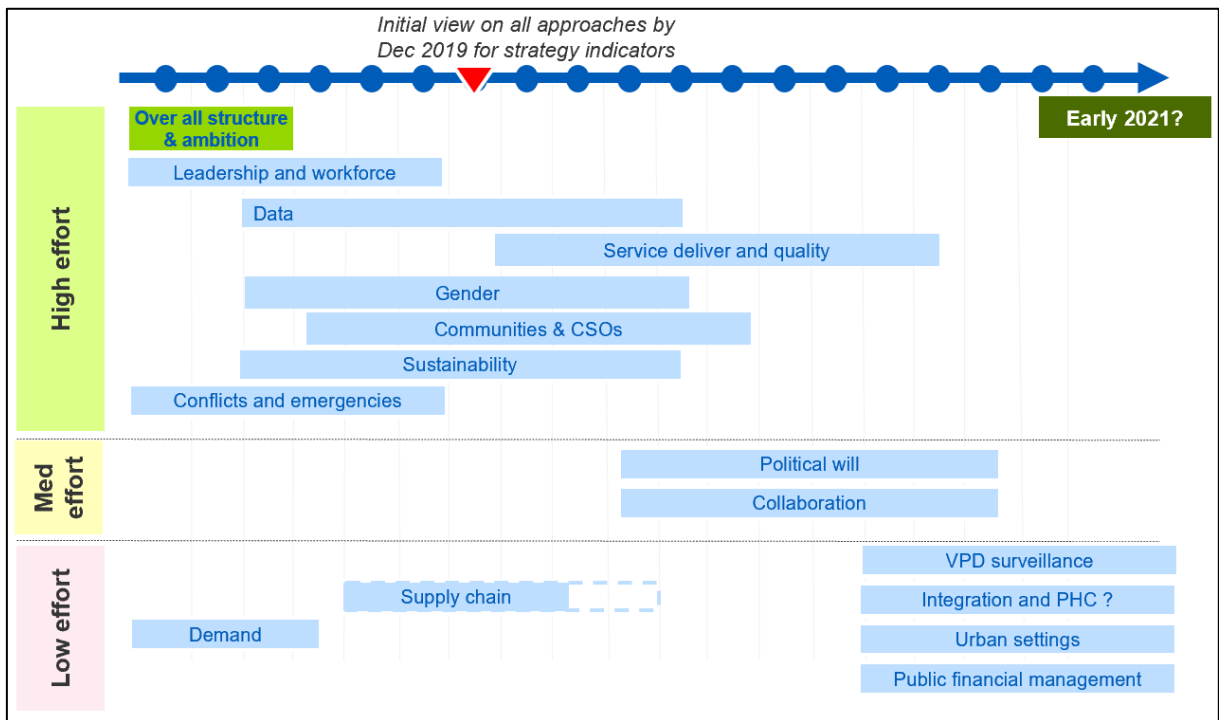
The task of targeting programmatic priorities per country was not completed because the workstream was both too broad and under-resourced and, furthermore, paused during the pandemic. Instead of differentially prioritising per country based on causal pathways between Gavi's strategic priorities and the outputs, interventions, and inputs required at country level to deliver said priorities, the priorities were operationalised in a broad approach across all countries. For example, rather than expecting all Gavi-supported countries and teams to focus on gender, there may have alternatively been a smaller subset of countries where gender was identified as paramount to equitable coverage. This would target the strategic efforts of Secretariat country teams (CTs), allowing the most relevant priorities in each country to take precedence in Gavi support and Alliance partner discussions.

⁸⁴ Even though these workstreams had external support, Secretariat KIs suggest that this external support was insufficient

⁸⁵ Strat-Ops internal meeting slides "Gavi 5.0 Operationalisation: Update to the EO" 19 June 2019

⁸⁶ A KI close to the Strat-Ops process

Figure 6: Tentative workplan for programmatic areas⁸⁷



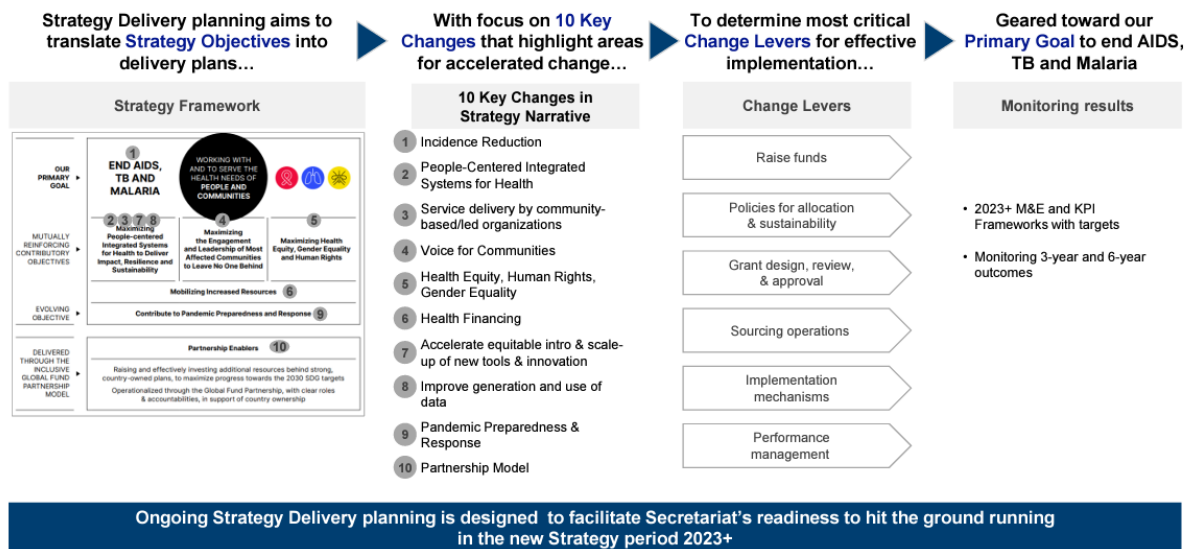
Note: timeline starts in June 2019 and ends in early 2021

As already noted, the Global Fund's strategy operationalisation used a Theory of Change logic to focus on ten key areas (overall) needing accelerated change. This included focused analysis on the operationalisation of the key areas/changes through Global Fund functional levers, such as allocation policies, grant design, review and approval, implementation mechanisms, and performance management. By focusing on fewer programmatic priorities and clearly identifying critical changes needed based on a well-defined vision of success for operationalising those changes (see Figure 7 and Figure 8), the Global Fund appears to have realised an advantage in work planning and resource allocation.

⁸⁷ Strat-Ops internal meeting slides "Gavi 5.0 Operationalisation: Update to the EO" 19 June 2019.

Figure 7: Illustration of Global Fund's "Strategy Delivery" process⁸⁸

The "Strategy Delivery" process uses the Theory of Change logic in planning to implement the Strategy



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Figure 8: Example of Global Fund's approach to strategy operationalisation of one programmatic area⁸⁹

Work in Progress Summary for Service Delivery by CBO/CLOs			
Problem statement	Global Fund needs to expand and strengthen community-led/led organizations (CLO/CBOs) and service delivery in scale up of impactful HIV, TB, and malaria responses. How can our processes and policies be evolved to support and expand community-based/led organizations service delivery to enable responsive and sustainable HTM responses and systems for health?		
Scope	<ul style="list-style-type: none"> • What practices and approaches need to be reflected across our policies and processes to ensure that CLO/CBOs are adequately resourced to design, manage, and implement high quality effective interventions? • What criteria and definition(s) need to be used to establish clear community-based/led implementer types across the portfolio? • What are the opportunities and challenges within the current grant design, operational policies and guidelines that facilitate or impede community-based/led programming? • What are the risk profiles for CLO/CBOs and how can they be mitigated? • What entry points and opportunities should we prioritize? 	3-year vision of success	<ul style="list-style-type: none"> • Increased impact on disease outcomes based on contributions by CLO/CBOs • % increase in #/\$ of funding to local CLO/CBOs by GF • Increased no. of countries with effective CLM platforms leading to higher impact on HTM • Increased number of grants that include CSS investments for CLO/CBO organizations • Key secretariat functions have strengthened capabilities in CLO/CBO responses • No. of countries integrating costed CLO/CBO responses into national strategies
Preliminary work areas		Preliminary examples of major change levers	
1. Scale up impactful, highest quality CLO/CBO delivered responses to HIV, TB & malaria	<ul style="list-style-type: none"> • Policies for allocation & sustainability: <ul style="list-style-type: none"> • Develop catalytic investments that support and incentivize CBO/CLO CSS & service delivery • Expand, embed and communicate innovative financing and contracting mechanisms as permissible approaches within grants • Grant design, review and approval: <ul style="list-style-type: none"> • Develop, communicate & support consistent application of operational definitions for CLO/CBOs • Leverage GF technical guidance, tools, and processes to positively influence CLO/CBO engagement to drive coverage, effectiveness & impact, including guidance on role of CLO/CBO-led interventions in optimal program design for disease responses • Explicitly encourage & monitor selection of CLO/CBO implementers & prioritize investment in high-quality CSS/CLO/CBO-led interventions in grant design & portfolio optimization/program revision • Implementation mechanisms: <ul style="list-style-type: none"> • Strengthen & leverage CCM, national, regional & global capabilities to address barriers & incentivize engagement & involvement of CLOs/CBOs to deliver impact • Establish, launch & maintain cross-partner CSS/CLO/CBO response coordination platform, to drive joint accountability & alignment • Performance management: <ul style="list-style-type: none"> • Incorporate disease specific metrics on CLO/CBO led intervention coverage and effectiveness across M&E framework • Evolve risk management & assurance mechanisms to address implementation risks and support effective CLO/CBO service delivery where it can increase impact 		
2. Strengthen capabilities & coordination internally & externally to align on & leverage critical role CLO/CBOs in disease responses			
3. Evolve grant financing arrangements to incentivize investment in service delivery by CLO/CBOs & indigenous civil society orgs			

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Moderate Finding 1.5: Mechanisms were put in place to enable consultation with, and involvement of, external stakeholders in strategy operationalisation, with variation across workstreams. The operationalisation design envisaged Alliance partners, the Gavi Secretariat, and countries working together to agree on and develop joint priorities and guidelines. Design work, led by workstream leads, was intended to ensure that Secretariat teams – SCMs and Programme

⁸⁸ Update on Strategy Implementation Preparations 47th Board meeting, GB/B47/09/B, 10-11 May 2022, The Global Fund Geneva/Virtual

⁸⁹ Update on Strategy Implementation Preparations 47th Board meeting, GB/B47/09/B, 10-11 May 2022, The Global Fund Geneva/Virtual

Managers – as well as subject matter focal points, were adequately represented in content generation.

In addition, external consultations were held with countries (CSOs, EPI managers, and national immunisation technical advisory group representatives), donors, and partners for the operationalisation process in general. This was done through a partner ideation workshop in November 2019, side-line discussions during the December 2019 Board meeting, and a Gavi 5.0 Operationalisation retreat with 120 representatives from countries and partners in February 2020.⁹⁰

An operationalisation steering committee was initially envisaged to allow for Alliance partner engagement with operationalisation and external governance of the operationalisation process.⁹¹ However, it was eventually concluded that an overall strategy operationalisation steering committee would be less effective than each workstream lead in defining the consultation approach appropriate to the needs of each workstream content area (KIIs).⁹²

For example, the measurement and accountability workstream documented a straightforward external governance process with named individuals; monitoring & evaluation (M&E) units liaised directly with Alliance counterparts and a partner technical working group was formed to support the development of the Gavi 5.0 M&E system. In contrast, other workstream efforts to consult external stakeholders were not evident in internal strategy operationalisation meeting notes provided to the evaluation team. However, KIIs close to the process explain that each workstream took steps, instituted, and carried out appropriate consultation exercises. For example, programme funding guidelines, all SFAs and programmatic strategies (e.g., supply chain strategy) were developed through joint leadership with partners; the funding policy review had a dedicated steering committee before the Board paused it in December 2020, and the innovation and MICs approaches also included dedicated consultations through, for example, technical workshops and pre-PPC/Board consultations. Similarly, there was consultation through the Zero-dose Alliance Working Group and the portfolio management workstream included systematic engagement with partners. Overall, despite the considerable variation, workstreams were able to identify and implement mechanisms for consultation during the design of Gavi 5.0 operationalisation. It has also been noted by key informants that the pandemic impeded the amount of stakeholder consultations given the limited focus they could dedicate.

Moderate Finding 1.6: There was an effort to consult with partners; however, while some priorities important to external stakeholders have been operationalised, others have not been as well-addressed. The countries and partners retreat in February 2020 appears to be the principal mechanism by which country and partner views were elicited on policy and process changes needed to operationalise the Gavi 5.0 strategy.⁹³ While some of the priorities voiced during the retreat have been operationalised (e.g., multiyear funding, and extending the accelerated transition phase), others have not been as well-addressed (e.g., alignment of Gavi funding mechanisms with other donors to complement the PHC system, move to “share of doses” co-financing of vaccines, whether to treat ZD as “the” priority for Gavi 5.0, and simplifying portfolio management).⁹⁴ There does not seem to be a mechanism within the Secretariat for systematic follow-up on issues raised at the partners’ retreat, some of which appear to reflect a lack of alignment on aspects of the strategy itself (see Box 4 below). This raises questions about the choice of workstream priority topics and the

⁹⁰ Sources: Strat-Ops internal meeting slides May – June 2019 and Secretariat KIIs

⁹¹ Strat-Ops internal meeting slides “Gavi 5.0 Operationalisation: Update to the EO” 19 June 2019

⁹² It is not clear to what degree this decision was influenced by the pandemic, or if this had always been the intent, although it is clear that the pandemic’s timing a few weeks post the retreat disrupted some of the initially planned next consultation steps and contributed to the Board’s recalibration of priorities later in 2020.

⁹³ 20202702 EO summary V.02

⁹⁴ Portfolio management is currently being addressed by the EVOLVE project.

differential pace at which operationalisation workstreams progress (areas that move more or less quickly and areas that are given more or less attention and resource). It is also unclear to what degree the choice and pace are reflective of alignment around the fundamentals of the strategy itself and the power dynamics of who decides what gets prioritised.

Box 4: Summary of outcomes from the Gavi 5.0 Countries and Partners Strategy Operationalisation retreat

More than 50 partners (UN partners, CSOs, and others) and 35 country government participants attended from all regions to consult on a set of critical topics to prepare for Gavi 5.0 – key policy shifts and consequent changes to portfolio management, the partner engagement model, innovation, and measurement. The retreat was not only a significant mechanism by which partners informed the operationalisation process, but it was also how partners were sensitised to Gavi 5.0 strategic priorities. Key themes arising from the retreat included agreement on ZD as necessary, but possibly not the most critical priority for Gavi 5.0. Other themes discussed included the need to build on coverage and equity approaches under Gavi 4.0 and strengthening RI (e.g., strengthening platforms for administering vaccines and other health interventions in the second year of life); the importance of integration, alignment with other funders and ensuring Gavi support complements PHC; extension of the accelerated transition phase to additional years beyond the five in warranted cases (which was met with positive feedback). In addition, discussions were held around moving initial self-financing countries to a new “share of doses” co-financing contribution; agreement on the need for health systems and immunisation strengthening (HSIS) differentiation including leveraging national planning processes and stakeholder engagements outside of EPI, support for restricting higher-performing countries from conducting non-selective campaigns while increasing campaign quality in lower-performing countries and productive discussions regarding the contribution of gender to broader the ZD agenda with the recognition that the Alliance did not yet have stakeholder ownership to drive priority interventions to accelerate this work. There was agreement on the need to both simplify and differentiate portfolio management processes. Changes required to the Alliance partnership to deliver on the ZD agenda were discussed, including moving to 3–5-year TCA envelopes with countries driving TCA plans. There was also a strong push for extending the range of partnerships to include CSOs and humanitarian organisations, particularly in conflict settings. Finally, it was agreed that the Alliance needed a more deliberate approach to innovation, beyond technology innovations and the need to streamline mission indicators as well as measure beyond ZD to reach children with all basic vaccines.

Moderate Finding 1.7: Greater attention was given to the operationalisation of Strategic Goal (SG) 2, particularly the zero-dose agenda, than to SGs 1, 3, and 4; initially through the workstream design and later through the recalibration of Gavi 5.0 during the COVID-19 pandemic. A large reason for unevenness in progress is the aforementioned purposeful and appropriate Board recalibration due to the pandemic.⁹⁵ Gavi 5.0 SG2 (Strengthen health systems to increase equity in immunisation) shifts supportive of the zero-dose priority appear to have made the most advancement in operationalisation since mid-2019. Even before Gavi 5.0, the coverage and equity (C&E) agenda was being prioritised across the Secretariat through programming guidance for C&E, regular review of priority countries through the advancing coverage and equity process, review of C&E progress at access to COVID-19 tools, the focus of partners’ engagement framework (PEF) activities on C&E, convening of Alliance partners on key countries by the EO, specific strategies for countries with a relatively high number of zero-dose children (e.g., Nigeria) and regular updates to

⁹⁵ Recalibration of programmatic priorities considering the replenishment and COVID-19 confirmed that Gavi should focus on i) maintaining, restoring, and strengthening immunisation services, ii) reaching zero-dose children and missed communities, iii) ensuring access to COVID-19 vaccines and iv) safeguarding domestic financing for immunisation. It was acknowledged that other areas of Gavi engagement would need to advance at a slower pace than initially planned, notably the slower introduction of vaccines and a paced trajectory for the engagement with middle income countries. (Strategy, programmes, and partnerships: progress, risk and challenges report to the Board, December 2020)

governance bodies on strategy progress to manage expectations. Under Gavi 5.0 there was a heightened focus on *within-country equity*, taking a sub-national focus, expanding delivery partners, changing the HSS allocation formula to prioritise ZD, adding the new Equity Accelerator Fund (EAF) funding lever, and eventually designing a new COVID-19 delivery support (CDS) with a focus on RI and COVID-19 integration, focusing on high-risk populations. There was also an intent to support stronger change management within the Alliance to ensure enhanced understanding of the ZD agenda and rebalancing Secretariat attention from conceptual work towards increased attention on country-level engagement.

Operationalisation policy changes related to SG3 (Improve sustainability of immunisation programmes) were delayed by the Board, given the need for better information on pandemic economic effects before making changes. Similarly, the pace of the SG1/vaccine introduction agenda needed to be recalibrated and, as SG4 (Ensure healthy markets for vaccines and related products) work on healthy demand is linked to SG1 (Introduce and scale up vaccines), it did not progress to plan either. Despite these pandemic-related delays, however, it was noticeable that the other three SGs did not feature as prominently in the original scoping of the operationalisation workstreams. The reasons for this are not entirely clear; however, KIs have implied that there is differential visibility, political will, or urgency around Gavi 5.0 themes, and the evaluation team questions whether this may have influenced the initial operationalisation workstream thematic choices and their prioritisation.

The operationalisation of key shifts required for SG4 is linked to an entirely separate market shaping strategy, which was operationalised mainly in parallel to the main operationalisation process already described (led by the PMO and with six workstreams). Supply side-related shifts in ways of working were implemented by the market shaping team, as these activities were relatively less impeded by the pandemic and are also relatively more under the influence/control of the market shaping team and Alliance partners. Shifts in working to progress the “healthy demand” side of SG4 moved more slowly, partly because countries were going to product introduction and switches during the pandemic.⁹⁶ Also, it has taken some time to map roles and responsibilities and build capacity across Secretariat teams to deliver on the healthy demand prong of SG4; this requires the immunisation financing & sustainability and policy teams to consider how the co-financing policy influences demand, for the vaccine programmes team to have the capacity to support in-country evidence-driven processes for product introduction and switch decisions, and the market shaping team to keeping abreast of the pipeline and how the demand shapes the potential for diversification and capacity investment on the supply side. While the Gavi 5.0 one-pager and ToCs articulate demand health as a key Gavi 5.0 strategic shift, none of the operationalisation workstreams covered this theme, even as a sub-area.

Strong Finding 1.8: Due to the COVID-19 pandemic, some key processes of strategy operationalisation were purposely slowed down, altered, or had dedicated personnel – including the PMO's management role – redirected, while other processes progressed. In response to the uncertain impact of COVID-19 at the country level, coupled with persistent bandwidth constraints across the Secretariat, Alliance, and countries, only the measurement and accountability work continued at pace during the most acute phases of the COVID-19 pandemic, albeit with adjustments to recognise the implications of COVID-19. Programmatic approaches, portfolio management, partnerships, and innovation workstreams were purposely slowed down. The PMO's role of guiding the operationalisation process was disbanded as the EO felt capacity was needed elsewhere during the pandemic, and it was assumed that workstreams could continue without it. Despite the readily

⁹⁶ As per estimates in December 2020 reporting to the Board, 15 out of 26 new vaccine introductions planned for 2020 were delayed due to COVID-19 (Strategy, Programmes and Partnerships: Progress, Risks and Challenges Report to the Board December 2020)

apparent necessity to alter priorities and administrative arrangements for operationalising Gavi 5.0 during the pandemic, KIs reported that the disbanding of the PMO contributed to diminished momentum for the process.

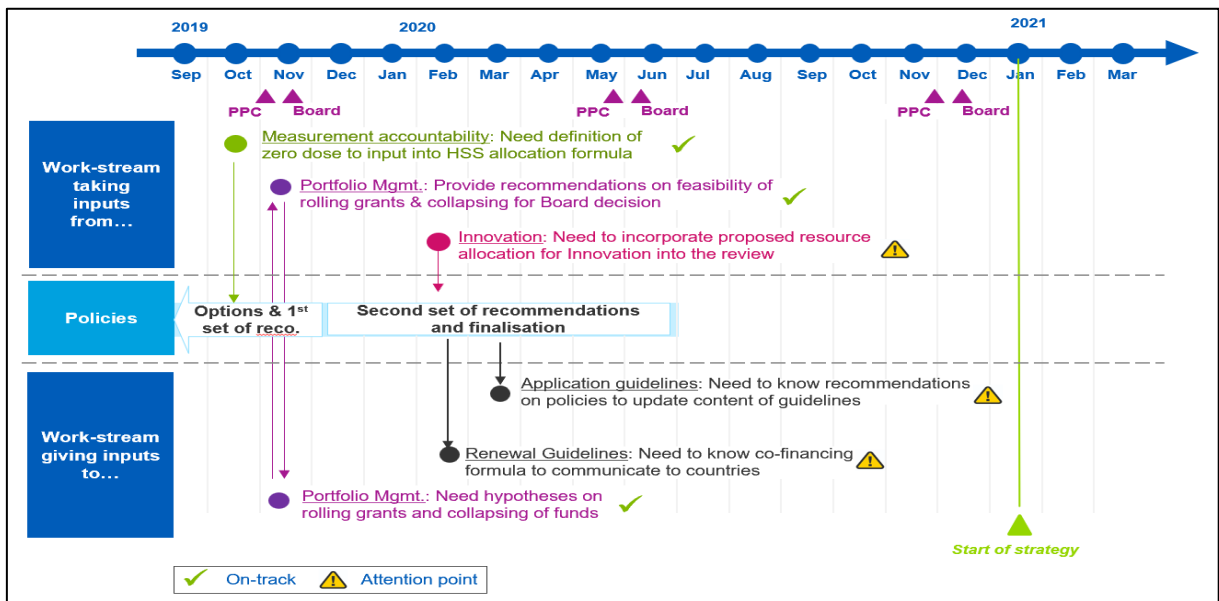
In addition, the Board made a deliberate (and appropriate) decision to pause the comprehensive funding policy review (FPR), given the uncertainties engendered by the pandemic.⁹⁷ The Board's decision impacted anticipated policy operationalisation changes. For example, changes to co-financing, MICs and innovation approaches and the vaccine investment strategy (VIS) were consequently not considered until nearly two years later. In response to the ongoing pandemic and the subsequent pause of the FPR, at its June 2020 meeting, the Board attended to immediate needs to ensure timely, uninterrupted access to funding, align with new funding cycles, and remove unnecessary requirements by approving selected policy shifts presented in the December 2019 Programme and Policy Committee (PPC) recommendations. These policy shifts included: a revised HSS allocation formula (four criteria including zero-dose, equally weighted), removing the US\$100 million cap on HSS allocation ceilings, removing the performance-based funding approach, and removing the generic programme filter (70% coverage of DTP3-containing vaccines to access new support for select vaccines).

However, co-financing and MICs work could not be addressed during COVID-19 because of the level of uncertainty and ongoing evolution around the economic impacts of the pandemic. Since eligibility and co-financing policies were based on GNI per capita and economic growth – impacted by the pandemic – it was logical to extend existing policies and delay changes until better information was available on pandemic effects. Similarly, new vaccine introductions and innovation approaches were not the highest priority during the pandemic. Consequently, in its decision from December 2020 to recalibrate Gavi 5.0 and its operationalisation, the Board delayed work on these and the entirety of the policy team was moved to work on COVAX.

The deliberate Board decision to delay the Funding Policy Review had spin-off effects on other operationalisation workstreams. The FPR delay affected two key processes: the development of a unified policy framework and operational guidelines. The unified policy framework, an output of the FPR, was meant to guide core Gavi funding policies and other workstreams - the partner engagement model, portfolio management processes, and the organisation set-up to deliver on the ambition and the contribution of innovation to the Gavi 5.0 agenda. Operational guidelines were also expected to be developed in parallel with the FPR to allow immediate implementation in 2021. [Figure 9](#) from a strategy operationalisation internal meeting shows dependencies between the policy team's work and other workstreams.

⁹⁷ The core funding policies workstream was meant to provide a unified policy framework for coherence across all funding types; to accelerate transition based on programmatic readiness criteria, and allow for differentiation based on context, e.g., co-financing waived in countries facing conflict, a single funding window for all health systems and immunisation strengthening (HSIS) support and non-vaccine support, differentiation of non-vaccine support along a development continuum, and mainstream "fragility" into the support model by updating criteria and allowing flexibilities for refugees. The scope of the workstream was expected to prioritise: i) review of the HSIS, co-financing and eligibility & transition policies, ii) incorporation of support to countries currently outside of Gavi policies and iii) incorporation of elements of FER policy. Transition arrangements were to be reviewed as well, with the aim of moving from current to new policies in 2021.

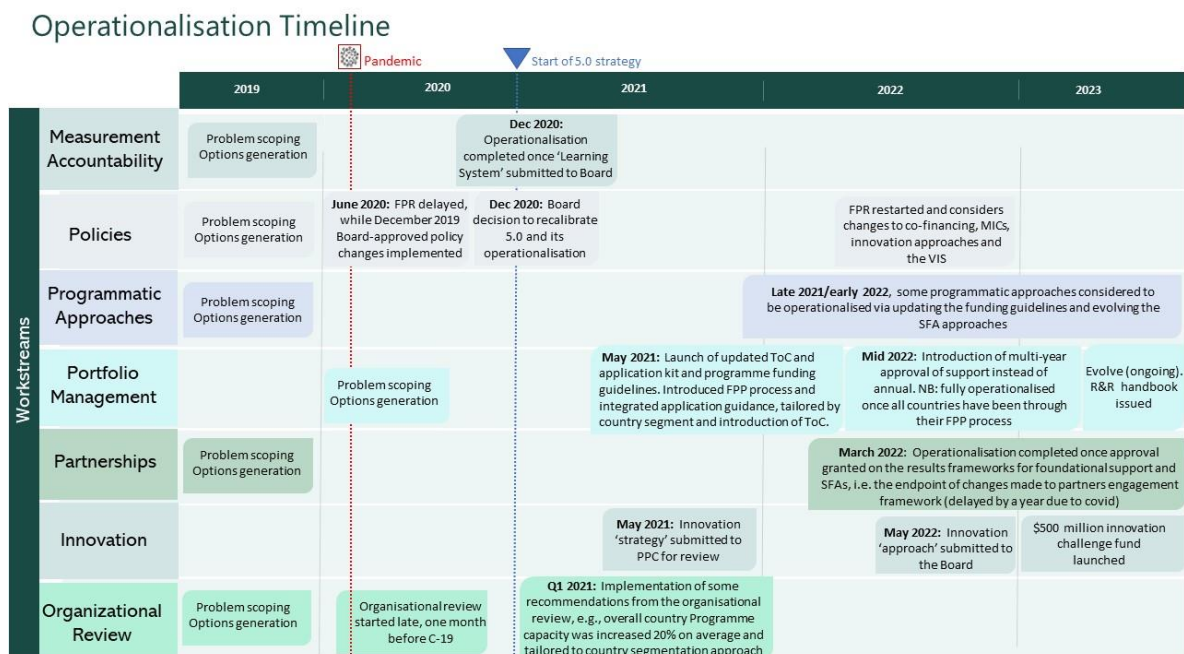
Figure 9: Policies: key interactions and attention points⁹⁸



Note: purple triangles represent the timing of PPC and Board meetings

The overall timeline of the strategy operationalisation processes (Figure 10 below) illustrates the delays associated with COVID-19 but also continued progress (the red line indicates the onset of the pandemic). This progress was most notable after Board meetings in 2021 when the Secretariat was encouraged to ‘retain its focus on the core Gavi mission’,⁹⁹ with recalibrated priorities following the pandemic. As a result, most instruments were updated from early 2022 onward.

Figure 10: Actualised operationalisation timeline¹⁰⁰



⁹⁸ Gavi Strat-Ops internal meeting slides. “Directors’ meeting: Interlinkages and dependencies between Gavi 5.0 workstreams. 15 October 2019

⁹⁹ Minutes Gavi Alliance Board meeting, March, June 2021,

¹⁰⁰ Source: evaluation team analysis based on document review and KIIs. As explained in the narrative, the December 2020 Board decision to recalibrate Gavi 5.0 and its operationalisation had many spin-off effects on other workstreams which are too complicated to show in the Figure, but can be inferred by referring to the previous figure “Policies: key interactions and attention points”

Strong Finding 1.9: Underlying capacity and operational challenges delayed the implementation of the operationalisation process and are still in the process of being resolved. (See also [Finding 1.13](#))

KIs and internal risk registers¹⁰¹ acknowledge that capacity/ bandwidth across the Alliance was already stretched before COVID-19 took effect due to:

1. The additional (human) resources¹⁰² required to deliver an **expanded number of initiatives/projects, grants, funding windows, policies, and country segmentation principles**. The planned mitigation for this risk of staff capacity/resource issues was to increase: i) the budget to recruit additional support, ii) resources in the HR team to handle additional recruitment, and iii) resources dedicated to designing operationalisation and implementation processes.¹⁰³
2. **A slower-than-anticipated onboarding of additional human resources**¹⁰⁴ to address delivering on the Gavi 5.0 equity agenda, strengthening engagement at the sub-national level, and engaging new partners to work in fragile settings was noted. This included a new cadre of programme assistants to allow SCMs and programme officers to spend less time on administrative tasks and more on strategic engagement.¹⁰⁵
3. The **delay of the organisational review before COVID-19**, partly due to senior management deliberations about resourcing, resulted in a delay in generating clear definitions of team roles and efficient organisational structures. The review was tasked with examining a potential resource-neutral corporate restructuring to be able to deliver on Gavi 5.0. Additionally, it was meant to clearly define a leaner and more efficient organisational structure and team roles, as well as ensure sufficient cultural change/change management within the Secretariat. Consultants began the organisational review one month before the pandemic, around five months later than the intended start date of September 2019.^{106, 107} The organisational review was put on pause again for about six months due to the onset of the pandemic resulting in the diversion of resources and attention to the COVID-19 response. This contributed to further delays as well as recommendations being only partially implemented.
4. Continued challenges for an increasingly complex and expanding organisation posed by **weak internal operational structures**¹⁰⁸ that could not have been solved by the delayed organisational review¹⁰⁹. These challenges include a decision-making hierarchy with multiple layers of management reporting (e.g., with upper management needing to review and sign

¹⁰¹ Team Priority Matrices (TPM) from 2018 to mid-year 2022

¹⁰² The TPM mentions the following: M&R&S for RI & reach zero-dose children; portfolio management processes & systems; Data use & accountability; new innovation strategy; proactive risk management; gender work plan; updated HSS guidance/budget; IRC recognition of improvement in MR campaign app; HPV programme. refreshed PEF TCA guidance/approval process; initiation of Programme Management Office project including onboarding of service provider and proactive communication with government forums and staff; MOUs w/new organisations w/the ability to amplify zero-dose agenda; Partnerships team and operational approaches; CSO framework; delivering COVID-19 vaccines to AMC countries; guiding scope & evolution of COVAX; COVAX related functions into Gavi's core business; AMC replenishment; establishment of successful process to match COVID-19 supply/country demand etc.

¹⁰³ TPM from 2018 to mid-year 2022

¹⁰⁴ Approximately 20% starting in 2021, both for the Gavi 5.0 agenda and Covid-19 response/COVAX.

¹⁰⁵ HR Decision Memos, 12 Mar 2021

¹⁰⁶ The organisational review by McKinsey, undertaken as part of the portfolio management workstream, was expected to commence with analysis in September–December 2019 and options generation completed by December 2019, facilitating the assessment of the need for change in specific teams in Q1 of 2020 and implementation of process changes (continued change management, onboarding) in Q2 of 2020.

¹⁰⁷ Executive office internal meeting slides, June 2019, Gavi

¹⁰⁸ Exacerbated by COVID-19. As one KII said "COVID cannibalised our operations". KIIs acknowledged that the Executive Office has been strong on programming and in externally facing roles, but the organisation in recent years had lacked strength in internal operations management capacity

¹⁰⁹ The organisation review was looking more at staffing and organisational structures, and less at systems, processes, and operations management.

off on even small procurements and decisions),¹¹⁰ IT system rigidities¹¹¹ and unclear risk appetite. According to many Secretariat KIs, the result has been excessive checks and balances and transaction costs.

The portfolio management operationalisation workstream resulted in progress being made by 2022 through the issuance of portfolio management roles and responsibilities handbooks that outlined key roles and responsibilities between teams along the portfolio management cycle. However, an October 2022 internal Secretariat memo accompanying the handbook provides a good summary of remaining issues: limited clarity of the country segmentation approach in expectations and requirements, unclear and multi-layered decision-making authority, vague articulation of risk appetite/ management, the need for updated operational guidelines and standard operating procedures, and resource challenges.¹¹² Starting in 2022, measures which have the potential to address the remaining challenges include: i) hiring a new Chief Operating Officer (COO), ii) commencing the EVOLVE project (pushing forward the grant management redesign agenda).

While some of these delays to the operationalisation of Gavi 5.0 were exacerbated by the pandemic, evidence suggests that they were present beforehand and would have persisted otherwise. Despite positive changes, issues with operationalisation have persisted since prior strategic periods. Key informants noted that Gavi 4.0 also experienced delays in operationalisation due to weak operational structures, including a lack of leadership, limited country and partner voices, and the de-prioritisation of workstreams. The Full Country Evaluations report 2016 presented the conclusion describing operationalisation challenges at that time, which are still present in the current operationalisation of Gavi 5.0 (see [Box 5](#)).

Box 5: 2016 Full Country Evaluation conclusion

“Many of the root causes of challenges faced by Gavi and its partners in implementing ... support to countries are ... derived from misalignments between Gavi’s strategic goals, the procedures and systems of Gavi, and country systems.”

Gavi Full Country Evaluations Annual Dissemination Report, 2016

4.1.2 Coherence of operationalisation processes, instruments, and engagements

This section presents the findings on interlinkages of the different operationalisation instruments during the design phase and the initial start of Gavi 5.0.

Strong Finding 1.10: The design intent under the portfolio management workstream was to simplify and streamline portfolio management processes. However, despite the FPP process, there continues to be separate grant application processes and proliferation of funding levers with varying management arrangements. These factors have threatened the establishment of a coherent operationalisation model. According to key informants, the extent of different processes (as part of the workstreams or as departmental projects, thereafter) to be undertaken coupled with varying timelines and leadership by different teams assigned to specific funding levers posed challenges to establishing a coherent operationalisation process. These challenges coupled with new or updated requirements following the pandemic and limited responsibility for oversight and guidance from select central units (following the disbanding of the PMO located within the strategy team) exacerbated the challenge.

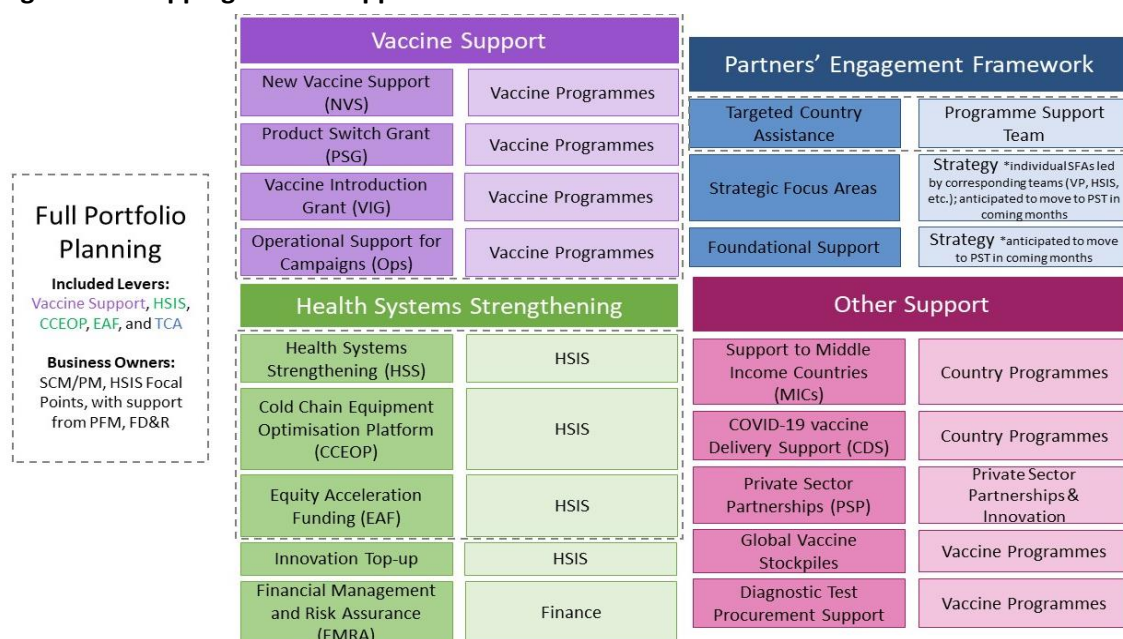
¹¹⁰ As an example, according to KIs, there is often various layers (directors and managers) of final decision making that must be addressed without clear recognition as to which layer trumps the other

¹¹¹ Referring to constraints within the architecture/capabilities of the IT systems which have challenged the efforts to streamline grant management processes

¹¹² Email from Dave Cagen to Country Programme and Secretariat colleagues, 7 Oct 2022

Many of the funding levers (17 as of December 2022) elicit separate grant applications, with varying funding periods. Although the FPP process has the aim of aligning some of the levers, they still require bespoke application processes. Further, funding levers are managed by various Secretariat teams (see Figure 11). For example, the financial management and risk assurance support (FMRA) is managed by Gavi's Finance team, the innovation top-up fund is managed by the HSIS team, and the three PEF envelopes are managed by three different Secretariat teams.

Figure 11: Mapping of Gavi support and owners¹¹³¹¹⁴



The number of funding levers also creates high transaction costs for Alliance partners needing to coordinate with different teams, unclear accountability frameworks, and, most importantly, confusion and lack of synergy at the country level (see Box 6). For SCMs, this translates into several accountability reporting lines, one for each lever, thereby significantly increasing the effort needed to understand the levers, translate them to countries and report back through various channels within the Secretariat.

From 2015 (end of Gavi 3.0) to 2022 (mid-Gavi 5.0), funding levers have expanded from six grants under two primary areas of support, vaccine support and health systems strengthening, to 17 funding levers (see Figure 12). At the same time, the vaccine portfolio has expanded from 15 to 19 vaccines, and multiple presentations for some vaccines.¹¹⁵ Under the portfolio management workstream in the operationalisation of Gavi 5.0, the design intent had been to simplify and streamline funding levers, and yet they continue to be expanded upon (e.g., the innovation fund).¹¹⁶ While there have been attempts to consolidate these levers through, i.e., the FPP process, 11 levers

¹¹³ Note that Full Portfolio Planning, while not a lever, was included for the purpose of mapping its business owners.

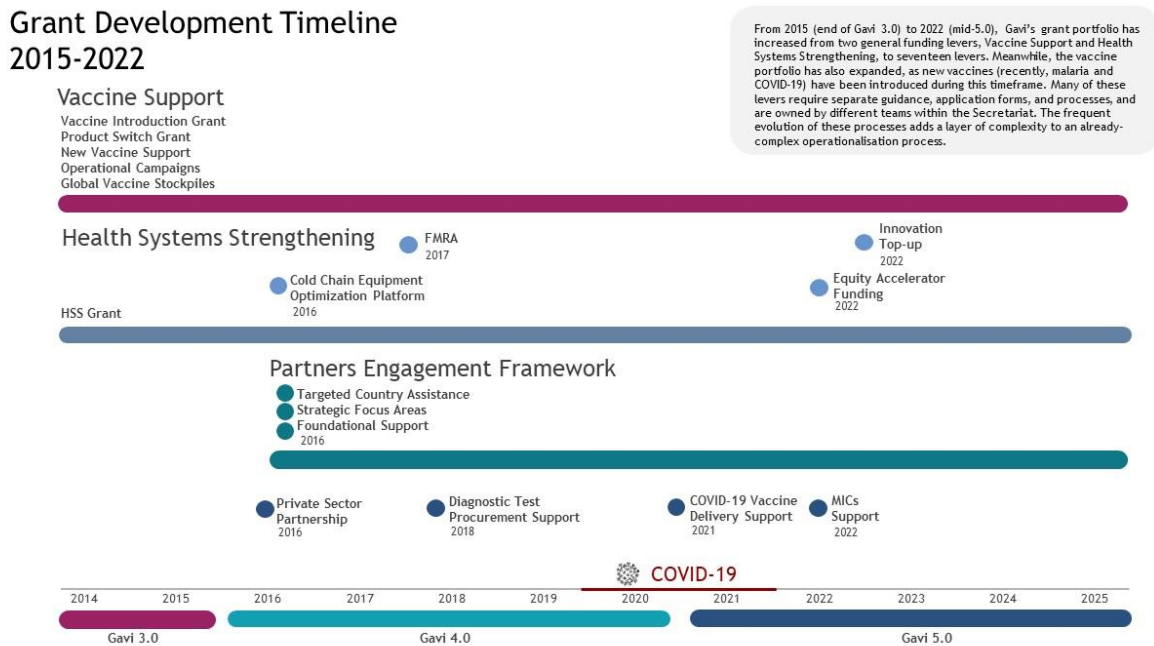
¹¹⁴ While some funding levers directly require Gavi-eligible countries to apply for grant funding (e.g., vaccine support, TCA, CDS, and HSS grants), others are used for global and regional partner activities (SFA and FS), are used reactively (e.g., global vaccine stockpiles), or only apply to a subset of countries (e.g., MICs for non-Gavi countries). Therefore, while they are all still managed by the Secretariat, countries do not engage with all funding levers.

¹¹⁵ A History of Gavi, the Vaccine Alliance, May 2023, <https://www.youtube.com/watch?v=7QTf5CPC1Tw>

¹¹⁶ <https://www.gavi.org/news/media-room/us-500-million-challenge-gavi-launches-infuse-20-scale-innovations-immunisation>

remain outside of the FPP process¹¹⁷. This continued evolution has added to the already-existing complexity of Gavi's portfolio.

Figure 12: Grant development timeline¹¹⁸



Box 6: Country-level experience with multiple Gavi funding levers

Evidence from country case studies points to challenges countries face in applying for different funding levers, given capacity constraints, and ensuring all grants are synergistic. In Nigeria, the single application for campaigns for MCV follow-up, Yellow Fever, and additional doses for Meningococcal A vaccine catch-up included four separate budgets with “no attempt to identify synergies and opportunities for integration”, and “as a result, activities and costs are duplicated”.¹¹⁹ In Djibouti, misalignment and contradictions in the design of programme funding guidance caused difficulties during the application process. As Djibouti was applying for CDS and HSS 2 at the same time, the differences in funding guidelines were met with confusion at the country level.¹²⁰ CDS is more flexible than HSS, leading country stakeholders to question why they could do certain things with their CDS funding that they could not do with HSS funding.¹²¹

The evaluation team has been unable to definitively identify what drives the continual addition of new funding levers which are ultimately Board decisions. Observations made by some KIs suggest that internal politics and a sense of ownership/control may play a contributing role and the desire to attribute the change to a specific funding envelope. Additionally, commitments and/or priorities of prominent donors were sometimes attached to requirements to see results against specific areas (“want to see my funding at work and impact”),¹²² interventions, and topics which lent themselves to more differentiation.

¹¹⁷ We recognise that some of these are not accessible to Gavi countries or are reactive (e.g., to outbreaks) and therefore cannot be planned for.

¹¹⁸ Evidence gathered through analysis of all programme funding guidance and Board minutes during the scope of the evaluation, from 2015-2022.

¹¹⁹ Nigeria Case Study (see Annex 10)

¹²⁰ Djibouti Case Study (see Annex 10)

¹²¹ Djibouti Case Study (see Annex 10)

¹²² Secretariat KI

Strong Finding 1.11: Coherence and timeliness in strategy operationalisation is also affected by misalignment between country applications and Gavi strategy timelines as well as the time needed for an internal cascading from a high-level strategy one-pager to operational changes. Strategy operationalisation coherence may suffer since not all changes can be operationalised simultaneously, and country applications for different funding levers come in at different times within the strategy cycle. Gavi has made a deliberate choice to be driven by the country's funding need cycles, not by Gavi's strategy cycles. This means that country application/implementation cycles do not necessarily align with Gavi's strategy cycles. Thus, the translation of Gavi's strategic intent will occur at a different pace in countries depending on where they are in their funding cycle. Portfolio management processes deployed during the initial period of Gavi 5.0 have continued to facilitate reprogramming, reallocation, grant development, approval, and implementation, but with reference to Gavi 4.0 policies and guidelines or under new processes that were still being piloted/ revised. While the intent of the FPP is to bring funding levers together towards greater coherence/synergy, the realisation of this intent may be limited by the fact that funding levers have different timeframes and start times.

In addition to the grant/strategic cycle timing differences mentioned, it must be recognised that the change process takes time within Gavi; policies are written and then approved by the Board, and it takes time for teams within the Secretariat to translate those and socialise them amongst teams and the wider Alliance.¹²³ In addition, budget policies drafted under the Gavi 4.0 strategy took some time to catch up to what was needed to drive the ZD agenda under the Gavi 5.0 policy.

Moderate Finding 1.12: Although there have been discussions of primary health care integration with global partners, the agenda remains a secondary priority at both the global and country levels. Integration was a prominent theme of the February 2020 Gavi 5.0 country and partner strategy operationalisation retreat, with a strong push to align Gavi's planning processes and ToC with other development partners. The premise for this alignment was to allow governments to plan holistically and ensure that Gavi support is complementary to overall PHC efforts. However, PHC integration was featured in the strategy operationalisation workstream scope only as one of the numerous areas listed under the programmatic approach workstream. Additionally, there was no evidence of operationalisation work to determine how this priority might be emphasised in certain countries or regions where it could have the most impact.

Secretariat KIs reported that Board members were more concerned about integration *within* immunisation and that the scope for tackling the PHC integration agenda would likely remain secondary (*"Gavi's supported immunisation agenda will be the vehicle for integrating other PHC services"*). Thus, the agenda will remain opportunistic, and possibly country-specific at best, in the near term. Evidence from the country case studies suggests that the attention paid to coordinating approaches to PHC support with other funding partners has been at the discretion of the CTs during the grant negotiation process and that internal and management processes and incentives may not be facilitating the donor partner synergy principle.¹²⁴

¹²³ One example of this is the recently approved FED policy, which required further operationalisation work to figure out what the policy would mean in specifics. This included ensuring a segmented approach with OGs, processes, specific highlighting and documenting flexibilities specific to this segment and socialising all these within the relevant teams.^[1] A similar challenge was voiced in relation to the operationalisation of the innovation strategy. The strategic indicator is number of innovations Gavi has supported and brought to scale, and now with the recently approved strategy there are more specifics in terms of three broad intervention areas. However, this is not precise enough and teams still need to figure out what innovation means in the Gavi context, to define strategies to support innovation, staying within the Gavi mandate and to decide what makes the most sense, considering the country perspective as well (vs northern hemisphere dominated innovations that cannot be scaled in LMICs necessarily). It's the job of the Secretariat to figure out how to bridge that gap between high-level strategy and interventions/activities. Source: Secretariat KIIs

¹²⁴ For example, there is a minimal emphasis on donor landscaping in the Gavi FPP application narrative template.

4.1.3 Capacities to support the operationalisation processes.

This section describes the findings about the different capacity needs and development to support Gavi 5.0 operationalisation processes and implementation.

Moderate Finding 1.13: Stakeholders have doubts about the Secretariat's capacity to efficiently translate the strategy operationalisation design into implementation, especially considering the continued expansion of the portfolio. (Elaborated from [Finding 1.9](#)) The structured strategy operationalisation design and intent requires translation into execution, but this has been challenging; as one KI explained, *"We don't know how to execute – that is, the articulation of the linkage between global goals, corporate targets and what that means for the country and even sub-national investments."*

Evidence collected at the global level suggests that understanding frequently updated policies/strategies and subsequent guidelines and documents is a challenge within the Secretariat and at the country level. For example, a recently conducted evaluation of the Fragility, Emergencies and Refugees (FER) (now called FED) policy pointed to the *"lack of shared interpretation and understanding of the policy and related guidelines has led to numerous back-and-forth and bilateral engagements between various teams and individuals within the Secretariat"*.¹²⁵ The recently updated and approved FED policy required further operationalisation work to articulate what the policy would mean in practice, including ensuring a segmented approach with operational guidelines, processes, and documentation of specific flexibilities, and socialising all these within the relevant teams.¹²⁶ This challenge has also been shared by one of the comparator organisations (see Box 7).

Box 7: Global Fund Challenging Operating Environments policy operationalisation

The Global Fund's Challenging Operating Environments (COE) policy initially challenged the ability of the Fund Portfolio Managers (FPMs) and CTs to discern and tap into the flexibilities offered; the *"policy got stuck, became an internal policy, not used and not understood by the countries"* and was seen as an additional process by the FPMs with unclear benefits. Resolution, or advancement, taking into consideration the heavy workload of the FPMs and CTs, came in the form of early engagement by the COE team with the CT and then together at the country level with principal recipients, other stakeholders and partners engaging in dialogue around risk appetite and tailored approaches/flexibilities.

Evidence from evaluations of Gavi policies suggests the reasons for different levels of understanding among stakeholders are varied and include: the extent (or lack) of discussion within Secretariat teams regarding policies, policy operational levels (within a hierarchy) and varying levels of detail within them, and policies being designed at different times, with frequent updates and amendments.¹²⁷ The lead policy function had been vacant for a long time,¹²⁸ and this gap within the Secretariat has also meant that a cross-cutting perspective (how a particular policy may interact with other policies) was lacking. Gavi has only recently reintroduced a Chief Operational Officer within the Gavi Executive office to ensure operational excellence within business processes, secretariate operations and staff performance. This also includes a central oversight role in strategy operationalisation, including policy development. In addition, KI views were consistent across stakeholder groups,¹²⁹ including from the country level, that the number of instruments, guidelines, application forms and grant management processes supporting the Gavi portfolio, with more being

¹²⁵ HERA (2021) Fragility, Emergencies and Refugees (FER) Policy Evaluation, Final Report, Vol. 1 Main Report, September 2021.

¹²⁶ Secretariat KI

¹²⁷ CEPA. Evaluation of the Eligibility and Transition and Co-financing policy Report, Nov 2019

¹²⁸ SC KIIs

¹²⁹ KIIs at the Secretariat, partner, and country level

added, places a heavy and overwhelming burden on Secretariat staff and country stakeholders and partners alike. It is the job of the Secretariat to determine how to bridge the gap between high-level strategy and interventions/ activities, yet as expressed by a Secretariat KI, “Gavi doesn't have the infrastructure to support you in doing that...what it will mean from an operational standpoint to operationalise certain strategies is a weakness.”¹³⁰

Stakeholders disagree on the adequacy of human resources in the Secretariat to efficiently manage and implement Gavi policies, frameworks, levers, and guidance (see [Finding 1.9](#)). Most of the Secretariat KIs suggest that human resources need further strengthening,¹³¹ in both number and capacity in aspects such as (i) providing comprehensive onboarding processes for new staff members with enhancing capacity and knowledge transfer to ensure that they understand Gavi's mission, values, and operations, and are familiar with relevant policies, frameworks, levers, and guidance; (ii) internal mechanisms to encourage cross-organisational collaboration and create opportunities for knowledge sharing; (iii) capacity building to work effectively with country governments (developing skills in stakeholder engagement, diplomacy, and policy advocacy); (iv) strengthening technical capacity in immunization. However, Alliance partners interviewed are keen to see a shift in the current Secretariat structure (of approximately 390 core staff, 120-130 core consultants, and 130 COVAX staff/consultants)¹³² towards a much more efficient structure that does not focus on Gavi by taking on some of the partners' roles¹³³ in the supported countries. This aligns with the core partner perception that their role is reduced in Gavi 5.0, as the Secretariat is becoming more involved in technical aspects. According to the partners interviewed, “There is no need to spend money in creating additional capacity for the Secretariat to intervene in countries when they can rely on WHO and UNICEF or other members of the Alliance.”

Moderate Finding 1.14: Gavi has made a considerable effort in change management, targeted at strengthening internal structures and processes, including systematic communication on Gavi's operational model. There is considerable documentary and KII evidence of Gavi's efforts in engaging in change management. For example, the Gavi 5.0 annual review report demonstrates versatility and ability to adapt financial and human resource systems for the operationalisation of Gavi 5.0 (workstream groups were not utilised in Gavi 4.0), including a focus on emerging needs.¹³⁴

Furthermore, programme leaders were brought together as a team¹³⁵ and a new COO position was introduced (see [Finding 1.8](#)). The programmatic leadership team's role was to drive Gavi's programmatic agenda, enhance collaboration across programmatic teams, ensure strategic and programmatic alignment and shift the focus from Gavi 5.0 design to operationalisation, implementation, and execution of key priorities.

Evidence from KIIs suggests that Gavi is now investing a significant effort in strengthening communication, both internally and with external partners, to raise awareness and understanding of Gavi's priorities, policies, and strategic intent. For example, for a better understanding of the gender

¹³⁰ Secretariat KI

¹³¹ With the Gavi shifts from Gavi 4.0 to 5.0 strategy the Secretariat encountered a notable change which also included increase in number of staff and restructuring to address new demands and increased Secretariat roles and responsibilities which, according to some interviewed KIIs further led to increased work of the Secretariat.

¹³² Information is a baseline estimate of 2023.

¹³³ Evidence from DRC supports this view: stakeholders generally perceive that Gavi is now playing a role previously paid by core partners. The Gavi Secretariat has hired consultants to help the country with planning activities (previously the role of WHO) and logistics (replacing a UNICEF role). In addition, the reduction of funding for UNICEF in DRC led to a reduction in human resources (7 assistants instead of 12) and resulted in UNICEF discontinuing its support in five provinces. Regional partners (KIIs) reported on their reduced role, citing the example of the WHO peer review and pre-screening of proposals, previously led by WHO during Gavi 4.0 led and now led by the Gavi Secretariat.

¹³⁴ Gavi 5.0 Annual Review Report

¹³⁵ Programmatic leadership team *Permanent*: EO [CPSO co-chair], CPD [MD co-chair, CS Dir.], PPDDS [MD, Dir., Policy Head], VMHS, SFP, MEL, Finance. *Ad-hoc*: PST, COO, RM, MICs, PFM, Legal, Risk Project management: Strategy

policy and the importance of addressing gender-related barriers to reach zero-dose communities, Gavi has begun offering gender and immunisation short- and long-term courses. The courses are targeted at Gavi Secretariat staff, Alliance partners, local organisations and CSOs (see Box 8 below). Further, the Gavi FD&R team has launched 'Need to Know', a digital newsletter for countries and partners, and together with other teams, has started a comprehensive training of Alliance partners on all aspects of the Gavi model.

Box 8. Gender policy communication efforts

Gavi initiated gender and immunisation short- and long-term courses to improve understanding of the gender policy and how to address gender-related barriers. The first short course was primarily for the GAVI Secretariat staff who are most engaged with countries (SCMs and focal points). The second course targeted UNICEF and WHO staff working at the country level including those involved in supporting FPP processes. The third course targeted CSOs and local organisations expected to work on grant implementation. Over 100 people have been trained with a target of reaching 300 in the coming years. Gavi is also applying a country-targeted approach to create understanding within a country-specific context. For example, in Nigeria, the government, CSOs, WHO and UNICEF are taking the course together to create a common understanding within their specific country context.¹³⁶

In addition, internal communication to raise awareness and understanding of Gavi instruments, policies, and strategic intent is improving. This communication is geared toward creating an enabling environment with the right incentives for learning to take place and appropriate organisational structures that encourage learning (e.g., cross-team working groups, such as the Zero-dose Learn Working Group and SFA Working Groups) and a cadre of trained staff able to actively drive a learning culture.

Despite these positive developments, some Secretariat KIs attributed insufficient and unsystematic communication to variations in understanding of policies and guidelines at the Secretariat level, among Alliance partners, and at the country level. This was thought to impede the efficient and consistent implementation of Gavi 5.0.

Furthermore, the internal management structures, systems and processes within the Secretariat are viewed by some KIs as hierarchical and inefficient. For example, KIs indicated that minor issues require escalation to higher management levels, which increases transaction costs and can act as a bottleneck to grant management. Internal hierarchical and inefficient management structures, systems and processes are reported to hinder effective change management. This was corroborated by KIs in the comparator study, who observed a lack of delegation of power in Gavi, which was seen as an impediment to operationalisation processes: *"constant challenge to go back to the Board to undo inflexibility on decisions that do not allow them to do the right thing."* KIs felt that Gavi needs to rethink its decision-making hierarchy, clearly defining the levels of decisions that all levels can take as opposed to decision-making power sitting with committees or the Board.

¹³⁶ KI interviews

4.2 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?

This section outlines the key findings against HLEQ2 and a range of EQs,¹³⁷ and tests various aspects of the ToC, as stated throughout the section. The section is subdivided into the following sub-sections:

- the complexity of the Gavi portfolio and its instruments
- translating Gavi's strategic priorities into grant designs
- addressing key shifts for the Gavi 5.0 strategy.

High-level summary of findings

With the continued emphasis on equity through the advocacy for and adoption of the zero-dose agenda, Gavi envisions addressing both the plateauing of global antigen coverages and reaching the unreached. Many instruments, policies, funding levers, programme guidance and technical support are available, which are increasingly more systematically communicated to countries to (request for) support their immunization programs. However, in line with Gavi's commitment to country ownership, country grant applications should reflect national needs and priorities. Grants are not required to fully address all Gavi strategic priorities. This evaluation has shown that there has been positive but variable uptake/adoption of some of the Gavi 5.0 programmatic shifts into Gavi grant designs and national immunization programmes. More significant progress appears to have been made for areas where the Gavi Secretariat expended a relatively large amount of effort in its advocacy to countries (e.g., zero-dose) and where it set minimum budgetary requirements (e.g., CSO engagement), as opposed to those areas where guidance and tools were updated but comparatively less emphasis has been placed (e.g., gender). With mixed reviews of the early implementation - lengthy, intensive but higher quality and streamlined approval process - it is too early to say whether the grant-integrating FPP process is sufficient to support timely and effective multi-year immunization programs in-country.

Table 3: Key findings under HLEQ2

HLEQ2: To what extent does the strategy operationalization model work to translate Gavi's strategic priorities into Gavi grant design and national immunization programme plans?	Strength of evidence rating
The complexity of the Gavi portfolio and its instruments	
Finding 2.1: Gavi's policy framework, systems, processes, and ways of working are highly complex and challenging to communicate.	Strong
<i>FPP</i>	
Finding 2.2: The Full Portfolio Planning process seeks to address some of the longstanding issues with the Gavi model.	Strong
Finding 2.3: The potential benefits of Full Portfolio Planning have not yet been realized.	Strong
<i>Progress in streamlining grant management processes</i>	
Finding 2.4: There has been progress in streamlining grant application, grant-making, and grant management processes. However, challenges remain, linked to the underlying complexity of Gavi, IT rigidities during the strategy operationalization phase and known issues with Secretariat capacity, operational management, and risk culture	Moderate

¹³⁷ See Annex 3, Vol. II

<i>The role of Alliance partners and the IRC</i>	
Finding 2.5: Core Alliance partners play a critical positive role in strategy operationalization, which varies to some extent across countries according to the context and country capacities of government and Alliance representative staff.	Strong
Finding 2.6: The IRC is an important part of the strategy operationalization model, although its recommendations are not always addressed due to challenges cited by countries in responding to comments and recommendations. Furthermore, the systems and processes for tracking and following up on recommendations were described by many as inadequate.	Strong
Translating Gavi's strategic priorities into grant designs	
Finding 2.7: The Gavi Secretariat and wider Alliance work in a range of ways to ensure that Gavi's strategic priorities are reflected in country grant applications and priorities. Evidence suggests that some ways of working are more influential than others.	Moderate
Finding 2.8: A range of contextual factors at country level influence strategy operationalization and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs.	Moderate
Finding 2.9: There is a general lack of information on and understanding of the extent to which Gavi's strategic priorities are reflected comprehensively within and across the grants it provides.	Moderate
Finding 2.10: Gavi's model facilitates constructive negotiation during grant design and the agreement of mutual priorities between Gavi and countries and is doing that in a balanced manner that respects country ownership.	Moderate
Addressing key shifts for the Gavi 5.0 strategy	
<i>Equity and zero-dose children</i>	
Finding 2.11: Gavi's strategy and funding levers have been highly targeted towards overcoming barriers to reach zero-dose and missed communities, which is increasingly reflected as a priority within Gavi's grant support (but to varying degrees and not in all countries).	Strong
<i>Gender</i>	
Finding 2.12: Despite efforts to accelerate gender-related programming, only some progress has been made to meaningfully integrate gender-responsive and transformative interventions in Gavi grant designs across the portfolio.	Strong
<i>Civil society and community engagement</i>	
Finding 2.13: Early observations from a new approach for civil society and community engagement suggest that it is helping to increase the budget allocation to CSOs, and especially local CSOs, through multiple funding levers	Strong
<i>Fragility, emergencies, and displaced populations</i>	
Finding 2.14: Mechanisms and processes to ensure that support can be provided to fragile states, in emergencies, and to displaced populations are increasingly being utilized.	Strong
<i>Domestic financing for immunization</i>	
Finding 2.15: Co-financing is considered one of Gavi's key successes, with the vast majority of countries agreeing to meet co-financing requirements and most doing so, despite global and national economic shocks, including as caused by the COVID-19 pandemic.	Strong

4.2.1 The complexity of the Gavi portfolio and its instruments

In addressing the challenges and achievements of Gavi 5.0 operationalization in the face of programme complexity, this section examines the following dimensions: (i) the overall complexity of

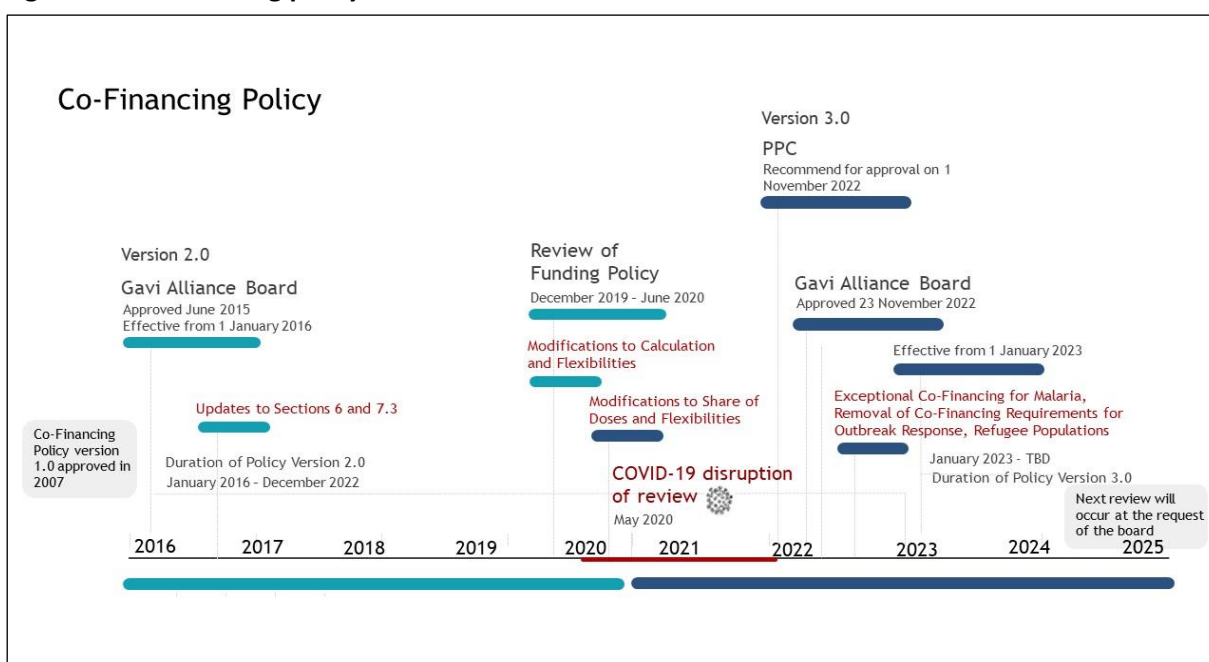
the Gavi portfolio; (ii) full portfolio planning; (iii) streamlining grant management; and (iv) the Gavi Alliance partnership and IRC functions.

4.2.1.1 The overall complexity of the Gavi portfolio

Strong Finding 2.1: Gavi's policy framework, systems, processes, and ways of working are highly complex and challenging to communicate. This relates to:

- **Misaligned processes and frequent updates to the policy framework.** Timeline analysis¹³⁸ shows that Gavi policies are reviewed and revised periodically, usually in each new five-year strategic period. These processes are not coordinated across policies, with many undergoing varying degrees of revision at any one time¹³⁹. Stakeholders commented that this, exacerbated by the absence of a Head of Policy position in the Secretariat, likely hampers the extent to which the policies reflect a holistic vision.¹⁴⁰ Further, the Secretariat seeks to operationalize aspects of new policies before the Board formally approves them; this creates a situation of perpetual movement and uncertainty which negatively affects operationalization. For example, the Co-financing Policy was upgraded from version 2.0 (valid for seven years – January 2016 to January 2023) to version 3.0 only once in the observed timeframe. Still, the policy underwent four updates and two modifications during the same timeframe (Figure 13).

Figure 13: Co-financing policy evolution timeline



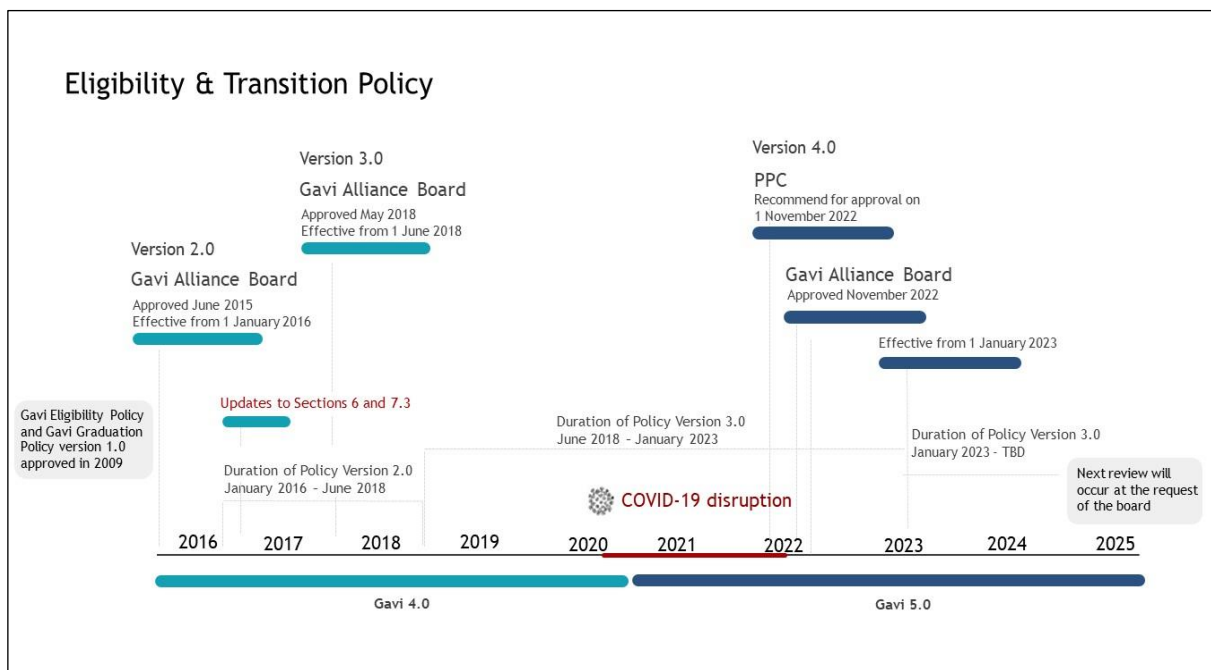
Meanwhile, since its version 2.0, the Eligibility & Transition Policy reached version 4.0 in only five years (June 2018 to January 2023, including COVID-19 disruptions), with a policy update to version 2.0 followed by an upgrade after only one year of implementation (Figure 14).

¹³⁸ See Annex 13, Vol. II for several instrument development timelines in addition to the two described below.

¹³⁹ Secretariat KIs, Policy evolution timelines

¹⁴⁰ Secretariat KIs, Gavi organograms

Figure 14: Eligibility and Transition policy evolution timeline



- The growing number of initiatives, funding baskets and differentiation approaches, along with updated programme guidance and application materials.** As already noted, Gavi supports multiple funding levers, and when these are layered on with nuance of a) transition status and b) differentiation principles, the complexity grows to the degree that several senior managers and SCMs acknowledged not having the time to read all the guidance properly (see [Finding 1.14](#)). There is also considerable evidence that application processes and guidelines that change continuously are viewed as too complicated and lengthy and are rarely fully read or understood by country stakeholders. As a result, SCMs are required to translate information in a palatable way, and external consultants are often hired to complete application processes. This can create a disconnect between the application and country priorities and issues for the EPI manager responsible for implementing what is sometimes a highly ambitious or contextually inappropriate grant design.¹⁴¹ However, in 2022, over ten pieces of programmatic guidance were consolidated into one 40-page programme funding guidelines document, which received generally positive feedback from partners and countries and has deliberately had limited updates since; see also [Finding 2.4](#). Although the Global Fund application development is seen as a heavy lift, often requiring external consultants to complete, guidance is deemed relatively straightforward by staff and countries with a more efficient process from initiation to first disbursement (on average, 10-12 months).
- The staggered nature of the Gavi grant portfolio.** Gavi's approach to accepting funding applications on a rolling basis differs from comparator organizations. For example, the Global Fund approach centres on applications submitted within prescribed timeframes (called windows) that open several times each year, and the GFF works by developing holistic investment cases on a country-by-country basis which are updated as needed. Gavi's approach allows countries to apply for support when they desire, and in line with national planning cycles, something that is widely seen as a positive feature and for which comparator approaches are criticized; however, the FPP process may be more like the GFF with a multi-year cycle based on a long-term country strategy.

¹⁴¹ Evidence from the case studies support this view (Djibouti, DRC, Ethiopia, India, Nigeria, Yemen).

However, this implies that a country may not apply for and design support according to a new strategy or policy until some years after the strategy or policy has been approved and rolled out, which is not the case with the comparators. This creates substantial delays to the translation of strategic priorities into grant designs, by which time global priorities may often have already shifted. It also means that grants designed under the previous strategy or policy remain operational for some years into the new strategy or policy period, often with limited reprogramming of resources to reflect new priorities. For example, Gavi is in year three of the Gavi 5.0 strategic period, and some grants designed under Gavi 4.0 are still active (through Gavi 5.0 and Gavi 5.1) and have operated through a global pandemic.

The initial findings from the EVOLVE (ongoing Gavi grant management redesign) project align with this evaluation's findings and point to misaligned processes at all levels, with *"guidelines changing continuously or being difficult to understand by countries, which may affect the quality of the submission"*.¹⁴² We note that Gavi has made efforts to simplify processes and streamline various application guidelines and documents. There is also an ongoing discussion within the Gavi Secretariat on potential solutions to streamline the funding levers and subsequent instruments further. In this context, a cross-Secretariat effort is focused on simplifying funding levers in 5.1 by clarifying the landscape of funding levers and capturing pain points around its complexity to simplify the landscape going forward.¹⁴³ It is too early to see the results.

There are also challenges with communications. Some Gavi Secretariat KIs noted that a lack of systematic communications to raise awareness and understanding of Gavi policies, funding levers, and processes contributed to variations in levels of understanding within the Gavi Secretariat. This, in turn, was linked to highly variable outward communications to external stakeholders, notably across Gavi-eligible countries.

Other evaluations have found similar issues. The evaluation of the Fragility, Emergencies, and Refugees (FER) policy pointed to a lack of systematic communication to raise awareness and understanding among internal staff and external partners on the policy, which *"contributed to delays and...reduced efficiency in implementation and reporting"*.¹⁴⁴ The evaluation of the Eligibility and Transition and Co-financing policy found that while the broad aims of the policies are widely understood within the Secretariat, there were issues with communication across the different teams responsible for their implementation or translation to others.¹⁴⁵ One KI linked the acknowledged disconnect between the design and implementation of Gavi policies to *"the organizational structure, in that the roles within and between the vaccines and sustainability department, the country programmes department and those involved in the PEF team remain somewhat ineffectively distinct from each other despite their common investment in the policies"*. Other stakeholders noted that this issue had been exacerbated by the COVID-19 pandemic, which prevented the Secretariat from finalizing the processes and ways of working for strategy operationalization. Some stakeholders also acknowledged Gavi's efforts to strengthen communication functions and increase country awareness and understanding of the Gavi approaches, policies, and priorities at the country level, notably through the capacity strengthening of SCMs and CTs, as well as media outputs.¹⁴⁶ A positive example

¹⁴² Pain point 135 under the section of 'Processes are misaligned at the strategic, planning and operational level' from the PPT (slide 9) presentation of the pain point workshop, November 2022.

¹⁴³ Gavi, Funding Levers Brainstorm with EVOLVE SBMT, ppt, January 2023

¹⁴⁴ Evaluation of Gavi's Fragility, Emergencies and Refugees policy: <https://www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-fragility-emergencies-and-refugees-policy>

¹⁴⁵ CEPA. Evaluation of the Eligibility and Transition and Co-financing policy Report, Nov 2019

¹⁴⁶ For example, multiple media opportunities are used by Gavi to raise awareness of its Private Sector Engagement Approach (PSEA) and the role of Gavi's private sector partners in supporting frontline health workers, supply chain strengthening, digitising immunisation data, demand generation and providing additional financing for vaccines. Mat Donald. Evaluation of Gavi's private sector engagement approach 2016-2020. Final evaluation report, July 2021.

of this relates to the rollout of the Gender Policy (see Box 8). In addition, from June 2020, the Gavi FD&R team has launched 'Need to Know', a digital newsletter for countries and partners that provides the latest news and updates on Gavi policies, guidance, and other programmatic updates. These Gavi efforts contribute to improving the coherence of communication and lead to more consolidated communication with countries and partners.

However, one issue that was raised frequently by stakeholders relates to the CSCE approach and the requirement to allocate a proportion of EAF, HSS, and TCA grant support to be implemented by expanded partners. Although adequately clarified in existing policies, guidelines and the application kit, stakeholders interviewed through the country case studies widely reported confusion around what is perceived as a complicated and poorly communicated requirement, with uncertainty as to whether it is a requirement or merely a request from Gavi. It is, however, clear to the evaluation team that stakeholders raised this issue due to a reluctance amongst some of them to increase programming through expanded partners and the challenges of doing this.

Box 9: Country perception of Gavi instruments¹⁴⁷

Stakeholders in DRC and Ethiopia reported that application guidelines were complex and challenging to understand, with many tools and instructions that were not always clear. In Yemen, the programme funding guidance is found to be restrictive given the country's context,¹⁴⁸ leading to delays in application approval and implementation (see Annex 10).

In Cambodia, the cold chain equipment optimization platform (CCEOP) guidance was criticized as overly specialized/technical, and FPP templates were perceived as complex. In Djibouti, the programme funding guidance was identified as confusing during the application process due to its length and complexity. The CT emphasized that “150+ pages of guidelines” were difficult for country stakeholders to read, especially in the context of competing priorities.¹⁴⁹ This was specifically highlighted through the FPP application preparation, where guidelines were cited as a key barrier during their lengthy application process (from 2019 to 2022).^{150,151}

Even in Nigeria, where several interviewees acknowledged the significant capacity of stakeholders, application processes and guidance are viewed as too complicated and rarely fully understood by country stakeholders. For example, guidance for a recent TCA funding application was shared in March 2022. Yet, country plans were only approved in November, which according to KIs, demonstrates how long it took to translate guidance and develop a suitable application.

On the other hand, the positive aspect of having guidelines to utilize when negotiating in a country to mitigate risk has also been noted.¹⁵²

4.2.1.2 Full Portfolio Planning

Strong Finding 2.2: The Full Portfolio Planning process seeks to address some of the longstanding issues with the Gavi model. (e.g., as identified in [Finding 2.1](#), particularly the growing number of funding levers and the frequent updating of policies). Within the Gavi Secretariat, a portfolio management review and redesign process has been worked on during Gavi 5.0, guided by the principles of simplification/reduction of burden, increasing impact towards equity, allowing Gavi to operate more flexibly, and supporting better performance management. The Portfolio Management

¹⁴⁷ See Annex 10 for more detail.

¹⁴⁸ Contextual factors in Yemen that are reportedly misaligned with programme funding guidance include challenges with accounting systems and requirements of approval from both ministries for grant activities.

¹⁴⁹ Interview, Djibouti Country Team member, 23 January 2023.

¹⁵⁰ FPP Screening Template_2022_Djibouti, January 2022, Gavi.

¹⁵¹ As of 2022, guidelines have since been reduced to approximately 40 pages.

¹⁵² SCM Interview, January 2023

workstream's objectives were to: reduce the length of the process from planning to disbursement, provide a differentiated approach to portfolio management and country engagement (including roles and responsibilities of different partners and the Secretariat), and support the country's capacity to engage and streamline grant processes based on new grant architecture proposed.¹⁵³

This scope of work was complicated and related to Gavi's entire business model and ways of working. By Nov 2020¹⁵⁴, it was agreed that countries would use a ToC as the starting point for a single-country performance framework and integrated design and management. All cash support would go into a single envelope with core HSS support as the basis for top-ups for new introductions or campaigns and the multi-year TCA grant being separate but fully integrated into the process. The FPP process is described in Box 10 below.

Box 10: FPP process overview

Full Portfolio Planning – Gavi works with countries through portfolio planning (full or partial portfolio planning), previously known as the country engagement framework (CEF). Countries request new HSS support within the FPP and develop a three-to-five-year portfolio view, including HSS, vaccine and CCEOP support. Partial portfolio planning is applied to countries with ongoing HSS grants and can submit their requests for vaccine and CCEOP support. EAF applications are reviewed as a standalone grant or as part of FPP.

FPP design evolved from Gavi 4.0 to 5.0 as part of a set of key shifts to simplify portfolio management for all countries, integrate planning for all Gavi funding levers and differentiate processes and engagement along country segments. A harmonized application kit was developed to support FPP and rolled out to countries over the past two years. The intention of the FPP is to integrate planning for all Gavi funding levers.

Although the FPP process is still in the early stages (started in 2019), Gavi is already on its third iteration of the FPP guidelines, with seven countries completing the FPP in 2022 (Afghanistan, Burkina Faso, Cambodia, Djibouti, India, Pakistan, South Sudan) and with expected submission from eighteen more countries in 2023.¹⁵⁵ This means that only approximately a third of Gavi countries will be implementing the FPP in 2024.

A KI close to the process acknowledged that this workstream was probably not well enough resourced given its scope (one project manager) and that, despite a fairly substantial effort by one project manager (new TOC/application kit, FPP, MYAs, HLRP 2.0), the view was that the portfolio management workstream remains one of the less operationalized workstreams. This view is supported by the EVOLVE findings and views of many other internal and external KIs reported elsewhere in this report (see [Finding 1.3](#)).

Nonetheless, the FPP is perceived conceptually as a positive development, enabling countries and Gavi to take a more holistic and long-term view of Gavi support, the alignment of different types of support, and streamlining processes (Cambodia, DRC, Djibouti). Country stakeholders highlighted extensive stakeholder consultation and improved country-level dialogue as positive aspects of the FPP that potentially reduce application transaction costs and enable more efficient use of Gavi funds.

“FPP is extremely useful. It forces the country to bring everything into the same perspective and not have ‘islands’ within the country.” - KI

¹⁵³ Strat-Ops internal meeting slides “Gavi 5.0 Operationalisation: Update to the EO” 19 June 2019

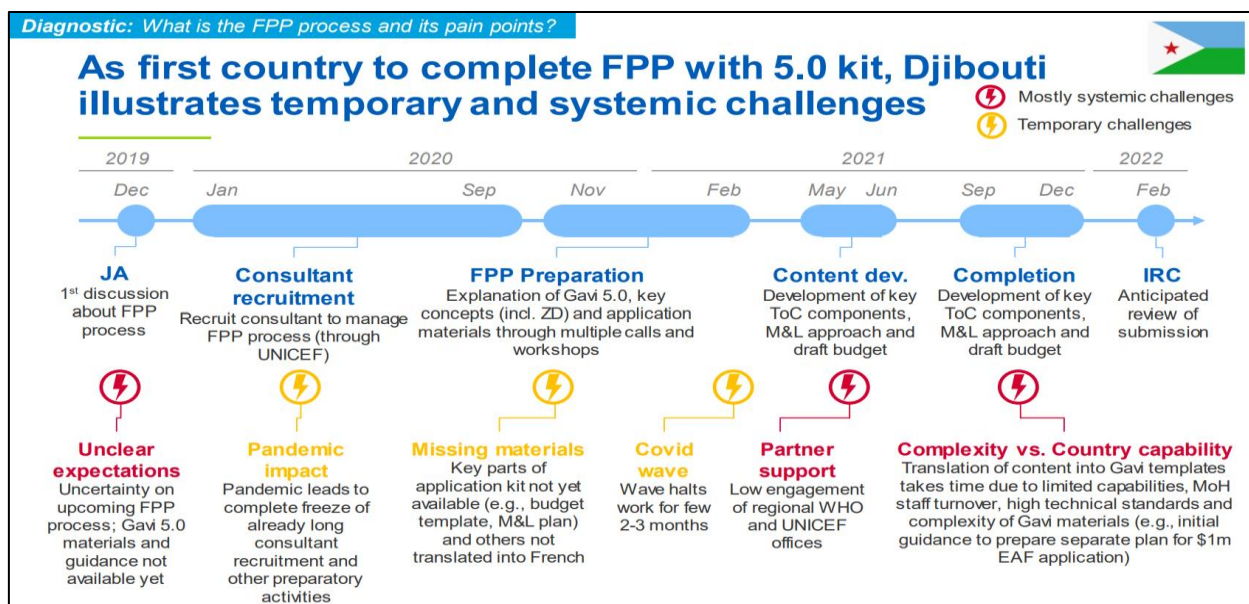
¹⁵⁴ Gavi 5.0: Portfolio Management Process redesign, Update on progress Nov 2020 (internal Strat-Ops slides)

¹⁵⁵ FPP tracker (excel sheet) as of 26 April 2022; countries targeted in 2023 include: Benin, Burundi, Cameroon, CAR, Comoros, Eritrea, Kenya, Mali, Mauritania, Nepal, Niger, PNG, Senegal, Somali, Tajikistan, Togo, Uganda, and Zimbabwe.

Strong Finding 2.3: The potential benefits of Full Portfolio Planning have not yet been fully realized. Key informants and documents¹⁵⁶ suggest that the FPP rollout has been challenging, partly due to the COVID-19 pandemic but also due to Gavi's many different and complex requirements and the desire for strong country plans. The FPP process has noted challenges in realizing its aims (see [Finding 2.1](#)) of reducing the length of the process from planning to disbursement, providing a differentiated approach to portfolio management and country engagement (including roles and responsibilities of different partners and the Secretariat), and supporting the country's capacity to engage and streamline grant processes based on new grant architecture proposed.

One of the objectives of the FPP was **to reduce the length of the process from planning to disbursement**. However, as of May 2023, CPMPM data showed an average of 14.71 months from initiation to IRC review decision, ranging from 7 to 26 months (and even more time until first disbursement, with the average time for all grants currently at 9.96 months).^{157, 158, 159} While in Cambodia, the FPP process was seen as intense but well-orchestrated and completed within seven months (enabled by the country programme and partner capacity and pre-work/analysis done in 2021), in most of the countries, the process was longer.¹⁶⁰ In Djibouti, a pilot country, the FPP process ran from 2019 to 2022 with multiple revisions to application templates and complex guidelines, as well as delays caused by the COVID-19 pandemic and issues recruiting a consultant to assist with the process (see Figure 13). Another example is South Sudan, where the FPP process lasted 22 months due to a lack of clarity on the strategic shift from Gavi 4.0 to 5.0, late finalization of the FPP application kit, reduction in the HSS budget allocation, and accompanying expectation management, as well as delays due to the COVID-19 pandemic alongside outbreaks of cholera and measles, and the ongoing threat of Ebola Virus Disease.^{161, 162}

Figure 15: Djibouti FPP timeline¹⁶³



¹⁵⁶ Both Gavi Secretariat and country KIs; country documents

¹⁵⁷ Internal CPMPM Dashboard, Gavi, accessed 29 May 2023.

¹⁵⁸ Average time of 14.71 months (in 7 countries) from kick-off of application process to IRC review decision. This was much higher in South Sudan, Djibouti, and Pakistan (22-26 months) than in Afghanistan, Cambodia, India, and Burkina Faso (7-8 months).

¹⁵⁹ Multiple KIs described this process as being more time- and resource-intensive than that for single grants.

¹⁶⁰ Gavi FPP Step back: streamlining, differentiating, and ensuring strong country plans, Synthesis document, June 2022

¹⁶¹ South Sudan CCS Report

¹⁶² South Sudan process evaluation, 5 April 2023, Gavi Secretariat

¹⁶³ Gavi FPP Step back: streamlining, differentiating, and ensuring strong country plans, Synthesis document, June 2022

Another objective of the FPP process was to **provide a differentiated approach to portfolio management and country engagement**. A particular issue relates to differentiation, a priority under Gavi 5.0, which the FPP process does not fully enable due to a lack of alignment between the requirements of the segmented approach vs the risk tolerance of the organization and individuals. To align workloads and streamline processes, country segmentation categories have been aligned with accompanying Secretariat staff resourcing, budget operational and IRC review requirements, programmatic sustainability considerations, and different levels of support available for vaccines and measles-rubella supplementary immunization activity depending on the country segment and transition timelines.

However, various internal and management constraints/incentives may hamper adherence to the outlined differentiated requirements/process for the country segments and revised ways of working. Evidence from country case studies revealed CT's discomfort with the minimal budget detail required of "Standard" countries according to the differentiation principle, being concerned that this would ultimately not meet the needs of the Board or the audit function. As one KI explained, "*We've been burned before*" in reference to times when the Board or the EO requested the CT for details beyond the requirements of a country in the "Standard" classification. Another KI similarly opined that the audit function was not aligned with the direction given to the rest of the Secretariat regarding increased risk appetite to be taken with "Standard" countries.

Box 11: FPP requirements

- Theory of change (ToC)
- Supporting Narrative of the ToC
- Costed Workplan
- New Vaccine Support Details (from 24 months)
- Monitoring and Learning Plan
- List of areas targeted with Gavi support
- Gavi budget template (if applicable)
- Country plans and technical reports
- Vaccine support request documentation
- PEF TCA activity plan
- Cold chain inventory and gap analysis tool with recent inventory report and facilities segmentation
- Comprehensive documentation o CCE needs
- CCEOP budget template
- Proof of status for CCE Tariff exemptions waiver: Import Duty Exemption Certificate
- Endorsements

Furthermore, with respect to **supporting the country's capacity to engage and streamline grant processes based on new grant architecture**, the FPP process and its numerous requirements (see Box 11) proved challenging for countries. For example, Ethiopia could not complete an inventory of all equipment purchased by Gavi in the last six months (including mapping and equipment functionality) to meet the requirements for CCEOP due to armed conflict in Tigray. However, we recognize the continued improvement in the quality of applications, particularly those developed under the FPP with higher levels of quality and high approval rates, as noted in the IRC reports and interviews with IRC.¹⁶⁴

In addition, while the benefits of having long-term plans were recognized, developing five-year plans was also highlighted as a challenge by country stakeholders, who expected

national priorities to change over that period (Djibouti).¹⁶⁵ This was especially true in fragile/conflict-affected countries (e.g., Yemen, South Sudan). Stakeholders also noted a lack of clarity on the process of reprogramming when priorities change, citing confusion about whether it involved another application and IRC review process.¹⁶⁶ We recognize that Gavi recently simplified this, with many budget- and activity-related shifts eligible to go through the reallocation process rather than a complete reprogramming and IRC review.¹⁶⁷

¹⁶⁴ Interview, IRC Member, February 2023

¹⁶⁵ Interview, Country Team Member, 23 January 2023

¹⁶⁶ Ibid

¹⁶⁷ Operational Guidelines: Reprogramming, Reallocation, and No-Cost Extension of HSS Grant, Gavi, 14 April 2023

4.2.1.3 Progress in streamlining grant management processes

Moderate Finding 2.4: There has been progress in streamlining grant application, grant-making, and grant management processes. However, challenges remain, linked to the underlying complexity of Gavi, IT rigidities during the strategy operationalization phase and known issues with Secretariat capacity, operational management, and risk culture. There has been progress in streamlining and simplifying the design of programme guidance and application materials under Gavi 5.0, including the FPP process (FPP step back, July 2022). However, there are limits to simplification, given these materials will inevitably be reflective of the underlying complexity of Gavi. There has been a continued effort to improve and streamline numerous guidance documents, which are now divided by investment area, clarifying what activities Gavi is looking to fund and how activities should be targeted (with supportive links). The categorization of programmatic activities and objectives has been aligned between the ToC, budget, M&E, and funding guidance, to align with Gavi 5.0 objective categories. Previously fragmented and difficult-to-locate application forms have now been consolidated with links to guidance.¹⁶⁸ Internal and external KIIs still complain about complexity – the number of guidance documents, number of pages, specialist language (especially related to CCEOP), the complexity of templates, and inconsistencies between guidance written by different teams. However, the timeframe of observations is not always clear in interviews, and KIS may be referring to previous experiences with older documents. It is also clear that no matter how much work goes into streamlining and simplifying programme guidance and application materials, they will be unable to fix what is fundamentally a very complex funding organization with so many new initiatives, funding baskets, differentiation approaches and administrative layers; programme guidance and application materials naturally will be reflective of this complexity.

Grant-making processes have also been streamlined, reducing layers and time required for grant approval requests at each level, automated decision letters versus manual entry, and shortening some internal processes on PEFs. However, initial EVOLVE findings point to misaligned processes, underutilized grant management tools, unclear roles and responsibilities, and scattered knowledge and data repositories.¹⁶⁹

There are several root causes of challenges to streamlining grant management processes, some of which have already been discussed (e.g., organizational capacity). In addition, specific IT system issues, such as the FIND/SAP financial database for renewal of programmes and the country portal for automated calculations and dynamic application forms, were recognized risks. These system risks can potentially disrupt or delay country application and renewal processes. Internal work plans noted actions intended to remedy these challenges: early and close engagement with Gavi's information and technology team (KMTS),¹⁷⁰ early and adequate training on SAP, and comprehensive documentation of the current IT platform from KMTS to address risks associated with a change in the service provider. Nonetheless, stakeholders acknowledged that the IT systems were one factor limiting the achievement of some strategic shifts.

There is a lack of a transparent risk management model. As far back as 2019, internal EO work plans¹⁷¹ acknowledged the need to develop a long-term risk management vision and clarify the three

¹⁶⁸ Source: evaluation team review of materials over the course of 6 months, as well as Secretariat KIIs

¹⁶⁹ EVOLVE: Key takeaways from the As-IS phase & pain points. Gavi ppt, October 2022

¹⁷⁰ KMTS is Gavi's information technology team responsible for implementing and supporting technology that enables the Gavi Secretariat in their global mission.

¹⁷¹ Executive Office Team Priority Matrices (TPM) mid-year 2020

lines of defence (3LOD) model¹⁷² by writing up the vision for the next phase of risk management, including the 3LOD model. Yet Gavi's Risk Appetite statement version 3.0 is written at a very high level, which is insufficient to support managerial decision-making, and it was last reviewed in June 2021,¹⁷³ before the effective operationalization of the country differentiation approach. As of mid-2022, this issue of revisiting risk management remained on internal risk registers as one that had not yet been fully addressed.¹⁷⁴

4.2.1.4 The role of Alliance partners and the IRC

Strong Finding 2.5: Core Alliance partners play a critical positive role in strategy operationalization, which varies to some extent across countries according to the context and country capacities of government and alliance partner staff. As well as inputting into Gavi strategy development and global processes, core Alliance partners, namely WHO and UNICEF, play a critical role in Gavi strategy operationalization at the country level. Their country presence and established relationships with stakeholders were described as invaluable to Gavi's operating model. They make an important contribution, alongside the SCM, PM, HSIS focal points and other members of the Secretariat CTs, to communicating and advocating for Gavi's priorities and supporting application processes. This often includes recruiting consultants to write the applications, responding to pre-screening and IRC comments on behalf of the country, and designing and supporting the implementation of immunization activities.

The nature and level of Alliance partner engagement and support provided vary by country but are often greater where country capacity is weaker and in fragile and conflict-affected countries. In Yemen, the CT, WHO and UNICEF have played a significant role through daily engagement, communication, and coordination. They brought together the Northern and Southern governates¹⁷⁵ to help them understand Gavi policies and intents, grant objectives, budget, and application processes (both governates must sign most documents). Core partners were crucial for increasing country buy-in from ministry and EPI officials in the Northern and Southern regions and reaching a consensus on objectives and budget allocation (aligned with Gavi priorities and the national immunization programme). In Nigeria, engagement with the World Bank has helped the country identify the key levers of support needed to improve transition.¹⁷⁶ Djibouti relies primarily on core partners (WHO and UNICEF) to provide technical support for their immunization programme.¹⁷⁷ In India, the Government, with the support of in-country partners, has led a comprehensive process to

¹⁷² In 2015, Gavi reorganised risk management and assurance functions around a best practice "three lines of defence" model: First line: understanding, monitoring and active management of risk in core business activities and country programmes. Second line: specialist support and objective monitoring through control and oversight functions, providing an additional "check and balance" on first-line activities. Third line: independent auditing of the first and second lines of defence to provide assurance that their risk management is effective. <https://www.gavi.org/our-alliance/strategy/risk-management>

¹⁷³ <https://www.gavi.org/our-alliance/strategy/risk-management>

¹⁷⁴ As of 2020 the EO TPM states: Finalising this got deprioritised in the second half of 2020 given the urgent need to engage heavily on COVAX risks and AFC/Board engagement while having lost consultant support and while waiting for clarity on reorganisation results" and by 2021, EO TPM states "Original expectation was to have the team fully up to speed by now and deployed across the routine work, giving us some capacity and headspace to do a proper strategic step back and devise a longer term strategy and the long awaited 3lod rethink – which has been postponed already several times since 2020. Unfortunately, this got derailed again by one team member leaving and having again to recruit, onboard and re-establish team dynamics and understanding of Gavi before we can take this on. Discussed proposal in Risk Committee/ Needs reprioritisation in context of resource constraints and increasing workload and demands".

¹⁷⁵ While the Yemen is seen as a singular entity for Gavi grant applications, there are two governments: the Northern and Southern Government. The Northern governate's MoH controls 70% of the country but is not internationally recognized. The Southern governate holds the official MoH, thus official power to approve and request even though they only represent a minority of the population. However, most documentations for grant application must be signed by both governments.

¹⁷⁶ CEPA, Evaluation of Gavi's Eligibility and Transition and Co-financing policy, Nov 2019

¹⁷⁷ Djibouti CCS report.

understand key barriers to reaching zero-dose, under-immunized and missed communities across focused states and identified districts.¹⁷⁸

Some stakeholders interviewed at both the global level and through the country case studies did, however, note that the role of core Alliance partners in strategy operationalization was hampered in some countries by a lack of (a) knowledge of Alliance priorities, processes, and best practices; and (b) capacity in some areas of the Gavi strategy. Shared priorities and knowledge at the global level across the Secretariat, WHO and UNICEF are often not cascaded to the country level, resulting in misalignment or outdated support.

Two examples of problematic areas cited include:

- Gender: A wide range of stakeholders noted a lack of expertise and capacity to address gender-related barriers at the country level, including among core Alliance partners.
- Civil society and community engagement: Partners noted a lack of engagement in the strategic decision-making around this shift in approach for Gavi 5.0 and that the shift towards greater engagement of expanded partners would reduce funds for core Alliance partners (such as in DRC where UNICEF's support was withdrawn in five provinces).

Strong Finding 2.6: The IRC is an important part of the strategy operationalization model, although its recommendations are not always addressed due to challenges cited by countries in responding to comments and recommendations. Furthermore, there is no system for tracking and following up on recommendations. The IRC reviews applications for Gavi support and recommends to the Gavi CEO whether to approve funding for new country grants.¹⁷⁹ The IRC structure, composition, processes, and ways of working have evolved under the Gavi 5.0 strategic period. For example, larger teams have more time allotted to review applications to take a more holistic view of the broad portfolio of Gavi support and address the increasing complexity of new FPP proposals and related grant monitoring required.¹⁸⁰ The IRC also now reviews PEF TCA support, and its review includes a set of criteria that capture the Gavi 5.0 strategic priorities. In addition, greater emphasis has been placed on assessing the degree to which applications address gender-related barriers, the analysis of which is undertaken by gender specialists recruited to the IRC.

There is considerable KI and documentary evidence¹⁸¹ to confirm that the IRC is vital in validating whether grant designs meet these and other Gavi strategic objectives and influencing those that do not. IRC comments and recommendations are communicated with countries through an Issue Resolution Tool¹⁸², and the Secretariat is responsible for ensuring that countries address the recommendations. While KIs suggested that the IRC's recommendations are taken seriously by the Secretariat and country stakeholders, analysis of IRC comments over time indicates that some issues are not addressed meaningfully over many years (see [Section 4.2.3](#) for subsequent findings for zero-dose children, gender and CSO engagement).

Stakeholders attributed this to two key factors. Firstly, interviews with IRC members and some Gavi internal KIs suggest that the IRC often has insufficient information on the country context, particularly for areas such as gender and CSO engagement, to make highly relevant and targeted recommendations. Those made can be generic and easily dismissed or require fundamental, long-

¹⁷⁸ India CCS report

¹⁷⁹ <https://www.gavi.org/our-support/irc>

¹⁸⁰ Since 2017, the IRC has convened at the country level and although with a significantly reduced number of IRC members, normally around three. During the COVID-19 pandemic IRC work in countries were interrupted and was performed online/remotely. Now again back to country level.

¹⁸¹ IRC reports and IRC consolidated reports and debriefing presentation

¹⁸² The issue resolution tool is a Gavi internal tool used for managing issues and action points recommended by the IRC for approved applications.

term change that countries cannot be expected to address within months but are not tracked over time. Secondly, the Issue Resolution Table tool was described as challenging to use, and there is no process to compile comments and recommendations into a database (unlike the Global Fund's equivalent of the IRC, the Technical Review Panel) for all grants across the Gavi portfolio. There is also no centralized repository of how IRC recommendations have been addressed in the final agreed grant design and documentation.¹⁸³ As such, there is a lack of clarity internally on how systematically and comprehensively the IRC recommendations are addressed in practice in each country and across the portfolio. The inability to measure progress in addressing IRC recommendations means there is little incentive or accountability to do so between grant applications. As a result, little progress is made over time.

However, the recent IRC review found that most FPPs have resulted in high-quality applications with a high approval rate and higher quality than other standalone applications.

4.2.2 *Translating Gavi's strategic priorities into grant designs*

Moderate **Finding 2.7: The Gavi Secretariat and wider Alliance work in a range of ways to ensure that Gavi strategic priorities are reflected in country grant applications and priorities. Evidence suggests that some ways of working are more influential than others.** As set out in the ToC and discussed above, Gavi primarily operationalizes its strategy through the provision of application process guidelines; vaccine funding, programme, and PEF TCA guidelines; advocacy, political and strategic engagement; completion of funding application tools and processes; the IRC's review and associated processes to address its recommendations; and leveraging its soft power.

A range of key informants, supported by document review and findings elsewhere in this report, suggest that the Gavi Secretariat places significant emphasis on the factors that are primarily within its control, such as developing funding application processes and guidance, of which there are many, which change frequently and are highly detailed. While these guidelines and supporting materials are targeted towards countries, the country case studies and the more comprehensive evidence collected at the global level suggest that country stakeholders often do not read or engage with them due to their length and complexity and the time constraints of some stakeholders. This is the case even in a country like Nigeria, to which Gavi provides significant levels of funding and where there is strong national capacity within the EPI and supporting agencies (e.g., Federal Ministry of Health (MoH), National Primary Healthcare Development Agency, and Nigeria Centre for Disease Control) to interpret and apply complex guidance.

At present, Gavi SCMs and Alliance partners are principally responsible for translating and communicating Gavi's application processes and guidance through workshops and verbal communications. However, stakeholders raised concerns that this may not be conducted systematically and comprehensively across countries. Further, due to the complexity and number of different application processes, consultants are often engaged to navigate the application process under the high-level direction of the MoH/EPI leadership, who are far removed from the operational details of the application process guidelines. As such, the evidence suggests that the priorities of these leaders (and the translation of Gavi strategy into grant designs and national immunization priorities) are not influenced by Gavi guidance per se but by the communication, advocacy and engagement of the Gavi Secretariat and Alliance partners. Strong examples come from India and Nigeria, where the Gavi Board and Secretariat leadership have engaged heavily with political leaders over many years. However, evidence from other countries suggests also that the observation is broadly relevant. We also note Gavi's efforts to take a systematic approach to translating and communicating Gavi's model and application processes and guidance to countries by starting a

¹⁸³ While the IRC do compile key themes through high-level reports, these do not provide the specific comments on each grant application.

comprehensive training of Alliance partners on all aspects of the Gavi model, launching 'Need to Know' digital newsletter, and by increasing the roster of consultants/FPP facilitators (recruited at the country level) and building their capacity to support the FPP exercise.¹⁸⁴

Many of these issues were identified in the Secretariat's internal FPP Step Back exercise, which analysed pain points and trade-offs between FPP process objectives.¹⁸⁵

Moderate Finding 2.8: A range of contextual factors at country level influence strategy operationalization and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs. The table below presents the key contextual factors which influence (enable or hamper) the process of strategy operationalisation at the county level and affect the extent to which Gavi's strategic priorities are reflected in Gavi grant designs. This is based on evidence collected through a desk review, key informant interviews and country case studies. In summary, strong leadership and government commitment and engagement with participation in dialogue processes, community engagement and strong partner collaboration and coordination are significant enablers, whereas weak country capacity, lack of human resources and country co-financing ability hamper strategy operationalization. Further detail on these factors is provided in Annex 14, Vol. II.

Table 4: 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	E			E		
Djibouti			E	H	H	H
DRC	E	E		H	H	
Ethiopia	E		E	H	H	
India	E	E	E	H	E/H	E
Nigeria		E			H	
South Sudan	E		E	H	H	H
Yemen	H	E			H	H

(E) – Contextual factor enabling strategy operationalization

(H) – Contextual factors hampering strategy operationalization

Moderate Finding 2.9: There is a general lack of information on and understanding of the extent to which Gavi's strategic priorities are reflected comprehensively within and across the grants it provides. Linked to [Finding 2.6](#) above on the IRC, there is no centralized repository or analysis conducted by the Secretariat to understand whether strategic priorities are or are not being addressed comprehensively or to a satisfactory standard within each of Gavi's grants. There are also historical issues with understanding precisely what is being supported through Gavi's HSS grants – the main mechanism for operationalizing many strategic priorities – as well as how best to prioritize scarce programme resources to achieve HSS and wider objectives, and the ultimate results of these grants.¹⁸⁶

¹⁸⁴ Twelve modules training on Gavi's application materials, program funding guidelines, budgeting, and templates conducted in 2022; Refreshment training planned for 2023.

¹⁸⁵ Gavi update, DP meeting, 16 February 2022 – FPP Step Back exercise

¹⁸⁶ Kenney, C, Glassman, A, (2019) Gavi's Approach to Health Systems Strengthening: Reforms for Enhanced Effectiveness and Relevance in the 2021–2025 Strategy. Center for Global Development

HSIS/HSS programming has evolved to target specific programmatic priorities and health system bottlenecks, providing greater clarity on the purpose of HSS funding. This has been supported by Gavi's integrated Programme Funding Guidelines and Gavi 5.0 application kit. Nonetheless, HSS grants remain tasked with achieving results across a wide range of health systems areas, and it was challenging for this evaluation to assess whether these and Gavi's wider strategic priorities are well reflected in HSS grants. Despite more recent work to improve the structure of budgets concerning work plan activities, there were only a few examples of completed grant work plans and budgets in the new template across the portfolio. For this evaluation, it has remained challenging to analyse and understand the extent to which HSS grants reflect and appropriately prioritize the six strategic priorities of interest (i.e., equity and zero-dose, fragility, emergencies and displaced populations, gender, civil society and community engagement, and domestic financing). The newly developed Country Programme Monitoring and Performance Management (CPMPM) with several operational and grant monitoring indicators may provide a more detailed overview of the reflection of strategic priorities in grant applications.

While the Secretariat periodically reports progress against a range of strategic priorities to the Board, this provides only a limited insight into how and the extent to which Gavi's strategic priorities are reflected comprehensively within and across its grants. For example, Gavi 5.0 progress indicators on the proportion of countries addressing demand and gender do not convey whether country grants are deemed to be designed to adequately address these issues in the context of country needs and, as such, do not provide meaningful insight. The Secretariat's supplementary annual reporting on progress in implementing the Gender Policy tends to be focused on work conducted at the global level and a selection of country examples where gender has been reflected in grant designs.

Moderate Finding 2.10: Gavi's model facilitates constructive negotiation during grant design and the agreement of mutual priorities between Gavi and countries and is doing that in a balanced manner that respects country ownership. Gavi's model delicately balances the concept of country ownership with the need to ensure that its support is provided in a manner consistent with its strategy and offers value for money. These are often complementary and not conflicting objectives, yet there is typically a need for negotiation between Gavi and countries on the proposed use and design of Gavi support. As highlighted above, this is often conducted between the Secretariat and countries (or partners acting on behalf of countries) before and following the IRC's review.

These negotiations are not usually related to the strategic direction of national programmes and Gavi grants, derived from pre-agreed national immunization strategies (NIS) (which replaced comprehensive multi-year plans in 2021),¹⁸⁷ but rather focus on achieving these joint objectives. Evidence collected through country case studies suggests that the negotiation process is conducted respectfully and without the Secretariat imposing significant pressure on countries to radically alter their plans. Gavi's reluctance to impose demands on countries may partly explain why some strategic priority areas remain unaddressed despite repeated IRC recommendations on the same themes over many years.

Where Gavi seeks a more fundamental shift in approach, such as following the adoption of the Gavi 5.0, evidence suggests that it has sought to do this in a balanced manner and one that respects country ownership. For example, following a Gavi high-level delegation and extensive negotiation, the Gavi Board approved Nigeria's long-term Strategy for Immunisation and PHC System Strengthening (NSIPSS 2018-2028). This 10-year plan for system strengthening aims to facilitate a successful transition from Gavi support and serves as the basis for Gavi's (and other partners')

¹⁸⁷ WHO & IA2030, 2021, Guidelines for Developing a National Immunization Strategy (NIS), <https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>

support to Nigeria. The NSIPSS is widely considered a country-owned plan that reflects national priorities and those of Gavi and its partners. Following the adoption of Gavi 5.0 and a high-level delegation visit led by the CEO to meet with President Muhammadu Buhari in February 2022, it was agreed that greater emphasis would be placed on reaching zero-dose children while maintaining the core focus of the NSIPSS on system strengthening. Stakeholders described this as a reflection of the need to meet both short-term and long-term goals shared by Gavi and the country.

4.2.3 Addressing key shifts for Gavi 5.0 Strategy

For this evaluation, we proposed in the IR to focus our assessment of results on the following areas, identified as key shifts for Gavi 5.0, to understand whether, how and to what extent they are reflected in Gavi's support to countries:¹⁸⁸

1. Equity and zero-dose children
2. Gender
3. Civil society and community engagement
4. Fragility, emergencies, and displaced populations
5. Domestic financing for immunization

These are explored in the findings below.

4.2.3.1 Equity and zero-dose children

Strong Finding 2.11: Gavi's strategy and funding levers have been highly targeted towards overcoming barriers to reach zero-dose and missed communities, which is increasingly reflected as a priority within Gavi's grant support (but to varying degrees and not in all countries). Across Gavi 4.0 and 5.0 strategy periods, Gavi has maintained a focus on reaching zero-dose and missed communities, in line with the goals of IA2030 (to be achieved between 2021-2030).¹⁸⁹ Gavi's Application Process Guidelines highlight a shift in focus of funding levers and their utility for reaching zero-dose and missed communities.¹⁹⁰ In addition, the creation of the EAF earmarked US\$500 million specifically for zero-dose children and missed communities for the 5.0 strategic period. In part due to Covid-19, 12 countries had applied for their allocation of US\$400 million of this EAF funding to Q1 2023. The zero-dose agenda is also at the heart of Gavi's FPP process, with new approaches to design programming using a human-centred design and addressing barriers to immunization faced by caregivers.¹⁹¹

Several good practices have been highlighted, which show progress in integrating pro-equity and zero-dose interventions in RI programming in a subset of countries – see Annex 16, Vol. II.^{192, 193} Analysis of the pro-equity interventions supported by Gavi and implemented in countries suggests that most countries included at least one pro-equity intervention in their support from Gavi in the 4.0 and 5.0 strategic periods.^{194, 195, 196} Further, reports from more recent years (e.g., 2020-2022) were more likely to include examples of pro-equity interventions that fit within the Identify, Reach, Monitor & Measure Advocate (IRMMA) framework and use of IRMMA-specific categories to describe

¹⁸⁸ These were selected as key strategic areas of importance, but also key shifts for the Gavi 5.0 Strategy in particular.

¹⁸⁹ <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>.

¹⁹⁰ For instance < <https://www.gavi.org/sites/default/files/about/zdc/Annex-B-Gavi-support-levers-role-in-improving-immunization-equity.pdf>.

¹⁹¹ Gavi (2022) Annual Progress Report 2021

¹⁹² 03-SPP_Progress, Risks and Challenges

¹⁹³ Annex A: Zero-dose & equity approach to immunisation: best practices. Gavi (2020) Annex to the Report to the Board 15-17 December 2020, Accelerating Efforts to reach zero-dose children and missed communities in Gavi 5.0

¹⁹⁴ FHI 360 (2022) Mapping of existing pro-equity interventions within Gavi supported countries, Draft, November 4, 2022

¹⁹⁵ Gavi (2022) Mapping of Pro-Equity Interventions in HSS Proposals in Gavi 4.0.

¹⁹⁶ UNICEF Solutions Library. Accessed at: <https://unicef.project-staging.com/solutions/>. This is related to Ivanova, V.; Shahabuddin, A.S.M.; Sharkey, A.; Johri, M. Advancing Immunization Coverage and Equity: A Structured Synthesis of Pro-Equity Strategies in 61 Gavi-Supported Countries. *Vaccines* 2023,11,191. <https://doi.org/10.3390/vaccines11010191>.

interventions.¹⁹⁷ Gavi's internal monitoring of HSS and EAF grant applications reviewed by the IRC in 2022 and Q1 2023 (n=20) suggest that 74% of applications use sound analysis to identify zero-dose children (limited by poor data quality in some countries). Still, only 64% include sustainable, tailored strategies to address the barriers identified.¹⁹⁸

However, stakeholders at the global level indicated that there is often confusion at the country level on the definition of a zero-dose child and what is required to address their needs. Linked to this, there was a general lack of specificity in the population groups being targeted (although new application tools require more specificity in this regard). Similarly, the extent to which HSS applications and Gavi support focus more on identifying and addressing equity issues varies significantly by country.

While the Secretariat's reporting to the Board has reflected that most HSS grants specifically target priority geographical areas, the IRC and High-level Review Panel have continually raised concerns about the lack of adequate prioritization at the country level.¹⁹⁹ Some in the Secretariat contest that this has not been such an issue in recent years, but other Secretariat members supported the assertion. There is also some difference of opinion within the Secretariat as to whether Gavi has adequately supported countries to make the best use of available funding on pro-equity and zero-dose interventions. While some stakeholders referenced the TA provided to 40+ countries, as well as the global online platform and community of practice, others noted that this did not go far enough.

Evidence from the country case studies and KIs suggests that part of the issue is prioritisation of zero-dose vis-à-vis other country needs. In Cambodia, for example, some stakeholders felt that there was too much emphasis being placed by Gavi on zero-dose children, as opposed to under-immunized children, given Cambodia's small zero-dose cohort size. Stakeholders also noted that the needs of under-immunized and zero-dose children would be better served if Gavi provided its support via the multi-donor pooled fund for PHC strengthening. In Nigeria, where a third of all zero-dose children reside, programming to reach these children is balanced by the need to maintain other RI programming and strengthen the wider health system in line with national objectives – this was described by some as addressing zero-dose but not at “full throttle”. In Ethiopia, there is also reported to be some reluctance among country stakeholders to thoroughly prioritize zero-dose at the expense of other country priorities.

Other issues raised by key informants related to the complexity and competing demands of Gavi applications for different funding levers, which limit the ability of countries to prioritize issues of greatest need or strategic importance. In particular, the multiple rounds of Gavi's COVID-19 Delivery Support were seen by some stakeholders to have taken priority, which had “cannibalized” the level of attention paid to zero-dose and other Gavi 5.0 strategic priorities.

4.2.3.2 Gender

Strong Finding 2.12: Despite efforts to accelerate gender-related programming, only some progress has been made to meaningfully integrate gender-responsive and transformative interventions in

¹⁹⁷ The IRMMA framework (Identify – Reach – Monitor – Measure – Advocate) was developed by the Alliance to help countries adopt a structured approach to reach zero-dose children and missed communities as a pathway to equitable PHC. Gavi (2021) Zero-Dose Funding Guidelines.

¹⁹⁸ Gavi (2023) Assessing country applications and grant designs: Gavi 5.0 Operational Shifts for Health Systems and Immunisation Strengthening (HSIS).

¹⁹⁹ For instance, in 2019 the Secretariat reported that “Out of 18 HSS grants starting in 2018, more than 90% specifically target priority geographical areas, compared to 57% in 2016”. (Gavi (2019) 2016-2020 Strategy: Progress, Challenges and Risks, Report to the Board, 26-27 June 2019). In 2018 it reported that “All 10 HSS proposals that have been recommended for support under the country engagement framework since 2016 included support targeted at specific geographical areas or at-risk populations with low coverage and/or large numbers of under-immunised children”. (Gavi (2018) 2016-2020 Strategy: Progress, Challenges and Risks, Report to the Board, 28-29 November 2018).

Gavi grant designs across the portfolio. The 2019 evaluation of Gavi's Gender Policy concluded that while progress had been made in implementing the policy at the Secretariat and global level, a lack of prioritization and resource commitment had prevented the efficient translation of the policy into action.²⁰⁰ A more ambitious policy was adopted in 2020, accompanied by a ToC and monitoring framework, alongside efforts to work with partners to enhance the capacity to understand, recognize and address gender-related barriers to immunization; to advocate to strengthen political commitment for gender equality and women's and girls' empowerment; and to develop tools and provide support.^{201,202,203} Gender has also been mainstreamed throughout FPP processes, and for countries not undergoing FPP, existing funds are being reallocated and targeted to ensure a stronger focus on the zero-dose agenda.²⁰⁴

Despite these efforts (and linked to many of the issues highlighted above related to limited strategy operationalization from 2020 onwards), the evidence from a range of evaluations and intervention mapping studies, and our country case studies, suggests that only a few countries have integrated a gender lens into their programming, and very few incorporated interventions that could be categorized as gender-responsive or gender-transformative.^{205,206,207,208} This is confirmed by key informants and consistently by the IRC, which noted in November 2022, *"Despite repeated IRC recommendations, countries are not conducting rigorous gender analyses and discussions of gender barriers, and proposals remain weak. Related gender-responsive or transformative strategies are insufficiently addressed and may not be incorporated in action plans."*^{209,210} Subsequent IRC reports suggest that recent FPP and EAF applications include greater analysis of gender issues. Still, there remains a consistent challenge in translating that into robust programming. This is supported by Gavi's internal monitoring of HSS and EAF grant applications reviewed by the IRC in 2022 and Q1 2023 (n=20), which suggests that 79% of applications use evidence to identify gender barriers. Still, only 64% include gender interventions to address identified barriers.²¹¹

The wider literature suggests that the translation of bold gender transformative strategic intent into meaningful action at the country level is a challenge common to development and global health agencies – this is in part due to the limitations of the support being provided and the health systems in which programmes are delivered.²¹² An evaluation of the COVID-19 Multi-Partner Trust Fund found that the gender component of programmes and projects significantly increased when a minimum score on the UN Women metric for measuring the gender responsiveness of programmes was made mandatory for project approval.²¹³

The Gavi Secretariat has also acknowledged that some countries experience a *"breakdown in the ideal process flow of conducting an analysis to identify gender-related barriers, then prioritizing*

²⁰⁰ <https://www.gavi.org/our-impact/evaluation-studies/gender-policy-2019>

²⁰¹ Gavi (2019) Annex C: Annual Report on the Implementation of the Gender Policy, Report to the Board

²⁰² Gavi (2020) Annex C: Annual Report on the Implementation of the Gender Policy, Report to the Board.

²⁰³ Gavi (2021) Annex D: Annual Report on the Implementation of the Gender Policy, Report to the Board.

²⁰⁴ Gavi (2022) Strategy, Programmes and Partnerships: Progress, Risks and Challenges document, Report to the Board, 7-8 December 2022.

²⁰⁵ Itad (2019) Evaluation of Gavi Gender Policy

²⁰⁶ Swiss Tropical and Public Health Institute (2019) Review of Health Systems Strengthening (HSS) Support

²⁰⁷ Gavi (2018) Mid-term Review 2016-2020

²⁰⁸ FHI 360 (2022) Mapping of existing pro-equity interventions within Gavi supported countries, Draft, November 4, 2022.

²⁰⁹ IRC Report, November 2022.

²¹⁰ A summary of the relevant content from each of the IRC reports since 2016 against each strategy priority area is presented in Annex 15.

²¹¹ Gavi (2023) Assessing country applications and grant designs: Gavi 5.0 Operational Shifts for Health Systems and Immunisation Strengthening (HSIS).

²¹² Malhotra, A (2021) The Disconnect Between Gender-Transformative Language and Action in Global Health. DOI: 10.37941/RR/2021/3

²¹³ <https://mptf.undp.org/project/00124795>

*interventions to address these barriers, and budgeting within HSS proposals to carry out these interventions. Thus, it is essential to support countries in ensuring that gender is featured from issue identification all the way to prioritization of resources”.*²¹⁴

A senior Secretariat member suggested that part of the issue was related to Gavi's approach to tackling gender in all countries rather than trying to prioritize limited resources for a subset of countries where gender-related barriers act as a key bottleneck for immunization programming (see Box 12). Others acknowledged that the Secretariat's ability to evolve as an organization and monitor activities included in Gavi grant applications relies on one person's work and, as a result, is limited.

Box 12: Gender-related barriers to immunization

In terms of HPV, a vaccine targeting adolescent girls, coverage remains low globally and especially in Gavi-supported countries, having declined in 2021 due to various factors. This includes ongoing supply constraints, service delivery challenges within pandemic disruption, and increased hesitancy in an increasingly complex vaccine environment.²¹⁵ Learnings from COVID-19 and HPV programmes revealed that reaching women and young girls with essential vaccines requires a different, tailored approach than RI for children. Common barriers faced by women in accessing COVID-19 vaccines were fear of side effects, time and money needed to access immunization services, and difficulty in registering for vaccination. Hence a renewed focus on HPV under Gavi 5.1

4.2.3.3 Civil society and community engagement

Strong Finding 2.13: Early observations from a new approach for civil society and community engagement suggest that it is helping to increase the budget allocation to CSOs, and especially local CSOs, through multiple funding levers. Gavi has long recognized the value of working with CSOs to achieve immunization outcomes. However, evaluations in 2012 and 2018 found systemic issues with the design and implementation of Gavi's support in this area, with both recommending a 'significant re-think' of how support to CSOs is administered.^{216, 217, 218} At the June 2021 Gavi Board meeting, a new CSCE approach was approved to ensure local partners and CSOs are better leveraged to tackle the zero-dose agenda.²¹⁹ This involves revising Secretariat business processes to create the necessary enabling environment for CSO engagement and revised country guidance to support countries to meet the Board requirement that 10% of their combined TCA, HSS and EAF ceilings are allocated for activities undertaken by CSO partners.^{220, 221} Additionally, for PEF TCA, guidance stipulates that 30% of funds will be allocated to local partners throughout Gavi 5.0 to recognise the critical role these organizations play in reaching zero-dose children and missed communities.²²² A new hosting organization has also been appointed for the CSO Steering Committee and the CSO Constituency.²²³

Evidence from the CPMPM Framework suggests that these targets were met in most countries where applications were approved in 2022 and 2023.²²⁴

²¹⁴ PPC-2020-Mtg-01-Minutes POSTED.pdf

²¹⁵ Gavi 5.1 Board mini-workshop Background vf; Gavi (2021) Annex D: Annual Report on the Implementation of the Gender Policy.

²¹⁶ <https://www.gavi.org/operating-model/gavis-partnership-model/civil-society>.

²¹⁷ <https://www.gavi.org/our-impact/evaluation-studies/evaluation-gavi-support-cso-2012>.

²¹⁸ <https://www.gavi.org/our-impact/evaluation-studies/evaluation-gavi-support-cso-2018>.

²¹⁹ Gavi (2021) Annex A: Gavi Civil Society and Community Engagement Approach, Report to the Board, 23-24 June 2021

²²⁰ <https://www.gavi.org/sites/default/files/board/minutes/2021/23-june/08%20-%20Annex%20A%20-%20CSCE%20Approach.pdf>.

²²¹ Gavi (2021) Annual Progress Report 2021

²²² Gavi (2022) Strategy, Programmes and Partnerships: Progress, Risks and Challenges, Report to the Board 7-8 Dec 2022

²²³ <https://www.gavi.org/news/media-room/amref-health-africa-appointed-gavi-new-civil-society-organisation-cso-host>

²²⁴ Data accessed on 26 May 2023.

- For TCA applications (n=52; FPP and standalone), 27% of the total approved grant value was allocated to CSOs, of which 67% was for local CSOs. While many applications substantially exceeded the 10% target, 11 did not meet it.
- For EAF applications (n=12; FPP and standalone), 38% of the total approved grant value was allocated to CSOs, of which 1% was for local CSOs and 70% for global CSOs. One application did not meet the target.
- For HSS applications (n=6), 28% of the total approved grant value was allocated to CSOs, of which 64% was for local CSOs. India was a big driver for this, allocating 42% and US\$46m to CSOs in its HSS application. Two applications did not meet the target.

Despite these initially positive findings, it is recognized by Gavi Secretariat that the new CSCE approach may not be sufficient to increase CSO engagement across the Gavi portfolio meaningfully. Several countries face a reduction in HSS and TCA ceilings in Gavi 5.0, and, despite additional funding available through the EAF, governments may not choose to prioritize CSO support.²²⁵ Evidence from country case studies conducted through this evaluation (e.g., in Cambodia, Nigeria, and Yemen) suggests that government stakeholders recognize the need to engage civil society but can remain sceptical of their capacity to implement activities at a greater scale and have not yet prioritized support for CSOs. The process of contracting CSOs by governments is also problematic in some countries (e.g., Djibouti), as are the practical challenges of engaging with multiple CSOs, especially smaller, local organizations. More positive progress was found in Ethiopia, where several expanded partners have been engaged to implement HSS activities and provide TCA.²²⁶

4.2.3.4 Fragility, emergencies, and displaced populations

Strong Finding 2.14: Mechanisms and processes to ensure that support can be provided to fragile states, in emergencies, and to displaced populations are increasingly being utilized. A 2021 evaluation of the 2017 Fragility, Emergencies and Refugees Policy found that interventions related to the FER policy were being integrated into HSS grants and that the effectiveness of Gavi's support to relevant countries was likely to have increased.²²⁷ The evaluation also identified a series of issues with the policy and its operationalization, including a need to further clarify eligibility criteria and rapid operational response requirements, as well as to ensure alignment with the Gavi 5.0 Strategy and the overall strategic intent to address pockets of low immunization coverage in fragile settings, focusing on emergencies and refugees.²²⁸ These findings echo the IRC's finding in March 2021 that *"the current [2017] FER policy, while helpful, is not sufficient to cater for all the specific requirements of countries affected by conflict and protracted humanitarian crisis"*.²²⁹

Partly in response, the Gavi Board approved an updated policy – the Fragility, Emergencies and Displaced Populations (FED) Policy – in June 2022.²³⁰ The policy is designed to enable Gavi to prioritize countries affected by chronic fragility, acute emergencies and hosting large numbers of displaced populations. Populations in these settings can benefit from flexible and differentiated support to maintain and strengthen immunization coverage. Through tailored support, bespoke

²²⁵ Gavi (2021) Annex A: Gavi Civil Society and Community Engagement Approach, Report to the Board, 23-24 June 2021

²²⁶ The Global Fund's effort, in addition to its Community, Rights and Gender Strategic Initiative, aimed at increasing involvement of civil society and community-based activities includes the addition of an annex of funding priorities for civil society where up to 20 activities were identified as crucial to grant implementation and to be used as an input into the funding request development and during grant making.

²²⁷ HERA (2021) Fragility, Emergencies and Refugees Policy Evaluation, Final Report, Vol. 1 Main Report, September 2021.

²²⁸ *ibid*

²²⁹ Summary of the relevant content from each IRC report since 2016 against strategy priority area is presented in Annex 15.

²³⁰ <https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-displaced-populations-policy>.

interventions can be adapted to systematically identify and reach zero-dose children and missed communities with the full course of vaccines as a critical step towards integrated PHC.^{231,232}

Furthermore, US\$100 million of the EAF budget is allocated to the Zero-dose immunization programme (ZIP), designed to reach zero-dose children and missed communities in fragile, conflict and cross-border settings outside government reach.^{233,234}

This evaluation has not assessed the implementation of the 2022 FED Policy or ZIP, although notes that other agencies such as the Global Fund have found that success in challenging operating environments is reliant not only on “*having the methodology and ideas in Geneva*” but an in-depth knowledge, from the side of the fund portfolio managers, CTs and COE team, of what is happening in the countries. This knowledge is gained through country dialogue and engagement in different partnership models based on “*who can do what and at what risks*”.

4.2.3.5 Domestic financing for immunization

Strong Finding 2.15: Co-financing is considered one of Gavi's key successes, with the vast majority of countries agreeing to meet co-financing requirements and most doing so, despite global and national economic shocks, including those caused by the COVID-19 pandemic. Gavi has applied a Co-financing Policy since 2007. The Board approved a second version of the Co-financing Policy in June 2015; a revised version was approved in June 2016. A 2019 evaluation of co-financing and the eligibility and transition policies found that the policies were: (a) well aligned with Gavi's 4.0 strategic direction and principles; and (b) well implemented, with high adherence to co-financing requirements and reduced defaults.²³⁵ Gavi Secretariat, echoed by feedback from the Board, considers that “*The Co-financing Policy has been an innovative and successful mechanism for increasing country ownership and promoting financial sustainability*”. It was noted that “*co-financing has generated more than US\$ 1.3 billion over the last 14 years and has been sustained during the pandemic. Due to these policies, 16 countries have successfully transitioned out of Gavi support, maintaining all their immunization programmes.*”^{236,237}

Despite Board approval in 2020 for the Secretariat to waive all co-financing requirements during the initial response to the COVID-19 pandemic, if needed, just six co-financing waivers were requested and approved in 2021, compared to 15 requested and nine approved in 2020 (waivers were applied to nine countries in total). The Gavi Secretariat attributes the almost full co-financing fulfilment between 2019 and 2022 to the strong advocacy and intense efforts of the Alliance on this issue.²³⁸ Such is the extent of the Co-financing Policy's success that some key informants reflected that countries rather than Gavi drive co-financing.

Some issues have, however, been identified, such as the complexity of co-financing calculations creating challenges with ownership and transparency at the country levels. Further, the policies were found to prioritize vaccines rather than immunization services, with insufficient attention to non-financial and health systems factors critical for sustainability.²³⁹ Acknowledging that more nuance

²³¹ *ibid*

²³² 03-SPP_Progress, Risks and Challenges

²³³ <https://www.gavi.org/vaccineswork/zip-new-way-get-vaccines-zero-dose-children-some-worlds-toughest-regions>

²³⁴ These are led by the International Rescue Committee (IRC) and World Vision (VW) in the Horn of Africa and the Sahel regions, respectively. <https://www.gavi.org/news/media-room/gavi-launches-new-partnership-reach-zero-dose-children-across-marginalised>.

²³⁵ CEPA (2019) Evaluation of Gavi's Eligibility and Transition and Co-financing Policies, Final Report, 26 November 2019.

²³⁶ 2019-May_05-Gavi 5.0_Operationalising the 2021-2025 strategy.pdf

²³⁷ Gavi (2022) Report to the Board: Annex A: Gavi 5.0 Mission and Strategy indicator dashboard and Strategy Implementation Indicators.

²³⁸ Gavi 5.1 Board mini-workshop Background vf.

²³⁹ <https://www.gavi.org/our-impact/evaluation-studies/co-financing-eligibility-and-transition-policies>.

and flexibility could improve implementation, the Gavi Secretariat revised the Co-financing Policy as part of a Funding Policy Review, which was substantially delayed due to the COVID-19 pandemic but approved by the Gavi Board in December 2022.²⁴⁰ The revised policy includes less operational detail to enable greater flexibility; efforts to simplify, streamline and align Gavi's three key funding policies (Eligibility and Transition Policy; Co-financing Policy; and Health Systems and Immunisation Strengthening Support Framework); provide greater provision for flexibilities according to the 2022 FED Policy; and to ensure that co-financing is not a barrier to the uptake of the malaria vaccine in particular.^{241,242}

It is, however, worth noting that the next set of countries in the accelerated transition phase is expected to pose significantly greater challenges than the 16 countries referenced above. Although they meet a GNI per capita threshold to start the transition process, many have weak health systems and low RI coverage (e.g., PNG). Some of these countries, such as Nigeria, are also facing severe economic challenges while seeking to introduce new and expensive vaccines, such as the malaria vaccine, which will create a high financing burden in the medium to long term. Djibouti, a country in accelerated transition as of 2022, also highlights the risk of using a crude measure of GNI per capita to determine transition status. Having nearly defaulted on its 2021 co-financing payment, the country requested to be put back into preparatory transition due to a lack of funding, arguing that a large part of its GNI comprises foreign debt.

5 Conclusions

The Gavi 5.0 strategy operationalisation process achieved varying levels of success in reaching the original aims of a more efficient operationalisation process. This was intended to be done by reviewing, developing, and updating the required instruments that would support the goals and objectives of Gavi 5.0.²⁴³ These included HSIS, TCA, and other support to reach under-immunised communities, using CSOs and gender-sensitive approaches, establishing flexibilities through the FED policy and MICs approach, providing differentiated approaches for country support, and streamlining grant-making and portfolio processes through FPP and multi-year approvals for vaccine support and TCA. While these factors were largely implemented through the operationalisation of Gavi 5.0, they were done to different degrees, at different times and with variable impact upon the overarching aims.

Table 5 presents the conclusions with reference to the detailed findings.

²⁴⁰ Gavi (2022) Funding Policy review: Eligibility and Transition Policy and Co-financing policy, Report to the Board, 7-8 December 2022

²⁴¹ <https://www.gavi.org/sites/default/files/board/minutes/2022/7-8-dec/11a%20-%20FPR%20-%20Context%20and%20HSIS%20Policy.pdf>.

²⁴² <https://www.gavi.org/sites/default/files/programmes-impact/Gavi-Co-financing-Policy.pdf>.

²⁴³ See the Gavi 5.0 one-pager.

Table 5: Conclusions mapped to findings

Conclusions	Map to Findings
HLEQ1: To what extent is Gavi's strategy operationalisation model coherently designed and fit for purpose?	
1. Solid improvements in the design of the Gavi 5.0 operationalisation model were made, building on lessons learned from Gavi 4.0. However, the overall effectiveness of operationalisation was nonetheless somewhat compromised due to several challenges coming together - pandemic-related constraints, persistent systemic challenges, and operationalisation design choices.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.13, 2.4
2. Full Portfolio Planning as a key operationalisation process has not yet fully realised its full potential to provide a more holistic approach to planning and grant design and positively affect the length of end-to-end grant management, further consolidation/integration of processes and monitoring of results is warranted.	1.12, 2.2, 2.3, 2.6
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?	
3. Despite progress in translating Gavi 5.0 strategic priorities into grant designs, this process is slow and variable by strategic priority area.	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15
4. There are a range of factors at the Secretariat and country levels that affect current and future operationalisation processes.	1.1, 1.6, 1.8, 1.9, 1.10, 1.11, 1.13, 1.14, 2.1, 2.2, 2.3, 2.5, 2.6, 2.8, 2.11
5. There are significant unrealised opportunities for Gavi to capitalise on factors that are within its control to effectively translate Gavi's strategic priorities into grant designs.	1.14, 2.4, 2.10, 2.11, 2.14, 2.15
6. Fundamental issues with the overall Gavi operationalisation model and persistent drivers of complexity to operationalisation are well known and threaten the prospects for achieving results under the next strategic cycle.	1.9, 1.10, 1.11, 1.12, 2.1, 2.4, 2.8, 2.9

The following section describes the conclusions, presented by thematic area, in more detail.

5.1 The strategy operationalisation model

Conclusion 1: Solid improvements in the design of the Gavi 5.0 operationalisation model were made, building on lessons learned from Gavi 4.0. However, the overall effectiveness of operationalisation was nonetheless somewhat compromised due to several challenges coming together - pandemic-related constraints, persistent systemic challenges, and operationalisation design choices.

The Gavi 5.0 strategy operationalisation process was intended to deliver more quickly and comprehensively than the process for Gavi 4.0. Various strategies to achieve this were pursued, with a structured and coherent design process put in place for translating strategic priorities into action with six workstreams and clear problem analysis, objectives, deliverables, and involvement of, and accountability to Gavi's senior leadership (see [Finding 1.1](#)). An operationalisation workshop in May

2019 refined the workstream scope, identified problem statements, clarified internal and external governance for each workstream, and considered resourcing implications in addition to overall sequencing/critical paths for deliverables (see [Finding 1.4](#)). Despite the coherent design of the operationalisation process, effectiveness was not fully optimal due to the following factors – design choices, the COVID-19 pandemic, and underlying systemic issues:

Design choices which might partly explain differences in operationalisation effectiveness across workstreams include:

- Through detailed ToCs, Gavi dedicated efforts to comprehensively conceptualise the causal pathways required to bring about change in programme/ policy intent at the country level. However, the timing of the ToC development did not lend itself to informing and guiding the design or prioritisation of Gavi's strategy operationalisation (see [Finding 1.2](#)). While parallel sequencing of ToC and workstream choice/implementation was a pragmatic choice, it does imply that the choice of workstreams and their sequencing/prioritisation/resourcing would not have been guided by an overarching, agreed framework that an earlier ToC process might have provided.
- Workloads, capacity, and leadership varied by workstream - some workstreams (policy, M&E) had natural 'homes' where the workload was anticipated as part of a normal scope of work, and some had access to external consultancy support (portfolio management and organisational review) (see [Finding 1.3](#)). The programmatic approaches workstream, tasked with developing programmatic guidance in an integrated manner, covered 15 priorities. It cut across many teams with a vast and ambiguous scope and had no additional resourcing, being led by and reliant on inputs and consultations from the Secretariat and Alliance partners (see [Finding 1.4](#)). These differences may partially explain the differential pace of implementation.
- The choice of workstream priority topics and the differential pace to which operationalisation workstreams progressed (areas that move more or less quickly and areas that are given more or less attention and resource) may be partially reflecting alignment around the fundamentals of the strategy itself and the power dynamics of who decides what gets prioritised. Strategic goals 1, 3, and 4 were not as prioritised as workstream key priority areas compared to SG2, in particular, the zero-dose agenda (see [Finding 1.7](#)).
- Furthermore, some priorities important to external stakeholders have not been prioritised during Gavi 5.0 operationalisation (see [Finding 1.6](#)), including those which appear to reflect a lack of alignment on aspects of the strategy itself. For example, participants from the partners' retreat agreed that the zero-dose agenda is a key priority; however, the extent to which it is "the" priority for Gavi 5.0 was challenged. Whereas retreat participants emphasised the importance of integration, alignment with other funders and ensuring Gavi support complements PHC, yet this theme was eventually relegated to one of 15 topics in the programmatic priorities. It was not prioritised during operationalisation (see [Finding 1.12](#)). This raises questions about the degree of transparency in the operationalisation process, the degree to which internal champions can influence operationalisation prioritisation, and how partner follow-up and accountability in future operationalisation efforts can be assured.

The COVID-19 pandemic also affected implementation progress, causing capacity constraints at country and Secretariat levels, and ultimately resulting in the Board deliberately pausing and recalibrating the prioritisation and pacing of some of the workstreams (see [Finding 1.8](#)):

- In response to the uncertain impact of COVID-19 at the country level, coupled with persistent bandwidth constraints across the Secretariat, Alliance, and countries, few of the instruments were developed or updated through workstream or departmental projects: EAF, Gender, and the measurement and accountability work, albeit adjusting to integrate implications linked to COVID-19. Programmatic approaches, portfolio management, partnerships, and innovation workstreams were purposely slowed down, and the PMO guiding the operationalisation

progress was disbanded. In addition, the Board decided to pause the comprehensive funding policy review, given the uncertainties engendered by the pandemic. The Board's decision impacted anticipated policy operationalisation changes, changes to co-financing, MICs and innovation approaches and the VIS, and spin-off effects on other operationalisation workstreams.

In addition, engagement in coherent coordination across multiple objectives, ensuring the complementarity of instruments and their development, guaranteeing a sufficient cadre of qualified human resources, and engaging meaningfully with stakeholders across levels and geographies with different priorities and capacity strengths represent longstanding challenges. They point to underlying systemic issues which have persisted since prior strategic periods and affect operationalisation effectiveness as well (see [Finding 1.9](#)):

- The delay of the organisational review even before the pandemic and continued challenges for an increasingly complex and expanding organisation posed by weak internal operational structures that could not have been solved by the delayed organisational review (see [Finding 1.10](#), [1.13](#), and [2.4](#)).
- The slow onboarding of additional human resources required by an expanded number of initiatives/projects, grants, funding windows, policies and country segmentation principles, including those needed to deliver on the Gavi 5.0 equity agenda, strengthening engagement at the sub-national level, and engaging new partners to work in fragile settings (see [Finding 1.13](#)) due in part to the delayed organisational review.

Conclusion 2: Full Portfolio Planning as a key operationalisation process has not yet fully realised its full potential to provide a more holistic approach to planning and grant design and positively affect the length of end-to-end grant management, further consolidation/integration of processes and monitoring of results is warranted.

The FPP process provides a more holistic approach to planning immunisation support to countries while at the same time addressing some of the longstanding strategy operationalisation barriers through an integrated approach of key funding levers and accompanying application processes. The FPP process allows for the development of a 3–5-year portfolio view through an integrated approach of key funding levers (HSS, CCEOP, Vaccine Support, TCA and EAF) and accompanying application processes that address the length of the application to disbursement process, a differentiated country approach, focused country engagement and streamlined grant management processes.

While the simplification of the eventual submission and approval process is cited as positive, the still lengthy application processes for the 'individual' funding levers are of concern – it can take anywhere between 7 to 26 months from FPP initiation to the IRC review decision. This initial experience points to the need for further consolidation and refinement of the approach, including for the support functions at the Secretariat, and further analysis of the results, given that implementation, is in its infancy (see [Findings 2.2](#) and [2.3](#)).

Systemic challenges persistent in Gavi 4.0 and 5.0 affected the timing of operationalisation. These challenges constraint progress in such areas as engaging in coherent coordination across multiple objectives, ensuring complementarity of instruments and their development, guaranteeing a sufficient cadre of qualified human resources, and engaging meaningfully with stakeholders across levels and geographies that have different priorities and capacity strengths and challenges (see [Findings 1.6](#), [1.7](#), [2.1](#), [2.11](#) and [2.15](#)). The intent of the FPP process has been to bring funding levers together towards greater synergy/coherence; however, the realisation of this intent may be limited by the factors identified and the fact that funding levers have different timeframes and start times (see [Finding 2.1](#))

5.2 Results of operationalisation

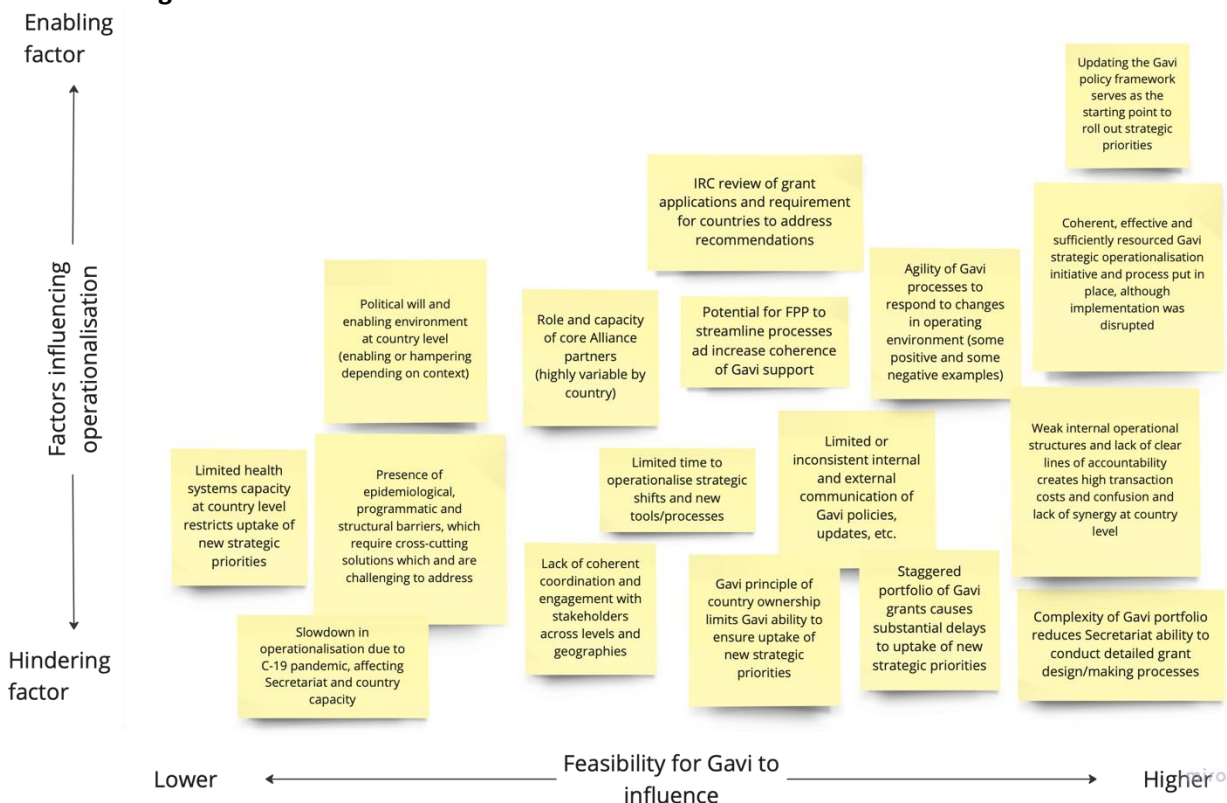
Conclusion 3: Despite progress in translating Gavi 5.0 strategic priorities into grant designs, this process is slow and variable by strategic priority area.

Equity and zero-dose are increasingly reflected as priorities within Gavi's grant support across the portfolio, but to varying degrees and not in all countries (see [Finding 2.11](#)). However, much less progress has been made to meaningfully integrate gender-responsive and transformative interventions in Gavi grant designs across the portfolio (see [Finding 2.12](#)). Early observations from Gavi's new approach for CSCE suggest that it is helping to increase the budget allocation to CSOs, and especially local CSOs, through multiple funding levers (see [Finding 2.13](#)). Gavi has also made progress in ensuring that relevant flexibilities and differentiated types of support are increasingly provided to fragile and conflict settings (see [Finding 2.14](#)). It has also continued to demonstrate a strong country willingness to meet Gavi co-financing requirements, despite global and national economic shocks, including as caused by the COVID-19 pandemic (see [Finding 2.15](#)). It was also recognised that the ultimate aim (of Gavi's gender & CSO approaches) to increase equitable coverage has a time lag. Therefore the utility of these approaches will not be known, probably even during this strategic cycle. This presents a challenge for learning and course correcting to inform the next strategic cycle.

Conclusion 4: There are a range of factors at the Secretariat and country levels that affect current and future operationalisation processes.

The evaluation identified a series of factors supported by several findings at Secretariat and country levels ([Findings 1.1](#), [1.6](#), [1.8](#), [1.9](#), [1.10](#), [1.11](#), [1.13](#), [1.14](#), [2.1](#), [2.2](#), [2.3](#), [2.5](#), [2.6](#), [2.8](#), and [2.11](#)) that enable and hamper the strategy operationalisation process. They are mapped in the figure below alongside the extent to which each can be influenced by Gavi relative to other factors. This is not intended to represent a comprehensive set of factors, and the position of the factors on the axes is indicative, based on a subjective assessment drawing on the evidence collected. It has not been subjected to any formal scoring or ranking process. It is acknowledged that the position of each factor will vary depending on the context. As such, the diagram should be considered an illustrative aid and interpreted cautiously. It nonetheless highlights that Gavi has significant influence over many of the most critical factors that hamper strategy operationalisation. Several factors are being addressed by the ongoing EVOLVE process and were also identified during the recent COVAX and IRC evaluations.

Figure 16: Analysis of factors enabling and hampering strategy operationalisation vs the feasibility of addressing them



Conclusion 5: There are significant unrealised opportunities for Gavi to capitalise on factors that are within its control to effectively translate Gavi's strategic priorities into grant designs.

Evidence from the evaluation (see [Findings 1.7](#), [1.14](#), [2.4](#), [2.10](#), [2.11](#), [2.14](#), and [2.15](#)) suggests that country grants are more likely to reflect Gavi's strategic priorities where:

- Gavi, core Alliance partners, countries and other stakeholders are highly aligned and focused on a particular issue, such as for zero-dose linked to IA2030;
- Gavi engages its most senior Secretariat staff, Board members and partner representatives for advocacy to political leaders in implementing countries;
- Gavi sets firm requirements on what countries need to include in their grant applications, for instance, in meeting fiduciary and co-financing requirements;
- a specific issue is focused on and targeted in a subset of countries, such that sufficient financial resources can be committed to achieving a meaningful difference, such as for Yellow Fever diagnostics strengthening; or
- the IRC has sufficient time and capacity to review grant applications to understand whether Gavi's strategic priorities are meaningfully reflected, and the Secretariat has worked to ensure that any gaps or issues are addressed in the final grant designs.

Conclusion 6: Fundamental issues with the overall Gavi operationalisation model and persistent drivers of complexity to operationalisation are well known and threaten the prospects for achieving results under the next strategic cycle.

Some of the key drivers include:

- *Insufficient capacity and high-level management attention to change management:* Recognising a need for more formal change management processes, the Secretariat recently embarked on several, most notably the EVOLVE grant management redesign project, which has identified pain points, particularly regarding grant management for the organisation to address. However, there are concerns about the length of time these will take to complete,

especially for those critical pain points to be addressed before the development of Gavi 6.0 (see [Finding 1.11](#)).

- *Limited dissemination and onboarding/communication of policy and programmatic shifts with the Secretariat and with partners and countries:* due to the insufficient and unsystematic communication resulting in variations in understanding of policies and guidelines at the Secretariat level, among Alliance partners, and at the country level and impeding the efficient and consistent operationalisation and translation of the strategy. Gavi is now investing significant efforts in strengthening communications, both internally and with external partners, to raise awareness and understanding of Gavi's priorities, policies, and strategic intent (see [Finding 1.13](#) and [1.14](#)).
- *Lack of coherence across strategy operationalisation design and process:* the key strategic shift associated with Gavi 5.0 is an increased emphasis on zero-dose, which is recognised by key stakeholders. However, many are unfamiliar with what the other key shifts for Gavi 5.0 strategy are or how Gavi intends to act upon them, for instance, gender and CSCE (see [Findings 2.9](#) and [2.11-15](#)).
- *Challenges in cascading the conceptual coherence of strategic shifts:* due to the overall complexity and vastness of Gavi's portfolio, the range of different strategic priorities being pursued, and the sheer number of underlying policies, frameworks, funding levers, guidelines, and tools. Achieving complementarity across this array of instruments is challenging as not all changes can be implemented simultaneously. Timelines are misaligned and further exacerbated by the fact that instrument design processes are managed by different parts of the Secretariat (see [Findings 1.10](#), [1.11](#), [1.13](#), and [2.1](#)).
- *Staggered portfolio of grants.* For instance, many Gavi grants were agreed upon before Gavi 5.0 strategy and, without reflecting the 5.0 key shifts, remained operational with little opportunity for reprogramming for several years into the 5.0 strategy period. In some countries, the first grants designed under the revised 5.0 guidance will start only in 2024, four years into a five-year strategy (see [Findings 1.11](#) and [2.1](#)).
- *Expectation that stakeholders can interpret a significant amount of information and guidance from a range of documents and tools.* As application processes, in particular templates and forms, change frequently, often with limited communication to country stakeholders, consultants are engaged to navigate these processes. Combined with a lack of guidance on how to prioritise across Gavi's many requests and strategic priorities, there is some risk created from this complexity that grant applications do not reflect the best use of Gavi's available resources (see [Findings 1.10](#), [1.11](#), [1.13](#), and [2.1](#)). Although Gavi engages in significant dialogue with countries around funding requests, it remains reluctant to impose considerable pressure or demands their design. Especially when considering that Gavi's new requirements for CSO budget allocation appear to be addressing this longstanding issue for Gavi, this may explain why certain strategic priorities remain unaddressed despite repeated IRC recommendations on the same themes over the years (see [Findings 2.6](#), [2.8](#), and [2.9](#)).

6 Lessons learned

The evaluation team has identified a set of lessons that Gavi could learn from operationalising the different instruments of Gavi 5.0 thus far that could inform the next strategic cycle (Gavi 6.0, 2026-2030). These lessons come from the findings presented above, supplemented by reviewing the evidence²⁴⁴ against the three learning questions identified in the inception report²⁴⁵ and from comparing and learning lessons from other organisations' experiences in facing similar challenges.

²⁴⁴ Including learning identified by key informants

²⁴⁵ EQ13-15 as set out in Annex 3, Vol. II.

A stakeholder consultation workshop was held in June, where we presented and engaged in discussion around our draft recommendations, which helped to further inform key lessons learned presented below.

6.1 Lessons learned from the operationalisation of Gavi 5.0 to date

Lesson 1: Countries, partners, and the Secretariat need enough time to understand a new strategy's priorities for these to be reflected in grant applications and reprogramming requests.

Unless a comprehensive, coherent, and adequately resourced strategy operationalisation process is established in advance of a new strategic period, countries will not have enough time to reflect strategic priorities in new grant applications and reprogramming requests of current grants. This process needs to be flexible enough to respond to changes in the operating environment.

Building on the experience of a limited and protracted strategy operationalisation process during the previous strategic cycle (Gavi 4.0), Gavi put in place a comprehensive and coherent strategy operationalisation process ahead of time to support the development and updating of relevant policies, frameworks, funding levers and guidance to support the implementation of Gavi 5.0.

Several work groups with clear terms of reference, broad participation of stakeholders and high-level oversight were established 18 months before the start of Gavi 5.0 to address both programmatic and organisational/managerial systems needed to implement the next strategy successfully. If human resources had not been diverted to address the pandemic, thus interrupting, and delaying the operationalisation processes, countries would potentially have been better positioned to reflect Gavi's strategic priorities in new grant applications or during the reprogramming of current grants. With the current implementation of EVOLVE as part of a wider Operational Excellence improvement process and the appointment of a new COO with broad oversight and direction responsibilities, it will provide an excellent basis for a similar coherent and comprehensive process before Gavi 6.0 implementation.

The comparator study found that the Global Fund endeavours to make material available to countries early (e.g., at the end of July if applications are timed for December) and phase its communications, sharing material at the time when it is relevant rather than when it is available.

Lesson 2: When additional funding levers with different application guidance and flexibilities are added to the portfolio, this creates confusion at a Secretariat and country level.

While dedicated funding levers allow for more targeted programming, such as for ZD and CDS, the additional implications, i.e., different time frames and guidance to countries, creates a more complex portfolio that is confusing and hard to navigate unless efforts are made to simplify the processes.

The organisation had a successful replenishment (2020) along with additional funding to address the COVID-19 pandemic (2021). The urgency to address waning routine immunisation while at the same time addressing the role of COVID-19 vaccination put not only a strain on the organisation (as previously reported under Gavi's response to COVID-19 and COVAX evaluations) but led to the subsequent additional formulation of grant application processes, i.e., CDS. This, along with others outside of the 'original' HSS grants, has limited time frames (either in years or when the separate funding is finished). The CDS example is one of a myriad of additional funding levers, with different application guidance and level of flexibility that have been widely reported as challenging to navigate and confusing for countries, the Secretariat, and Alliance partners. Early experience with integrating the new FPP process, which includes five main funding levers (including the EAF as part of the immunisation strengthening support agenda to address the zero-dose cohorts), provides an opportunity for multiyear funding horizons, reduced transaction costs, and singular approval processes. However, it has also presented a long application development process due to demanding requirements and complex guidelines. Addressing both issues and further consolidation of additional

funding levers in the FPP should further simplify grant development and management processes in the future.

Lesson 3: Gavi's commitment to its core mission makes it more likely to miss opportunities to meet other needs of children and communities, in coordination with other partners, organisations and stakeholders.

As Gavi gradually expands its business model from focusing on introducing immunisations to coverage and equity, and from childhood immunisation to life-course, the scope of its mission may be an obstacle to exploring opportunities for new partnerships and engagement in the comprehensive PHC agenda.

Key informants from country and regional levels shared that while the emphasis on zero-dose children and communities is paramount, it does not address other needs children/communities may have, such as nutrition, other childhood illnesses, and comprehensive, integrated care for childhood illness services. Gavi stakeholders were adamant that there is neither funding nor desire to move beyond the current core mission of the organisation: "Immunisation services are the strongest PHC service and can be used as a vehicle for other services, without us providing additional funding for it." At the same time, there are several countries where Gavi contributes to 'basket funding' for health services, although heavily on funding immunisation services, missing out on opportunities to address integrated supportive supervision and supply chain aspects for example. With the expanded agenda under Gavi 5.1 and the importance of and attention on SDG2030 and IA2030 agendas, there is increased emphasis on, need to, and room for engaging in a comprehensive PHC agenda in coordination with other organisations.

Lesson 4: There is an increased emphasis on learning within the organisation but less so outside of the organisation, particularly on the operationalisation of Gavi's strategic priorities.

The learning culture within the organisation is increasingly advancing, with training on the different instruments and cross-cutting issues such as gender and organisational reform. An extension of this to a wider audience, i.e., Alliance and other partners, as well as country staff, would provide an opportunity to deepen the understanding of Gavi's strategic priorities on the one hand as well stakeholder needs and their contextual barriers on the other, prior to the next strategy operationalisation process.

Key informants cited examples of Gavi investing in efforts to improve communication and learning, internally and to a lesser extent externally, to foster a better understanding of the Gavi 5.0 priorities, policies, and strategic intent. The rollout of gender training, albeit with a top-down focus, demonstrates a commitment to ensuring a better understanding of a key priority to Gavi. Additionally, the establishment of working groups at the Secretariat level has improved communication within the organisation around Gavi's priorities. Learning from these examples to address what was expressed by some as insufficient and unsystematic communication which in the case of the FER policy "...contributed to delays and...reduced efficiency in implementation and reporting" should be taken into consideration immediately and prioritised under the next strategy. This issue may be addressed through the EVOLVE process which will emphasize building a stronger end-to-end grant management system ideally based on learning and strong communication.

6.2 Lessons learned from the comparator study

In this section and throughout the report, we have sought to comment on the generalisability of Gavi's experience in strategy operationalisation by comparing and learning lessons from other organisations' experiences in facing similar challenges. This was primarily done by looking at the Global Fund and the Global Financing Facility (summarised in Box 13 below) and mapping key areas critical to ensuring organisation effectiveness (see Figure 14 below). While the comparator organisations were selected in consultation with Gavi, we recognise differences in their structure,

staffing, and other aspects that restrict how transferable the practices used by the Global Fund or the GFF are to Gavi. GFF, for example, has a staff of 45 (not including its county liaison officers) and an in-country presence that presents different opportunities and challenges to operationalisation than the Global Fund and Gavi. However, there are some practices which Gavi could investigate the feasibility of adopting or adapting (see box 13 below). Furthermore, the lessons learned from the comparator organisations are valuable for Gavi in identifying possible alternatives to its current practices.

Box 13: Headlines of the Global Fund and GFF strategy operationalisation

The following select headlines of the grant management processes, including engagement with civil society and communities and in fragile/ emergency contexts, indicate some aspects of how the Global Fund and the GFF have approached similar challenges to Gavi in strategy operationalisation.

Strategies developed principally in Geneva require significant effort to guarantee understanding of the strategic intent at the country level (challenged by a workforce based at the headquarters level) and timely sharing of information to allow countries to act on the new strategy, guidelines, policies, and other critical documentation. These efforts can be significantly compromised by a workforce solely based at the headquarter level where, according to key informants, people based in Geneva cannot fully communicate things in a way that resonates or is immediately understood. To help ensure the translation of strategic intent and effective communication at the country level Global Fund taps into its country coordinating mechanisms, made up of voluntary representatives, to translate strategy into intent, albeit with varying degrees of success. They also engage regional platforms, including those under the community, rights, and gender strategic initiative (CRG-SI), to convene civil society and communities to engage in specific country dialogue processes where Global Fund operational policies, guidelines and funding mechanisms are discussed and activities planned, this has been met with some success. Additionally, what has worked well is the timely availability of materials in a variety of languages (e.g., allocation information, funding request material) and staggering information sharing based on a what's necessary now, what's needed during the next phase philosophy.

The GFF has a unique management structure with country liaison officers (CLOs) based full-time in countries of operation. These officers engage government, partners, youth, civil society, the private sector, and others to guarantee an understanding of the strategic intent of the GFF model/ support and the critical aspects of country-driven development and implementation of investment cases. This on-the-ground presence is seen as a critical part of the GFF model, which “would not work as well without them”. The CLO model demonstrates value for money in that they help guarantee understanding and delivery of results through continuous engagement with the government (the implementers of the investment cases) and, critically, civil society and are not a significant driver in the cost of the GFF model.

Differentiated funding mechanisms for civil society and communities outside the normal grant mechanisms have proven useful for advancing community-based responses. Recognising the challenges faced by civil society and communities concerning technical capacity, coordination, and harmonisation in addition to grant management (having quality or certified systems in place to be held accountable for financing and producing results), both the Global Fund and GFF have developed differentiated funding models to service these groups. Through its CRG-SI, the Global Fund is directly contracting civil society networks and regional platforms to provide TA through peer-driven and peer-supplied support that covers the grant lifecycle. This support has shifted to a longer-term planning model (covering 2-3 funding cycles), a longer-term ToC for the CRG-SI in line with the overall strategy theory of change, and a longer-term learning framework to track the full results chain.

The GFF has established a robust costed civil society engagement framework which outlines concrete actions to strengthen collaboration, including a focus on more meaningful women-led and youth engagement. Differentiated grant mechanisms, including the TA and engagement hub and the GFF small grants mechanism, operate alongside the investment case grants. These mechanisms provide TA and small grants to civil society grounded in a holistic plan based on mapping activities, capacity needs, skills, available resources, and related gaps. Key informants report these efforts to be successful, partly attributed to “working with new fresh minds, not usual suspects of civil society in countries”, including more engagement of women-led efforts and youth-centred activities.

Working in challenging, fragile, and emergency settings may require a change in organisational culture and new partnerships. Also critical to implementation in these settings is collaboration and coordination between the global health initiatives and actors working at the country and regional levels. It was noted that within the Global Fund, unclear and inconsistent risk appetites (of individuals) constrain the use of their COE policy and contribute to inconsistent operationalisation at the country level. Key to success was seen as managers and owners of the policy engaging together at the country level to assess who is doing what, where, and how to better understand and facilitate country understanding as to how flexibilities and innovation (under COE policy) can be applied. Although the GFF does not have a separate policy for working in fragile settings, the development and implementation of the investment case are country-specific rather than standardised, which means countries can draw on different parts of the business model to address various aspects of fragility in accordance with local needs. In addition, investment case development and implementation are fully country-led processes, which include supporting decentralised implementation at the sub-national level with tailored approaches (e.g., Nigeria and working in the Northeast). GFF, through the holistic investment case, heavily promotes and invests in collaboration and coordination with other actors. An excellent example of this is the ‘single contract’²⁴⁶ in DRC, where the Global Fund, Gavi and the GFF are working hand in hand, along with the government and others, through the pooling of resourcing to cover operational costs for which allocations are based on a single operational plan, single budget, and a common performance framework. Documented keys to success include alignment, appropriate, harmonisation, mutual accountability, and results-based management.²⁴⁷

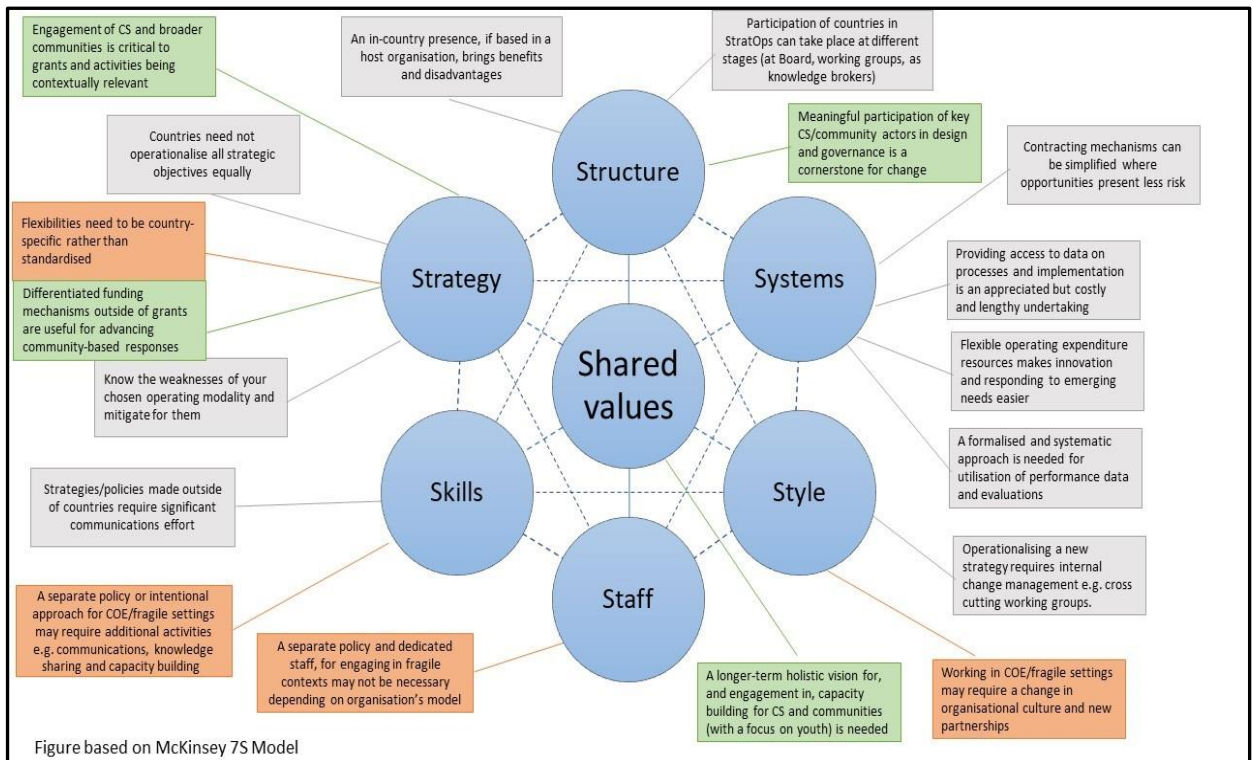
Figure 17 summarises the high-level findings from the comparator study of Global Fund and GFF (see Annex 17, Vol. II) and maps them against the McKinsey 7S’s.²⁴⁸ From this mapping, it is noteworthy that most (eight of ten) of the key learning points on strategic operationalisation (grant management and 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. However, this influence may require significant resources, such as an overhaul of a data system, for example. The ongoing EVOLVE process is addressing several of these elements, and some are suggested as recommendations under the evaluation.

²⁴⁶ Single contract – is an innovative management mechanism approach developed by the Ministry of Public Health, Hygiene and Prevention of DRC with support from GFF to finance the intermediate level of the health care system in DRC through better coordination in terms of financing, optimizing the use of available financing and responding to health priorities at the provincial level.

²⁴⁷ The single contract in the Health Sector in the Democratic Republic of Congo, Knowledge, and learning case study, GFF. November 2022

²⁴⁸ McKinsey 7S model is a framework introduced to address the critical role of coordination, rather than structure, in organisational effectiveness. The 7S Model refers to a tool that analyses a company’s “organisational design.” The goal of the model is to depict how effectiveness can be achieved in an organisation through the interactions of seven key elements – Structure, Strategy, Skill, System, Shared Values, Style, and Staff

Figure 17: Summary of high-level findings from the Global Fund and GFF



Note: Grey boxes reflect findings of the operationalisation of grant management processes; Orange boxes reflect findings on the engagement of civil society and communities; green boxes reflect findings of engaging in fragile and emergency situations.

Box 14: Practices from GFF and the Global Fund

- (The Global Fund) Simplified internal processes for approving COE policies – category of risk (low level to be approved by the regional manager through emails – taking responsibility at that level), not for major pieces of the portfolio.
- (GFF) Commitment to diversity in the membership and leadership of working groups and committees, e.g., the GFF SRHR Working Group Co-Chair is a young medical student from Niger.
- (The Global Fund) Produced a series of webinars to help countries navigate guidance, e.g., what the essentials of these programmes are.
- (The Global Fund) Surveying country stakeholders after each funding window for their feedback on the processes, forms, applications, suppliers, etc
- (The Global Fund) Exploiting a full range of contracting possibilities within their risk tolerance and grant architecture, e.g., streamlined continuation where countries are showing results.
- (GFF) Providing financial incentives for alignment (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).
- (The Global Fund) Funding partners to translate guidance into something more accessible for different audiences, e.g., Global Fund Strategy 2023–2028: The Smart Sex Worker’s Guide [click here](#).
- (The Global Fund) Making material available early, e.g., end of July if applications are happening in December.

7 Recommendations

This section presents several recommendations based on the evaluation findings and conclusions for consideration and further validation during the upcoming stakeholder workshop on 20 June. Overall, the recommendations advocate for simplifying and prioritising the operationalisation process.

While the evaluation suggests significant issues to be addressed, the evaluation team is aware that the EVOLVE grant management redesign project is focusing on several identical pain points:²⁴⁹

- Misaligned processes: Processes are misaligned at the strategic, planning, and operational level (also influencing 2-4 below).
- Underutilised grant management tools: Existing grant management tools underutilise functionalities, automation, and integration.
- Unclear roles and responsibilities: Roles and responsibilities are not assigned - creating inefficiencies and impeding proper onboarding and training of people.
- Scattered knowledge and data repositories: Scattered knowledge and data repositories prevent Gavi from having a single source of truth.

Some of the recommendations suggested below will complement EVOLVE's efforts.

For each of the recommendations, we have suggested timelines for implementation also subject to further confirmation of their feasibility. We have indicated three timelines:

Act now	Start immediately with the proposed recommendation.
Continue	Aware that this may be ongoing, continue with what has been suggested but tweak it as necessary.
Develop and introduce	Develop a plan to address and introduce it before Gavi 6.0 operationalisation starts.

Recommendations addressing the operational model

Recommendation 1: For the development of Gavi 6.0, ensure that it continues on the same trajectory as 5.0/5.1, with only essential course corrections considering the delays in the operationalisation and implementation of Gavi 5.0 and key considerations around the capacity of the Secretariat to further adapt.

Given the magnitude of the strategic shifts from Gavi 4.0 to 5.0/5.1 and noted delays in operationalisation, not least due to the COVID-19 pandemic, many countries are still in the process of applying for new grants, reprogramming existing grants, or undergoing a comprehensive FPP process. In many countries, grants reflecting Gavi 5.0 strategic shifts may not be implemented until the Gavi 6.0 strategic cycle. Therefore, more time is needed for the operationalisation and uptake of the strategic priorities by stakeholders.

Considering the alignment of the strategic cycle with the replenishment cycle and changes in the global health architecture, addressing the post-pandemic agenda and additional emerging public health issues such as climate change, poly-epidemics, inequities in MICs, fragility and conflict, and health sector financing constraints, it is recognised that strategic changes will likely be reflected in Gavi 6.0. The Gavi Board should, therefore, consider retaining the current strategic focus for the next strategic cycle with limited changes. Ensuring limited changes will allow sufficient time for the Gavi

²⁴⁹ Information is updated up to the end of our temporal scope in December 2022. We are aware that EVOLVE has progressed substantially and rapidly, particularly in addressing portfolio management.

5.0/5.1 strategy with its recently approved changes and objectives, which are crucial to the core mission of Gavi,²⁵⁰ to be fully operationalised, while the outputs of the EVOLVE and Operational Excellence processes and the recommendations provided in this report can be acted upon without the upheaval of shifting strategic priorities.

Furthermore, one should consider the trade-offs of introducing new focus areas, with the accompanying policy development, (individual or integrated) funding levers, program guidance and organisational requirements. As part of a strategy operationalisation process or an overall business planning process, Gavi should investigate the opportunities and challenges in the upcoming five-year period and learn from them to determine the degree of evolution needed.

Who: Gavi Board, Programme and Policy Committee (PPC)

When: **Continue**

Recommendation on the coherence of process, instruments, and outcomes

Recommendation 2: Create a senior, responsible entity within the Gavi Secretariat to guide, design and oversee the strategy operationalisation process, including the development of, and accountability for, an operationalisation plan.

A Programme Management Office (PMO) guiding the strategy operationalisation process was put in place at the start of the Gavi 5.0 operationalisation. However, it was prematurely disbanded by the Executive Office, resulting in a loss of momentum and coherence in workstream activity. Although the strategy operationalisation process needs to involve a diverse set of stakeholders, it nonetheless needs to be guided and overseen by a central anchor entity. This could be a unit, one responsible person, or a group of business owners, and either be permanent or ad-hoc. This entity will need to interface with many parts of the organisation and wider the Alliance, feeding back and responding to constraints that may prove challenging to implement. The necessary skills to include in such an entity are not only strategic, conceptual, and analytical skills but also operations management, organisational change management, and a solid understanding of the challenges of cascading strategy within layers and teams in the Secretariat, Alliance partners and ultimately, at country level.

The operationalisation process should start before each strategic cycle; for Gavi 5.0, the process started almost two years before the 5.0 strategy was due to begin. For the 6.0 strategy, it is recommended that operationalisation planning starts during the strategy development phase to provide a reality check on the feasibility of operationalising any considered strategic shifts. The responsible entity should be tasked to develop a detailed operationalisation plan to include the scope of work, performance framework, timelines, and participants for each workstream that relates to the key strategic and operational shifts required. It should furthermore detail a progress monitoring plan with defined indicators. This work should build off the operationalisation design plan developed for Gavi 5.0. Accountability for the operationalisation plan ultimately lies with the responsible operationalisation entity and should be regularly reviewed by the Executive Office, with progress reported to the Board.

Without a responsible entity and an accompanying operationalisation plan, strategy operationalisation risks being 'another project' within the organisation and subject to de-prioritisation over time. This entity's roles, responsibilities and authority must be well-defined and communicated with a guaranteed commitment to change and a country-centric focus. Embedding

²⁵⁰ The core mission of Gavi is to save lives and protect people's health by increasing equitable and sustainable use of vaccines; Under Gavi 5.1, this is assumed as providing the initial childhood vaccinations (including HPV vaccinations for girls) as per the original mandate, but now also ensuring equitable access to COVID-19 vaccinations and the new malaria vaccine.

responsibility within a single entity accountable to the Executive Office and the Board may provide it with the necessary oversight and permanency this process requires.

Who: Executive Office, Gavi Secretariat

When: [Develop and Introduce](#)

Recommendation on capacities to support the operationalisation process

Recommendation 3: Design and implement an operationalisation process supported by adequate resources to ensure the process can be coherently cascaded throughout the organisation and translated to country-level grant designs.

Under Gavi 5.0, some managers were required to take on additional workloads (beyond their day-to-day roles) to fulfil the requirements of operationalisation workstreams. This resulted in a variable capacity to dedicate to the process.²⁵¹ There was also insufficient recognition of the need for additional resources to support Secretariat teams through change management processes. Learning from the experience and challenges of those involved in strategy operationalisation and subsequent implementation under the Gavi 5.0 strategy, as well as comparator organisations like the Global Fund, future operationalisation efforts need to ensure that the extra work involved in operationalisation is appropriately resourced. Resources required will vary with the magnitude of the necessary strategic shifts and the degree to which the operationalisation workload is part of a team's normal scope of work versus an "add-on" to teams' and individuals' day-to-day work scope. More significant strategic shifts and cases where a workstream does not have a regular "home" may require external resources.

The risk of not providing adequate resources is that operationalisation may be delayed, or strategic instruments may lack coherence in cases where workstreams progress along at differential paces. The operationalisation plan should clearly define necessary resources (see **Recommendation 2**).

Who: Gavi Secretariat, COO (until responsible operationalisation entity is in place)

When: [Develop and Introduce](#)

Recommendation 4: Empower staff to implement the strategy as appropriate to the country context by cascading decision-making authority throughout the Secretariat.

The responsibility for administering the range of Gavi funding levers rests with different Secretariat teams/ departments, and it can be unclear who has decision-making authority – a technical unit head (e.g., head of FMRA), the HSIS head, the geographical head (differential country directors or the county support MD), or the SCM. The evaluation found that this often results in all stakeholders being consulted and even simple decisions being taken inefficiently.

There is a need to define a new vision for delegating authority, which empowers teams with the skills, capabilities, clear designation to, and accountability for, taking specific strategy alignment or operationalisation decisions. Staff should feel safe in their decision-making delegation grounded in reducing the layers of decision-making. They could start focusing on signing off on straightforward decisions with lower risk. This implies that Gavi acknowledges there is risk involved in a reduced number or even single approval delegation of power but also realises the urgency to address current challenges.

This evaluation supports several sub-recommendations of the EVOLVE project, which require the Secretariat to:

- review the roles and responsibilities of country-facing staff vis-à-vis higher-level management;

²⁵¹ Other than the strategy and policy teams as well as M&E; strategy operationalisation is part of their normal scope of work.

- develop a change management approach to ensure simpler and faster decision-making; and continue to work (under EVOLVE or the overall Operational Excellence process) on addressing risk aversion, defining, among others, what risk appetite means for individuals with decision-making abilities and developing appropriate guidance for staff accordingly. While at the same time acknowledging that the EVOLVE project will take time and some quick fixes can be implemented now.

Who: Gavi Secretariat, Executive Office, and senior managers

When: **Act Now**

Recommendation 5: Increase the involvement of Alliance partners, including country stakeholders, in the strategy operationalisation process, before and during the grant cycle, with more clarity on their roles and responsibilities while ensuring accountability.

Although Alliance partners were initially consulted in February 2020 on the Gavi 5.0 strategy operationalisation, many of the inputs provided were not taken forward in operationalisation and mechanisms to enable continued involvement of and accountability to external stakeholders varied by workstream. Thus, it is recommended that external stakeholders' involvement be made more systematic through participation and consultation during strategy development, operationalisation, and implementation, to facilitate discussions of strategic relevance and ensure that strategic directives are aligned with context, capabilities, and country needs. It does not lead to more complicated processes or confusion during grant application and implementation.

The assumption underpinning this recommendation is that multi-stakeholder engagement at multiple levels and stages throughout the strategy development, operationalisation and implementation phases will facilitate discussions of strategic relevance and ensure that strategic directives are aligned with context, capabilities, and country needs. It will also create the ownership necessary to achieve a defined level of accountability among all partners.

The risk of involving a wider group is that the operationalisation process becomes slow and unwieldy. However, the risk of not doing so is that the strategy and its operationalisation may be perceived as lacking relevance to country needs or may not achieve sufficient buy-in and ownership. To mitigate these risks, the responsible operationalisation entity should define a stakeholder engagement strategy to allow for differential engagement of stakeholders according to the contribution each can bring and the importance of each as part of the process.

Who: Secretariat, COO (until responsible operationalisation entity is in place)

When: **Act Now**

Recommendation on the complexity of the Gavi portfolio and its instruments

Recommendation 6: Simplify and streamline funding levers and related guidance, tools, and processes.

The evaluation found that a significant cause of complexity within the business model related to the expansion of funding levers over the Gavi 4.0 and 5.0 strategic periods. This expansion was driven mainly by a desire to promote strategic priorities that were new, elevated or had additional or earmarked financial resources to support implementation, such as EAF. However, the vast array of funding levers was found to be confusing and hard to navigate for country stakeholders, as well as introducing a scenario where some countries are almost constantly in a cycle of applying for different types of Gavi support.

Many stakeholders were supportive of a recommendation for the Gavi Secretariat to simplify and streamline the current set of funding levers. This would help to address the identified issue of Gavi grants needing to be fully aligned with each other and be highly supportive of the Gavi and,

specifically, FPP objectives to plan for immunisation support to countries holistically. It would also provide an opportunity to reduce the range of different guidance documents, tools and processes that country stakeholders are expected to but currently struggle to navigate. Doing so would further reduce the complexity of Gavi's country-facing grant management function and its internal management of fewer separate grants.

This recommendation does, however, carry some risks. Most notably, some strategic priorities do not receive the level of attention and financial resources they would have had via a dedicated funding window. This can, in theory, be mitigated through a series of sub-recommendations which require the Gavi Secretariat and partners to:

- Identify what level of attention and financial resources are required to address each of Gavi's strategic priorities in each country.
- Strengthen the mechanisms and processes by which the Gavi Secretariat and partners work with and support countries to prioritise available resources across the set of strategic priorities, informed by analysis of country and resource needs. This should include:
 - Greater weight on utilising Gavi Secretariat and partner soft power to influence decision-makers, recognising that guidance documents often go unread by country stakeholders.
 - Gavi and their partners working to strengthen the country's capacity for making evidence-informed prioritisation decisions and being more explicit on how countries could prioritise scarce resources to maximise health impact and meet strategic priorities.
 - Strengthening Gavi Secretariat tools and processes to ensure that the IRC's recommendations are robustly addressed, with clear justification provided where this has not been possible before grant approval.
- Ensure that countries are adequately incentivised to address Gavi's strategic priorities. Consideration should be given to where and how to apply different mechanisms and the trade-offs they incur. For instance:
 - Minimum budgetary requirements/ringfencing (used for CSO engagement in Gavi 5.0) should be used where Gavi and country objectives are not necessarily aligned.
 - Mainstreaming a requirement to consider a strategic priority within Gavi guidance, tools, and processes (as was used for gender in Gavi 5.0). This should be used where Gavi and country objectives are aligned, but further attention is required.
 - Top-up funding (as used for innovation in Gavi 5.0) should be used where Gavi and country objectives are aligned, but further attention and resource is required.
 - Separate funding levers may still be used but sparingly where special and urgent attention is required (as was done through EAF, which targets a subset of Gavi-eligible countries) and where the benefits outweigh the trade-offs incurred.
- Advance internal financial and M&E systems to demonstrate resource allocation to each strategic priority and results achieved, even if the strategic priority is addressed through a funding lever(s) that supports many different issues simultaneously.
- Clarify Gavi's position on risk appetite to support a streamlined set of grants to each country and strengthen risk management systems and processes to enable such an approach.

The mix of strategies should be carefully considered and applied across the portfolio and not driven by donor or Secretariat team agendas. The goal is to keep the funding levers as simple as possible for countries to apply for and implement. Positive incentives should be used when countries/stakeholders share Gavi's objectives, but more progress is required.

Who: Secretariat, COO (until responsible operationalisation entity is in place), business process (funding levers, policy) owners

When: **Act Now**

Recommendation on translating Gavi's strategic priorities into grant designs

Recommendation 7: Regularly review the FPP approach and process to recognise and adapt to remaining complexities, country contexts and timeframes for a better alignment of country grants with Gavi strategies.

Stakeholders largely agreed that the FPP is a positive development that allows countries to plan holistically. However, the length and complexity of the FPP, coupled with Gavi's multiple funding levers, creates coordination challenges at all levels. Alongside a streamlined set of funding levers (see **Recommendation 6**), a further review of the FPP process could help ensure the effective use of limited resources.

In our view, this could be best achieved by:

- Ensuring that there are clear mandates and responsibilities within the Secretariat, with accountability to the Executive Office and Board, for the regular review and adoption of the FPP process.
- Continuing with an adaptive approach to the FPP, learning from what is working and what is not throughout its rollout while ensuring that countries are not continually sent revised guidelines, tools, and processes.
- Integrating previously reduced funding levers through the FPP to ensure it works for holistic planning (see **Recommendation 6**).
- Consider simplifying the FPP process and grant application materials further where possible, such as by revisiting the format and requirements of application forms, updating the FPP checklist, reducing criteria and streamlining data requirements²⁵² and providing clearer guidance and frameworks for countries to use in their strategic development process.
- At the same time, recognise the FPP's remaining complexities and coordination challenges, new developments, emerging health challenges and evolving country needs and reflect those as necessary in updated FPP programmatic guidance.
- Comprehensively communicating the FPP to countries via guidance documents, webinars, and workshops to inform countries about the changes, their benefits, and the expected outcomes. Clearer communication would also help countries better understand the value of participating in the FPP and motivate them to engage in the process.
- Where possible harmonising FPP processes with other global health initiatives and partners to improve coordination, strengthen synergies and reduce potential duplication. In practice, this may mean coordinating the timing of FPP processes with partners and increasing engagement, particularly for HSIS support and other areas with common objectives.
- Continuing to invest in capacity building and technical assistance to help countries navigate the FPP process through enhanced training programs, workshops, mentoring support, and knowledge-sharing platforms.
- Continuing to promote a culture of learning and knowledge sharing on the FPP process. This may include peer learning and knowledge sharing among countries that have successfully conducted the FPP process and aligned their grant applications with the strategic periods.

Who: Secretariat FPP process owner and SCMs

When: **Continue**

Annexes (separate volume)

- Annex 1: Terms of reference
- Annex 2: Evaluation matrix with evaluation questions
- Annex 3: Mapping of findings to EQs and ToC assumptions
- Annex 4: Evaluation methodology & limitations
- Annex 5: Detailed Theory of Change
- Annex 6: Overarching Gavi 5.0 Theory of Change
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- Annex 15: HLEQ2 supplementary annex: Desk review of Independent Review Committee reports from 2016 to 2022
- Annex 16: Summary of learning from the Global Fund and Global Financing Facility comparator study