Mid-term evaluation of Gavi's 2021-2025 strategy



OVERVIEW

The mid-term evaluation (MTE) carried out by Euro Health Group (EHG) investigated whether the design of Gavi 5.0/5.1 (5.0/5.1) was appropriate, coherent, and implemented effectively. The MTE is intended to support 5.0/5.1 course correction and inform preparation of Gavi 6.0 (6.0). This policy brief summarizes the MTE's key messages and recommendations for the remainder of Gavi 5.1 and in planning for 6.0.

KEY MESSAGES

1.PROGRESS HAS BEEN MADE UNDER GAVI 5.0/5.1

In the first three years of 5.0/5.1, the Alliance helped countries contain backsliding in routine immunisation (RI), increased the breadth of RI protection, and helped deliver nearly 2 billion COVID-19 vaccine doses.

2.A SUBSTANTIAL NUMBER OF GAVI 5.0/5.1 GOALS WILL LIKELY BE MET

By the end of 2022, in the wake of COVID-19, many 5.0/5.1 strategic indicators had only recovered to 2019 levels. A substantial number will likely be met by 2025, but some key indicators are off track.

3.PROCESS REFORMS NEEDED

Continuing progress on 5.1 goals (and implementation of 6.0) requires managing tensions between Gavi-driven funding levers and programmes, and country ownership, while accelerating and deepening internal reforms to streamline Gavi's systems and processes.

4.STRONG HEALTH SYSTEMS ARE ESSENTIAL

Resilient and strong health systems are essential for vaccine programme sustainability.

5.SUSTAINABILITY OF IMMUNISATION FINANCING AT-RISK

The current eligibility, co-financing and transition model is no longer fit for purpose and needs urgent reform.





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Gavi's vaccine portfolio expanded in 5.0/5.1, with increased focus on middle-income country (MIC) engagement and new partnerships. The Alliance also helped countries mitigate COVID-19's impact on RI and co-financing commitments. The level of financial support for 6.0 has yet to be established in the face of multiple competing priorities, but economic, social, and political turbulence will likely be the norm, placing a high priority on streamlined processes, decision-making and accessible data.

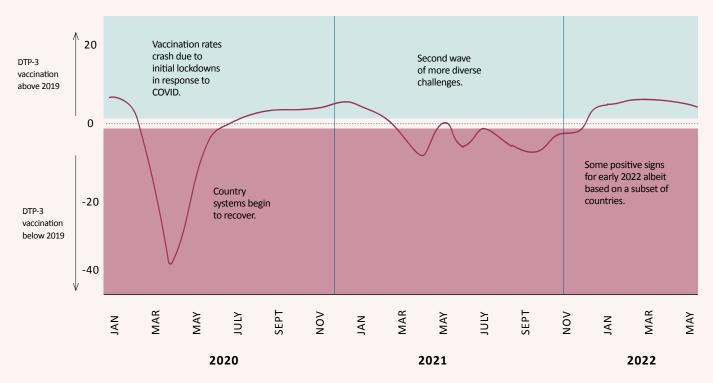
RECOMMENDATIONS

• Ensure that Gavi has the right systems and mechanisms to develop tailored approaches and to adapt to changes in its operating context.

FIGURE 1: Trends in DTP-3 coverage

Signs of Improvement in DTP-3 Coverage

Weighted relevant difference in DTP-3 vaccinated in 2020, 2021 and 2022, compared to 2019.



Relative difference for each country is weighted by the surviving infants for each country 16 gavi57 countries reported thru May 2022; 39 gavi57 countries reported thru Dec 2021; 44 gavi57 countries reported thru Dec 2020. Source: Monthly admin estimates, Sept 2020, 2022.

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Several SG1-4 targets will be met, as will nearly half of all strategic indicators. However, key targets including DTP3 coverage, geographic equity, MCV1 coverage, reduction of zero dose (ZD) children, and timely detection and response to outbreaks are all off track. Core and post-transition countries are struggling more than others, with a clear need for greater differentiation to meet country needs. Additionally, there are questions as to whether the indicators are always the best metric of progress on the strategic goals. For example, while the co-financing target is likely to be met, it is a poor proxy for financial sustainability.

RECOMMENDATIONS

- Build on existing momentum in 5.1 to achieve the strategic goals and continue this focus in 6.0.
- Establish 6.0 monitoring systems which provide timely evidence of country progress towards the strategic goals, and Gavi's contributions to such progress.

FIGURE 2: Likelihood of meeting strategic indicators by 2025

UNLIKELY

M4 ZD reduction

- **S1.2** DTP3 coverage
- S2.1 Geographic equity
- S2.3 MCV1 coverage
- **S1.7** Timely detection and response to outbreaks

SOMEWHAT LIKELY \$1.2 HPV* coverage

S1.6 Measles campaign reach

S4.3 Number of vaccine and immunisationrelated products with improved characteristics

LIKELY

M2/M3 Number of future deaths/DALYs

S1.3 Rate of scale-up of YF and MCV2

S1.4 New vaccine introductions

averted

S2.2 DTP drop out

S4.1 Number of healty markets exhibiting healthy market dynamics

S4.2 Number of innovative products within pipeline with commerical scale manufacturers

HIGHLY LIKELY

M5 Unique children immunized through RI

M6 Economic benefits generated

S1.1 Breadth of protection**

S1.2 MCV2/PCV3 coverage

S3.1 Co-financing

S3.2 Prevention of backsliding in post-transition countries

CANNOT PREDICT

M1 Under-5 mortality

S1.5 Country prioritization of vaccines

S2.4 Number of immunisation sessions

S2.5 Stock availability at facility level

S2.6 EPI management capacity

S2.7/S2.8 Percentage of countries addressing demand and gender related barriers with Gavi support

S3.3 Vaccine introduction in formerand-never-eligible Gavi countries

M: Mission indicator S: Strategic indicator

* Pending introduction by countries such as India and Nigeria which will substantially change the overall weighted average coverage

** Flatlining in core countries

Continuing progress on 5.1 and implementation of 6.0 requires accelerating key internal reforms to streamline systems and processes, while managing the tensions between Gavi driven programmes and country ownership.

Gavi's operating model needs urgent reform and simplification, but incentives to add new funding levers and complexity can counter efforts to simplify processes. The operating model needs greater alignment with country budget mechanisms to allow context specific solutions that account for different needs and institutional capacity and to resolve potential tensions between centrally driven programmes and country voice. Success also depends on effective partnerships within the Alliance, with governments and with civil society organisations.

RECOMMENDATIONS

- Enact major changes to Gavi's organizational culture including clear definitions of accountability within the Secretariat and with partners, clearer prioritization between competing demands, increased delegation, and greater risk appetite, complementing ongoing efforts to reduce administrative bottlenecks and country transaction costs.
- Ensure that Gavi has the right systems and mechanisms to develop tailored approaches and to adapt to changes in its operating context.
- Start planning for the operationalization of 6.0 well before its onset.
- Reach clear agreement with the Board on a revised, simplified model, with clear monitoring, to help reduce the internal and external forces that drive complexity.
- Accelerate, stress test, and monitor implementation of Operational Excellence initiatives and <u>strategy operationalisation</u> <u>evaluation</u> recommendations.
- Review Gavi's country engagement model to ensure that support is better aligned with national RI priorities, and is appropriate for country needs, capacity, and potential for impact.
- Identify clear roles and accountabilities with core partners, including specifying the range of Alliance technical/advisory support to MICs, both for former-eligible countries and never-eligible countries, and track partner

The current perception among many Alliance members is that partners do not always speak with one voice, and better alignment among partners could help to create an even more substantial local impact.

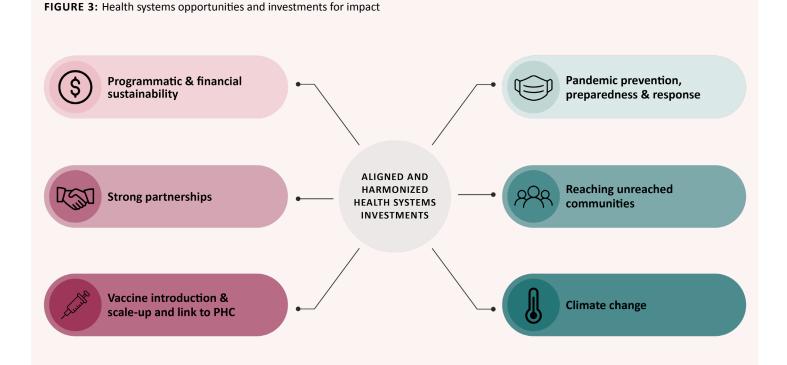
--- Gallup. State of the Gavi Alliance Partnership Report (2023)

Resilient and strong health systems are essential for vaccine programme sustainability.

Developing a Gavi health systems strategy for 6.0 is therefore an important initiative requiring close collaboration with partners. Building greater alignment, particularly around HSS and a more sustainable global health ecosystem, is even more urgent as the world faces increasing epidemiological and demographic changes and global health inequities. More effort is needed to sustain vaccine introductions by improving, for example, financial management at country level, and by supporting supply and procurement performance in countries near/post transition. Without assistance on these issues, countries may be unable to introduce new vaccines and may struggle to sustain existing investments.

RECOMMENDATIONS

- Design a health systems strategy ready for implementation in 6.0, which describes how Gavi, with its partners, will help build viable country PHC systems, essential for equitable and sustainable immunization, and the ZD agenda.
- Improve the sustainability of supply and access to vaccines.
- Refine plans for the African Vaccine Manufacturing Accelerator.
- Determine how a switch to a country budget ceiling allocation model and/or altering policies on country choice of vaccine supplier and product presentation would impact allocative efficiency, value for money, and influence on market health.
- Review how the co-financing policy could better incentivize value for money in all countries.
- Where justified by comparative advantage and market needs, intervene earlier with pull mechanisms to avert market failure, prepare markets for optimised programme launches, and ensure improved responsiveness and faster access to vaccines in the next outbreak or epidemic.



Source: Gavi. Health Systems Strategy deep dive. 27 November 2023. Adapted by the Mid-term evaluation team.

5.SUSTAINABILITY OF IMMUNISATION FINANCING AT-RISK

The current eligibility, co-financing and transition model needs urgent reform.

The Alliance cannot reach global vaccination targets or support new life course vaccines without engaging former- and never-eligible MICs, where a significant proportion of ZD children reside. As more countries transition and self-finance vaccines, countries must review and balance an increasing number of Gavisupported vaccines and supplier presentations (but sometimes unpredictable supply) with their own product preferences. Added to these challenges are the severe economic and social disruptions impacting many Gavi countries and MICs. In this context, the current eligibility, co-financing, and transition model/ pathway is no longer fit for purpose. A revised model needs to better support affordability and thus sustainability of RI, together with new introductions for both Gavi-eligible countries and for former, and key never-eligible MICs.

RECOMMENDATIONS

- Revise the eligibility, transition, and cofinancing policies to better mitigate the impact of domestic financial constraints on achievement of 5.1/6.0 objectives.
- Ensure fiscal constraints and the (un)availability of domestic resources are factored into the design of all future initiatives.
- Develop a comprehensive financial and programmatic approach to sustainability.
- Promote access to, and affordability of vaccines in MICs and nearing/post-transition countries by enhancing supply and procurement performance, improve MICs vaccine market intelligence data, and identify innovative financing for never-eligible MICs and transitioning countries.

FIGURE 4: Immunisation coverage in transition countries

Angola

Armenia

Bhutan

Bolivia

Georgia

Guyana

India

Honduras

Indonesia

Mongolia

Nicaragua Moldova

Sri Lanka

Timor-Leste

Uzbekistan

Viet Nam

Kiribati

Cuba

Azerbaijan

Half of the countries currently in accelerated transition have DTP3 coverage below 80%. Only one Gavi country that transitioned prior to Gavi 5.0/5.1 (Angola) had coverage below 80% at the time of transition.

92%

93%

93%

85%

90%

87%

88%

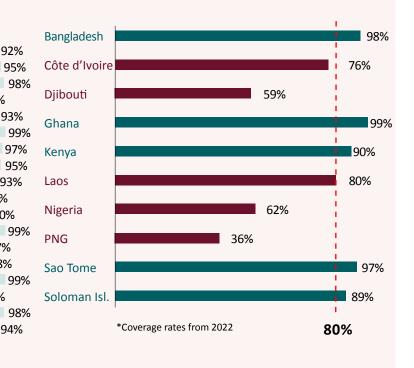
94%

83%

83%

COUNTRIES THAT TRANSITIONED BEFORE GAVI 5.0/5.1*

63%



COUNTRIES TRANSITIONING DURING GAVI 5.0/5.1*

*Coverage rates from year of transition 80%

Source: Gavi. Virtual deep dive on eligibility, co-financing & transition model and MICs in Gavi 6.0 [PowerPoint]. November 2023.