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In November 2009, the Board endorsed a detailed plan, timeline, and evaluation of resource needs to support the strategy development process. It was agreed that the process would be undertaken by the GAVI Secretariat under the coordination of the Deputy CEO and oversight of the Executive Committee acting on behalf of the Board.

At the April 2010 retreat, the Board will discuss its vision for 2011-2015 and beyond.

Further, the Board will be asked to:

- Consider to what extent the draft strategy reflects the collective vision of the Alliance for the period 2011-2015 and beyond. Have the key elements been captured?
- Review the draft strategy for the GAVI Alliance 2011-2015

In addition, the Board will also be asked to consider the following strategic questions:

- How should the GAVI Alliance balance accelerating demand versus financial sustainability of introduction? In other words, what is the correct balance between widespread and rapid introduction and MDG impact versus co-financing requirements?

- In relation to the above, to what extent is the aim of co-financing to promote progressive and full national financing of vaccines? Or rather, is country co-financing more of an indicator of ownership? Is it reasonable for GAVI to distinguish between certain groups of countries such that for some GAVI will expect countries to self finance over specified time periods whereas for others GAVI will provide long-term support and how should they be categorised?
- How does the GAVI Alliance balance risk versus accountability to the Board? For example, at country level, what fiscal and programmatic controls does the Board want in place to ensure that GAVI acts as responsible steward of funds? Or, at global level, to what extent is the Secretariat responsible for ensuring delivery on the workplan by all partners?

GAVI Alliance Strategy 2011-2015

Introduction

This document describes the development of the GAVI Alliance Strategy 2011-2015 and puts forward a draft strategy for consideration to the Board. The strategy

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captures the mission, strategic goals, operating principles, objectives and key performance indicators (KPIs) for the upcoming five year period.[1]

Background/Context

In the period 2007-2010, GAVI underwent a number of significant changes including a change to its operational model and consolidation of its governance structure. Several fundamental policies and programmes were implemented, including co-financing, gender, eligibility and graduation. A vaccine investment strategy was developed, as well as a platform for the introduction of new vaccines (Accelerated Vaccine Introduction) and in this period, GAVI supported health systems strengthening and civil society organisations for the first time. Furthermore, on 1 January 2009, the GAVI Alliance was established as an autonomous international organisation in Switzerland with privileges and immunities under a new Swiss Host State Act.

With the end of the GAVI Alliance 2007-2010 strategic planning period, the GAVI Alliance decided to develop its second five year strategy and in so doing review its strategic goals, operating principles and the application of its business model. The new strategy is intended to cover the period of 2011-2015 – providing a framework for the future deliverables and laying the groundwork for the achievement of the GAVI Alliance's aspirations beyond 2015.

A board retreat has been organised to discuss the vision for the GAVI Alliance moving forward, review progress to date and provide guidance on the strategy as currently proposed (Annex 1). A GAVI Alliance Strategy Context Paper, which describes the internal and external context of the strategy development, has been developed by the Secretariat, at the request of several board members (Doc #2). Also, the consultants undertaking the GAVI Second Evaluation have provided a "First Update on Emerging Themes" (Doc #3). Both of these documents are intended to help inform the discussion.

Developing the 2011-2015 Strategy

Oversight

In November 2009, the Board endorsed a detailed plan, timeline, and evaluation of resource needs to support the strategy development process. It was agreed that the process would be undertaken by the GAVI Secretariat under the coordination of the Deputy CEO and oversight of the Executive Committee acting on behalf of the Board.

Scope

The Board agreed that the process would not involve a fundamental review of GAVI's current mission, strategic goals and operating principles but would rather constitute a "light touch" review drawing upon lessons learnt over the last four years. Board guidance suggested that while some fine-tuning may be warranted, a

[1] See Annex 4 for a list of working definitions

fundamental change to the strategic framework is not necessary. Drawing on this guidance, the strategy development efforts focused on a review of the strategic goals and operating principles, as well as the development of key performance indicators, targets and objectives.

Process

The first phase of the strategy development process involved stakeholder consultations, starting at the 2009 GAVI Partners' Forum in Hanoi, Vietnam. One-on-one and group interviews took place between the Deputy CEO and all board constituencies from November 2009 through April 2010.[2] The aim of the consultations was to understand stakeholders' views on the relevance, appropriateness and clarity of GAVI's 2007-2010 strategy, including mission, goals and principles. The Secretariat used a process of "hypothesis testing": Based on an analysis of the input received, the mission, goals, principles, indicators and objectives were refined accordingly and the new suggestions were then tested with the next set of stakeholders. Stakeholders were also encouraged to provide written submissions. More recently, a second round of interviews were also organised with WHO, UNICEF and the World Bank.[3]

To ensure a transparent and inclusive process in the GAVI Alliance 2011-2015 strategy development, various mechanisms were put into place:

- An internal Secretariat task team and external advisory group were appointed to advise on the process, methods and internal coherence and consistency of the strategy as the various components developed. Both groups were time-limited and reported to the GAVI Alliance Deputy CEO. One of the responsibilities of the teams was to ensure that the strategy is well articulated with objectives that are measurable.

- Regular input was received from the Executive Committee of the Board, and consultations were held with the Programme and Policy Committee and the Audit and Finance Committee.

- Consultations took place during WHO/UNICEF regional meetings and country visits (February-April), the WHO/UNICEF Global Immunization meeting (February), and the meeting with civil society organisations (March).

- In February 2010 the GAVI Alliance CEO and a developing country board member sent letters to all Ministers of Health of GAVI-eligible countries soliciting their feedback on the future of GAVI during the 2011-2015 strategy period.

- A web-based questionnaire for soliciting broad input on the strategy was launched in February 2010.[4]

[2] See Annex 5 for a list of consultations
[3] A summary of all stakeholder input can be found in Annex 3
[4] A copy of the questionnaire is located in Annex 6

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- The Secretariat partnered with WHO on refining KPIs and setting targets.

The process has also drawn on analytical and policy activities undertaken during 2010 by the Secretariat and Alliance partners; in particular, the Phase 2 evaluation of GAVI (2006-2010). Importantly, the prioritisation, co-financing and supply strategy policy development and resource mobilisation efforts both informed and were informed by the process.

Key Strategic Questions

Since its inception, the GAVI Alliance has wrestled with how to balance its goal to accelerate country demand for new and often more expensive vaccines against long-term efforts to ensure national immunisation programmes are sustainable. Until now, acceleration of use and uptake of vaccines has taken precedence. However, a series of board decisions bring new focus to this issue. For example, the Board has revised GAVI's country eligibility policies and adopted a graduation policy. As such, some countries must now explicitly consider the long-term affordability of vaccines they are adopting such that they are able to maintain these vaccines if/when they graduate from GAVI support.

Over the course of 2010, GAVI is in the process of reviewing and revising its co-financing policy. Among other things, this involves considering the evidence from the implementation of the policy so far, and assessing government budget availability (i.e. projected fiscal space) in eligible countries for the existing and future vaccine portfolio that countries are likely to deliver to their populations. Very preliminary assessments of fiscal space indicate that for the majority of eligible countries, the cessation of GAVI support when these countries are expected to graduate in 2015 and beyond would, in theory, allow countries to finance vaccines from national budgets, i.e. there should be room in the health budget to pick up the costs of vaccines. However even in these countries, getting from current low levels of co-financing to picking up the full costs would remain challenging. For around a quarter of the current GAVI-eligible countries, financial sustainability would be a significant issue[5] if support for these countries were to end. However, for the majority of this subset of countries, the prospects of graduation is very low and thus, GAVI's investment in funding vaccines for these countries may constitute a long-term commitment.[6]

Another key strategic question for the GAVI Alliance moving forward relates to the level of appetite for risk that the Board finds acceptable. The extent to which GAVI wishes to remain "light touch" with a lean Secretariat relying on partners to oversee operations in country as opposed to instituting more stringent financial and programmatic oversight will affect how GAVI operates in the next 5 year period.

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[5] Defined as: vaccines would be more than 10% of the health budget if GAVI support were removed.

[6] It is important to note that co-financing levels are not linked to vaccine prices. Rather, they depend on order of introduction and country classification (e.g. least poor, fragile state). For example, in 2010 co-financing levels represent approximately 3% of the average weighted prices of pneumococcal and rotavirus vaccines. Under the current policy this would rise to between 6-17% by 2015 (depending on the classification).

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Given this backdrop, the Board is requested to consider the following questions which impact strategic planning and policy decisions:

- How should the GAVI Alliance balance accelerating demand versus financial sustainability of introduction? In other words, what is the correct balance between widespread and rapid introduction and MDG impact versus co-financing requirements?

- In relation to the above, to what extent is the aim of co-financing to promote progressive and full national financing of vaccines? Or rather, is country co-financing more of an indicator of ownership? Is it reasonable for GAVI to distinguish between certain groups of countries such that for some GAVI will expect countries to self finance over specified time periods, whereas for others GAVI will provide long-term support, and how should they be categorised?

- How does the GAVI Alliance balance risk versus accountability to the Board? For example, at country level, what fiscal and programmatic controls does the Board want in place to ensure that GAVI acts as responsible steward of funds? Or, at global level, to what extent is the Secretariat responsible for ensuring delivery on the workplan by all partners?

The guidance the Board gives during the retreat in response to these questions will inform the development of appropriate key performance indicators and activities for the strategy. Further, it will inform the Programme and Policy Committee's discussions on co-financing in May 2010 which, in turn, will allow the Board to consider policies in June 2010 that are aligned with the 2011-2015 strategy. Additional background information on these key topics is included in the GAVI Alliance Strategy Context paper (Doc #2).

Suggested Revisions and Areas for Guidance

Through the consultations consensus emerged around many proposed revisions.[7] However several areas remain for Board guidance and are described below.

General Question:

- To what extent does the strategy reflect the collective vision of the Alliance for the period 2011-2015 and beyond? Have the key elements been captured?

Specific Areas for Guidance:

<u>Health Systems Strengthening (HSS)</u>

While most recognise that health system work should be part of GAVI's mission, there continues to be a range of views about the appropriate scope of GAVI's health

[7] The evolution of these changes is described in Annex 3.

system strengthening investment. A majority of board members favour a goal that tackling health system constraints reflects GAVI's core work in delivering immunisation and that this is seen as the comparative advantage of GAVI vis-à-vis other institutions. The CEPA Emerging Themes paper highlights the fact that HSS program health outcomes/impact are early and difficult to measure; however, it also suggests that the HSS program provides value add in terms of positively influencing donor health aid architecture at global and country levels as well as increasing the profile of immunisation within HSS (see Doc #3).

The Executive Committee proposed two options for consideration, recognising that the objectives and KPIs will further define the scope of the HSS focus. The difference reflects the extent to which immunisation is the single focus of HSS funding or is the focus but as a part of integrated health services:

- *SG2: Contribute to strengthening the capacity of health systems to deliver immunisation services*

  OR

- *SG2: Contribute to strengthening the capacity of health systems to deliver immunisation as part of integrated health services*

<u>Catalytic Role</u>

Many consultation respondents felt that it was important to capture an aspiration that GAVI focus on catalytic investments (either short-term or long-term) rather than recurrent costs and that this should be captured somewhere in the strategy. The Executive Committee advised that this catalytic role should be referenced in the principles. It is proposed that this could be captured in the following lead statement to the operating principles:

- *As a public-private partnership the GAVI Alliance provides [catalytic] funding to countries and demonstrates "added-value" by: [operating principles listed]*

<u>Equity</u>

Currently the concept of equity appears as an operating principle. Many respondents commented that "equity" was difficult to define (within country, between countries?). Despite this, a large number of stakeholders considered this to be a key concept. Executive Committee members suggested it be reflected in the guiding principles and be captured as an objective and a KPI under Strategic Goal 2 on HSS. The following addition was thus proposed:

- *Advocating for immunisation in the context of a broader set of [equitable and] cost-effective public health interventions*

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<u>"Leanness" of Secretariat</u>

The CEPA Emerging Themes paper further flags the Secretariat's 'lean structure' as an important contributor to its value add (see Doc #3). A number of respondents felt that the business model should receive more attention as a principle – in particular the fact that the Alliance is a funding not an implementing entity and relies on a lean Secretariat that does not have a country presence. In addition this proposed principle also highlights the notion of mutual accountability amongst the Alliance partners.

- *Maximising cooperation and accountability among partners [through an appropriately sized Secretariat]*

<u>Gender</u>

It was noted in consultations that gender was not reflected in the strategy and is most appropriately captured as an objective of the health systems strengthening work.

- *[Increase equity in access to services, including gender equity]*

<u>Civil Society</u>

The role of civil society in bringing forward elements of the new strategy was emphasised consistently during the consultations. Consultation with this constituency as part of a Civil Society Forum in March 2010 led to a recommendation that this be captured as an objective of strategic goal 2.

- *[Strengthen civil society engagement in the health sector at country level]*

<u>Cross-Cutting Issues</u>

Several cross-cutting issues which are critical to the success of the GAVI Alliance moving forward include: monitoring and evaluation (including strengthening of health information systems); advocacy and communication; and capacity-building. As these relate to the achievement of the mission and all strategic goals and objectives, they are now proposed as "cross-cutting" objectives for the Alliance.

Next Steps

The next steps will be for the Secretariat to refine the draft strategy document based on the Board's feedback. A "final" draft will be submitted to the Executive Committee in May for review and recommendation to the Board. In June 2010 the draft strategy will be presented to the Board for endorsement.

Also, as requested by the Board in November 2009, an integrated business plan and associated operational plan will be developed in the second half of 2010 on how to achieve the goals and objectives. This business plan will cover the period of 2011-2015 and will include a two-year detailed operation plan (2011-2012) with activities,

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indicators, targets, accountabilities and a unified budget. This will need to reflect expected resource flows. The initiation of the business planning phase will begin in April 2010 and will include consultations with the Programme and Policy and Audit and Finance committees ahead of the June Board. The final plan will be presented for approval by the Board in December 2010.

In developing the business plan, the Executive Committee has asked the Secretariat to explore ways in which contracts and resulting payments for partner organisations can be more comprehensively linked to performance. This will require a review of the nature and role of the Secretariat – and a decision by the Board as to the extent to which they are to serve as "grant managers" and fiscal agents of the donors, in addition to the role of facilitator and coordinator. It will also require extensive discussion with multilateral partners around how best to demonstrate accountability, given the realities of the budget and governance systems within which they operate.

The CEPA Emerging Themes paper highlights this issue of accountability of Technical Partners and an ongoing tension around the Work Plan process and materials, while at the same time flagging the centrality of the Work Plan to the GAVI Alliance (see Doct #3). This challenge is also described in some detail in the GAVI Alliance Strategy Context paper (see Doc #2).

Annexes

1. Strategy
2. Key performance indicators
3. Summary results of consultations
4. List of working definitions
5. List of consultations
6. Preliminary analysis GAVI Alliance Strategy Questionnaire 2011-2015

Supporting Documents

- GAVI Alliance Strategy Context Paper (Doc #2)
- GAVI Second Evaluation: First Update on Emerging Themes (Doc #3)
- Investing in immunisation through the GAVI Alliance - The Evidence Base (Doc #4)

Mission

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

Key Performance Indicators:

I. Number of **future deaths averted** in GAVI supported countries, by antigen
II. Number of **children immunised** as a results of GAVI support, by antigen
III. Number of **cases of disease averted** as a result of GAVI support

Operating Principles

As a public private partnership the GAVI Alliance provides [catalytic] funding to countries and demonstrates "added-value" by:

1. **Contributing to achieving the Millennium Development Goals (MDGs)**
2. **Supporting nationally-defined priorities, integrated delivery, budget processes and decision-making**
3. **Advocating for immunisation in the context of a broader set of [equitable and] cost-effective public health interventions**
4. **Focusing on innovation, efficiency, performance and results**
5. **Maximising cooperation and accountability among partners [through an appropriately sized Secretariat]**

Strategic Goals	**SG1 Accelerate the uptake and use of underused and new vaccines**	**SG2 Contribute to strengthening the capacity of health systems to deliver immunisation services** **- OR-** **Contribute to strengthening the capacity of health systems to deliver immunisation as part of integrated health services**	**SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation**	**SG4 Shape vaccine markets**
KPIs	I. **Country introductions of underused and new vaccines** - Number of GAVI-eligible countries introducing underused and new vaccines (by vaccine) II. **Coverage of underused and new vaccines** - Number of GAVI-eligible countries introducing underused and new vaccines, by vaccine	I. **DTP3 coverage** - DTP3 coverage of GAVI eligible countries II. **Equity in immunisation coverage** - DTP3 coverage in the lowest wealth quintile divided by DTP3 coverage in highest wealth quintile III. **Integration of immunisation into health strategy** - Proportion of countries where immunisation goals are captured in national health strategies, as part of an integrated approach to maternal and child health	I. **Donor resources to finance country demand** - Proportion of gap in GAVI funding needed to meet country demand that is filled II. **Country investments in vaccines per child** - Amount spent from national health budgets on vaccines per surviving infant III. **Fulfilment of co-financing commitments-** Proportion of countries meeting their co-financing commitments	I. **Reduction in vaccine price** - Change in weighted average price per dose from one procurement round to the next, by vaccine II. **Suppliers in the market –** Number of pre-qualified manufacturers in the market by product III. **Sufficient supply** – Ratio of supply available to demand (as forecasted by vaccine)
Objectives	1. **Support informed decision-making by countries** 2. **Facilitate country introduction to help meet demand**	1. **Contribute to the resolving of the major [constraints] ~~bottlenecks~~ to delivering ~~maternal and child health services, including~~ immunisation** 2. **[Increase equity in access to services, including gender equity]** 3. **[Strengthen civil society engagement in the health sector at country level]**	1. **Increase and sustain allocation of national resources to immunisation** 2. **Increase donor commitments and private contributions to GAVI** 3. **[Mobilise resources via innovative financing mechanisms]**	1. **Make vaccines more affordable** 2. **Ensure sufficient supply** 3. **Create market security and stability** 4. **Catalyse introduction of appropriate vaccines**

Cross-cutting

Monitoring and Evaluation
Advocacy and Communication
Capacity-Building

Annex 2

Key Performance Indicators

Component		Indicator Name	Indicator Definition	Numerator	Denominator	Data Source(s)/ Frequency
Mission	I	Future deaths averted	Number of future deaths averted in GAVI supported countries, by antigen	NA		WHO Frequency: Annual
	II	Number of children immunised	Number of children immunised as a result of GAVI support, by antigen	NA		WHO Frequency: Annual
	III	Cases averted	Number of cases of disease averted as a result of GAVI support	NA		WHO Frequency: Annual
SG1	I	Country introductions of underused and new vaccines	Number of GAVI-eligible countries introducing underused and new vaccines, by vaccine	NA		GAVI Secretariat Frequency: Annual
	II	Coverage of underused and new vaccines	Coverage of underused and new vaccines in GAVI-eligible countries, by vaccine	NA		WHO Frequency: Annual
SG2	I	DTP3 coverage	DTP3 coverage of GAVI-eligible countries	NA		WHO Frequency: Annual
	II	Equity in immunisation coverage	DTP3 coverage in the lowest wealth quintile divided by DTP3 coverage in highest wealth quintile	DTP3 coverage in lowest wealth quintile	DTP3 coverage in highest wealth quintile	GAVI Secretariat using household survey estimates Frequency: Annual

	III	Integration of immunisation into health strategy	Proportion of GAVI-eligible countries where immunisation goals are captured in national health sector strategies, as part of an integrated approach to maternal and child health	Number of GAVI-eligible countries where immunisation goals are captured in national health sector strategies	GAVI-eligible countries	GAVI Secretariat using national health plans Frequency
SG3	I	Donor resources to finance country demand	Proportion of gap in GAVI funding needed to meet country demand that is filled	Amount of funds raised by GAVI for programme years 2011-15	Funding gap for 2011-15 as of (Nov) 2010/ 1st Jan 2011	GAVI Secretariat Frequency
	II	Country investments in vaccines per child	Amount spent from national health budgets on vaccines per surviving infant	Money invested in vaccines	Number of surviving infants	GAVI Secretariat using APR data Frequency: Annual
	III	Fulfilment of co-financing commitments	Proportion of countries meeting their co-financing commitments	Number of countries meeting their co-financing commitment	Total number of GAVI-eligible countries	GAVI Secretariat/ UNICEF SD Frequency: Quarterly
SG4	I	Reduction in vaccine price	Change in weighted average price per dose from one procurement round to the next, by vaccine	NA		UNICEF Frequency: Annual
	II	Suppliers in the market	Number of pre-qualified suppliers in the market by product	NA		UNICEF Frequency: Annual
	III	Sufficient supply	Ratio of supply available to demand (as forecasted by vaccine)	Quantity of vaccines supplied	Quantity of vaccines demanded	GAVI Secretariat Frequency

Annex 3

Summary Results of Consultations

Over the course of November 2009 – April 2010, the 2007-2010 strategy was reviewed through an extensive series of consultations and where appropriate, revisions were made. The resulting changes are captured in the strategy (Annex 1). This Annex provides a summary of the rationale behind the changes.

Mission

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

A general consensus amongst board members and constituencies was that the mission statement should remain unchanged from the 2007-2010 strategy as it still encompasses the core purpose and focus of the Alliance.

Strategic Goals - Revisions

The GAVI Alliance Strategy 2007-2010 is organised around four strategic goals. Consultations suggested that although the 2007-2010 strategic goals are still relevant, they would require revision for the period 2011-2015. The revisions for 2011-2015 and rationale are described below:

- *2007-2010: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security*

- *Revised: Accelerate the uptake and use of underused and new vaccines*

  The majority viewed this as the "core business" of GAVI and agreed that it should be the first goal of the Alliance.

  - As no significant new "associated technologies" will be available in the coming strategy period, the majority of respondents felt this reference should be removed.

  - Although there was some debate around whether the word "underused" should remain in the language of the goal, the consensus was to keep the wording, in part to show that the new strategy does not represent a major change in direction for GAVI with respect to this goal.

  - The area of "vaccine supply security" was moved to a new goal specifically on "market-shaping".

- *2007-2010: Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner*

- *Revised: two proposals have been put forward by the Executive Committee for discussion.*

  - *SG2: Contribute to strengthening the capacity of health systems to deliver immunisation services*

- *OR-*

  - *SG2: Contribute to strengthening the capacity of health systems to deliver immunisation as part of integrated health services*

There was full consensus that health systems strengthening should continue to be a strategic goal for the GAVI Alliance with the rationale that strong health systems are a precursor to the successful delivery of immunisation services. In other words - that strengthened systems provide a platform for GAVI to deliver on its mandate of increasing access to vaccination in a coherent and coordinated manner. The key focus of discussion has been on whether GAVI's efforts in this area should be linked and measured only in relation to what they deliver for immunisation or more broadly.

Some respondents felt that GAVI should retain specific focus in its "core business" of immunisation and thus any health systems work should be directly linked to building a vaccine delivery platform. Others felt strongly that a specific focus on vaccine delivery would result in the kinds of "vertical programming" that contradict GAVI's commitment to the Paris Principles of alignment and harmonisation and that GAVI's role in HSS should support all health-related MDGs.

NB: will need to complete after the Board meeting

- *2007-2010: Increase the predictability and sustainability of long-term financing for national immunisation programmes*

- *Revised: Increase the predictability of global financing and the sustainability of national financing for immunisation*

Reflecting consistent input from consultations, this goal was revised to strengthen the wording and emphasise GAVI's catalytic role in financing and resource mobilisation at both the global and national levels. At the global level, such efforts would include pooling public and private funding, and innovative financing. At the national or country level, it would focus on GAVI's co-financing policy and assuring that new vaccines are on domestic budget lines and that there is national financial as well as political commitment for their introduction.

In addition, several board members highlighted the importance of financing that is both predictable and sustainable, seeing them as two distinct elements: the former more relevant at global level and the latter at the national level. Further, respondents felt that the emphasis of this goal should be on immunisation broadly (rather than focused specifically on national immunisation programmes, or GAVI supported vaccines).

- *2007-2010: Increase and assess the added value of GAVI as a public-private global health partnership through improved efficiency, increased advocacy and continued innovation*

- *Revised: Removed*

The majority of respondents felt that this was core to GAVI and better expressed as an overarching principle as it relates to norms that govern how the Alliance works and values that cross-cut all activities. Further, they felt that "added-value" is complicated to measure, for example, how would you know if you have achieved it?

A clear dissenting voice on this issue was civil society. The constituency articulated that partnership civil society especially at the country level had not yet been achieved and thus it was important to keep as a goal to ensure visibility. To address this, engagement with civil society is now addressed as an objective (strengthen civil society engagement in the health sector at country level).

- *New goal: Shape vaccine markets*

A consistent suggestion was to add a new strategic goal to address the "market-shaping" effect of GAVI through its innovative business model and catalytic investments. The term "market-shaping" was chosen as it can encompass many objectives - including price reduction, supply security, markets stability and facilitating development of appropriate products for rapid introduction. Respondents felt GAVI had a unique role to play in this area.

Figure 1: Summary – Strategic Goals 2011-2015

1. Accelerate the uptake and use of underused and new vaccines
2. Contribute to strengthening the capacity of health systems to deliver immunisation services -OR- Contribute to strengthening the capacity of health systems to deliver immunisation as part of integrated health services
3. Increase the predictability of global financing and the sustainability of national financing for immunisation
4. Shape vaccine markets

Operating Principles - Revisions

Ten operating principles were approved by the GAVI Board on 19 July 2005. Two additional were added in 2006 in the context of the development of the 2007-2010 strategy.

An outcome of the consultations, particularly with board constituencies, was broad agreement that there should be fewer, more succinct principles. Furthermore, they asked that principles be "cross-cutting", representing the fundamental norms, rules, or values governing the way the GAVI Alliance works, which should be applicable to the mission, goals and objectives. There was also agreement that the principles must be internally consistent and not contradict one another. The

section below highlights the 2007-2010 operating principles and describes the revisions and rationale for 2011-2015.

1. *Contributing to achieving the Millennium Development Goals, focusing on performance, outcomes and results*

    - SEPARATED into two principles:

        - *Contributing to achieving the Millennium Development Goals (MDGs)*

        - *Focusing on innovation, efficiency, performance and results*

This revision reflects that two distinct ideas had been combined into one – first, on how GAVI should measure its progress vis- à-vis the achievement of the MDGs, in particular MDGs 4, 5 and 6. The second principle highlighting that the GAVI Alliance business model is focused on innovation, efficiency, performance and results. The word "outcomes" was deleted because respondents found it was captured by "results."

2. *Promote equity in access to immunisation services within and among countries*

    - REWORDED: *Advocating for immunisation in the context of a broader set of [equitable and] cost-effective public health interventions*

Many respondents commented that "equity" was difficult to define (within country, between countries). Despite this, it was considered by a large number of stakeholders to be a key concept and thus integrated in terms of immunisation being an equitable public health intervention. It is also now reflected as an objective (increase equity in access to services) and KPI (equity in immunisation coverage).

3. *Support nationally-defined priorities, budget processes and decision-making*

    - REVISED: *Supporting nationally-defined priorities, <u>integrated delivery</u>, budget processes and decision-making*

Respondents commented that immunisation should be seen in the broader package of health services and should be part of integrated delivery approaches; therefore the words "integrated delivery" were added to this principle.

4. *Be supportive of country participation through absence of earmarking of funds*

    - DELETED

This principle was deleted as it was not felt to cut across the goals.

5. *Focus on underused and new vaccines – as opposed to upstream research and development activities*

- DELETED

This was deleted because almost all respondents found it redundant and better reflected as a strategic goal than as a principle.

6. *Contribute to the development of innovative models and approaches that can be introduced and applied more broadly*

- DELETED

Innovation was felt to be better captured as part of principle 4 (see Figure 2).

7. *Be coherent with GAVI Alliance partners' individual institutional obligations and mandates*

- REVISED: *Maximising cooperation and accountability among partners [through an appropriately sized Secretariat]*

A number of respondents felt that the business model should receive more attention as a principle – in particular the fact that the Alliance relies on a lean Secretariat and does not have a country presence. In addition this principle should highlight the notion of mutual accountability amongst the Alliance members rather than coherence with partner mandates, which may in fact be inconsistent.

8. *Be catalytic and time-limited (though not necessarily short-term) and not replace existing sources of funding*

- DELETED

Respondents felt this principle was difficult to understand and that it addressed many points that were not necessarily related. However, many felt it was important to retain the notion of "catalytic" - now captured in the introduction to the principles.

9. *Support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose*

- DELETED

Given that the notion of financial sustainability is captured at the level of a strategic goal, this principle was considered redundant and thus deleted.

10. *Through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries*

- MOVED *to a strategic goal and related objectives*

There has been consensus that GAVI's role in "market-shaping" must be clearly reflected in the strategy document as it is a key aspect that differentiates the Alliance from any of its individual members. The discussion centred on how best

to do this - as a principle, goal or objective. Feedback from the Executive Committee suggested it should be a strategic goal.

11. *Be based on accountability, transparency, efficiency and effectiveness*

    - DELETED

The concepts of accountability, efficiency and effectiveness were captured elsewhere and thus considered redundant (see Figure 2, principles 5 and 4 respectively).

12. *Be consistent with the principles of harmonisation as agreed by OECD/DAC Paris High Level Forum*

It was raised by stakeholders that this principle as worded does not take into account other international agreements and is also encapsulated by GAVI's alignment with national priorities (see Figure 2, principle 2).

Figure 2: Summary – Operating Principles 2011-2015

As a public-private partnership the GAVI Alliance provides [catalytic] funding to countries and demonstrates "added-value" by:

1. Contributing to achieving the Millennium Development Goals
2. Supporting nationally-defined priorities, integrated delivery, budget processes and decision-making
3. Advocating for immunisation in the context of a broader set of [equitable and] cost-effective public health interventions
4. Focusing on innovation, efficiency, performance and results
5. Maximising cooperation and accountability among partners [through an appropriately sized Secretariat]

Objectives (see Annex 1)

For each strategic goal two to three objectives were developed. Objectives are overarching statements of what has to be achieved to reach the strategic goals in a given time frame. If met, the objectives specified should be both necessary and sufficient to guarantee that the relevant strategic goal will be achieved. Objectives should be of equivalent level of importance.

Key Performance Indicators (KPIs) and targets (see Annex 2)

Key performance indicators are metrics that define and measure progress against a goal or objective. The 2007-2010 GAVI strategy had indicators only at the level of objectives and activities. Feedback from the consultations suggests that high-level KPIs should also be developed for the mission, goals and objectives to ensure their achievability and measurability. There was some discussion on the aspect of attribution and whether it will be possible to choose KPIs that measure results that GAVI's work directly influences. Where possible, this was considered preferable so that GAVI can be fully accountable for its intended results and

impact. Targets are being developed for each indicator and will be reviewed by the Programme and Policy Committee at their meeting in May 2010.

Annex 4

List of Working Definitions

Strategy

- *Key Performance Indicators (KPIs)* – Metrics that define and measure progress of a goal or objective
- *Mission* – Written declaration of core purpose and focus
- *Objectives* – Overarching statements of what has to be achieved to reach the strategic goals in a given time frame
- *Operating Principles* – Fundamental norms, rules, or values governing the strategic goals and the objectives
- *Strategic Goal* – Desired areas of achievement that are observable and measurable and may be comprised of one or more objectives to be undertaken within a given time frame
- *Target* – Value aimed to be achieved for a specific indicator

Other Key Terms

- *“Appropriate” vaccines* - Formulated, presented and packaged for introduction in low income settings
- *Alliance* **-** A close association of partners, formed to advance the common interests or causes of its members
- *Board member: representative board member* – representatives from GAVI Alliance partner institutions and stakeholders. These are further separated into two categories: those which represent an:
    - *Eligible constituency* – means each of (i) developing country governments (ii) donor country governments (iii) the industrialised vaccine industry (iv) the emerging vaccine industry (v) civil society and (v) technical health/research institutes, each as it may be further described in its Selection Procedures (as defined in Section 2.4.2)
    - *Eligible organisation* – means each of the WHO, UNICEF, the International Bank for Reconstruction and Development and the Bill & Melinda Gates Foundation, unless and until any of them provide a Termination Notice in accordance with Section 2.2.2
- *Co-financing* – Countries’ cost –sharing of GAVI-supported vaccines
- *Contractor* - An entity which provides goods or services to another entity under terms specified in a contract
- *Financial sustainability* - Although self-sufficiency is the ultimate goal, in the nearer term sustainable financing is the ability of a country to mobilise and

efficiently use domestic and supplementary external resources on a reliable basis to achieve current and future target levels of immunisation performance

- *Grant* - Financial aid/Funds that are subject of a formal arrangement with the recipient/institution
- *Grantee* - An entity to which a grant is awarded and which is accountable for the use of the funds provided
- *New and underused vaccines* – Vaccines which have not yet been introduced in a given country. They may be "new products" to the market or "new the country" (thus underused at the country level, but not necessarily at the global level).
- *Partner* **-** One that is united or associated with another or others in an activity or a sphere of common interest where gains and losses, risks and rewards, are collectively shared
- *Partnership* - A relationship between individuals or organisations that is characterised by mutual cooperation and responsibility, for the achievement of specified goals
- *Poor countries* – Those countries which have a GNI of less than $1500 per capita and are thus GAVI-eligible
- *Procurement agency* - The title for a company or organisation that does procurement functions
- *Procurement agent* - An entity takes instructions from the principal who hired it - and may only act on those instructions
- Public-private partnership - A partnership characterised by the involvement and participation of both the public and private sectors to collectively achieve specified goals
- *Secretariat* - The Secretariat, headed by the CEO, shall be responsible for managing the GAVI Alliance business, including facilitation of the participation and contribution of all GAVI Alliance stakeholders and sustaining its unique public-private character
- *Service provider* - An entity that provides services to other entities
- *Technical advisor* - An expert in a particular field, hired to provide information in that field
- The *channel of delivery* is the implementing agency. When several levels of implementation are involved, e.g. when the extending agency hires a national implementer which in turn may hire a local implementer, report the first level of implementation as channel of delivery. The *channel of delivery* is normally linked to the *extending agency* by a contract, and is directly responsible to it.
- *Unaffiliated board member* – Individuals appointed in their personal capacity on the basis of their skills and qualifications and who do not sit on

the Board as representatives of an eligible organisation or eligible constituency

- *Vaccine security* - The sustained and uninterrupted supply of affordable vaccines of assured quality

Annex 5

List of Consultations

The following board members and constituencies have provided input to this process through written feedback, telephone or in-person discussions:

Completed

Institution/Constituency	Names of Interviewees
Bill and Melinda Gates Foundation	Rajeev Venkayya
Chair of GAVI Campaign (f.k.a. GAVI Fund) Board	Paul O'Connell
civil society board member and alternate	Faruque Ahmed, Alan Hinman
civil society organisations	approximately 40 civil society representatives
developing countries	Ministers of Health of GAVI-eligible countries
developing countries	Sub Regional Working Group for West and Central Africa
developing country board members and alternates	Tedros Ghebreyesus, Trinh Quan Huan, Magid Yahya Al Gunaid, Richard Sezibera, Tatul Hakobyan
France	Gustavo Gonzalez Canali
GAVI Fund Affiliate (GFA) Board	Wayne Berson, Bo Stenson, André Prost, Stephen Zinser
Global Immunization Meeting participants	technical partners
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	Working Group on GAVI
International Finance Facility for Immunisation (IFFIm) Board	Alan Gillespie, John Cummins, Arunma Oteh, Dayanath Jayasuriya, Didier Cherpitel, Sean Carney
Norway	Paul Fife
Pan American Health Organization (PAHO)	Socorro Gross, Cuauhtemoc Ruiz Matus, Jon Andrus, Heidi Jimenez

Institution/Constituency	Names of Interviewees
Spain	D. Fidel López Alvarez
Sweden	Anders Molin
U.K. Department for International Development (DFID)	Gavin McGillivray, Jeff Tudor, Abigail Robinson
Unaffiliated Board member	George Wellde
Unaffiliated Board member	Ashutosh Garg
Unaffiliated Board member	Dwight Bush
Unaffiliated Board member	Wayne Berson
Unaffiliated Board member	Dagfinn Høybråten
Unaffiliated Board member	Mary Robinson
UNICEF	Saad Houry, Pascal Villeneuve
USA/Canada/Australia	Gloria Steele, Susan McKinney, Lara Griffiths, Phedra Moonmorris, Murray Proctor
WHO	Daisy Mafubelu, Lidija Kamara, Jean Marie Okwo-Bele, Thomas Cherian
World Bank	Julian Schweitzer, Armin Fidler

Annex 6

Preliminary Analysis
GAVI Alliance Strategy Questionnaire 2011-2015

A web-based and hardcopy questionnaire for soliciting broad stakeholder input on the strategy was launched in February 2010 over a six week timeframe. The questionnaire was available in English and French. As of 29 March, the response rate was 15%. Some preliminary results and selected answers to the open ended questions are presented below. An independent and more comprehensive analysis will be presented to the Board at the retreat.

- Suggested Strategic Goals
  - Over 80% of respondents said that the suggested strategic goals have the “right level of refinement.”
- Suggested Operating Principles
  - Over 70% of respondents said that the suggested operating principles have the “right level of refinement.”
- Strengths
  - “Making vaccination more equitable; Catalyzing vaccine production; Building partnerships around immunization.”
  - ”Innovative character; Mobilisation of huge amounts of additional funding; involvement of private sector; highly cost-efficient; alignment to national plans; reduced vaccines prices (although less than hoped for).”
- Weaknesses
  - “Needs greater external advocacy. Needs to better understand its role in the context of the larger efforts to realize the right to health.”
  - “...pushing countries [too] fast to adopt new vaccines despite the fact that their countries [which] are not doing well with the current routine vaccines they have, and there is an added cost for each new vaccine added for countries to bear.”
  - “The objective of the co-financing policy needs to be elaborated whether to show countries' commitment or to assure sustainability.”
- Ideally what will GAVI have achieved by 2015?
  - “Introduction of pneumo and rota vaccines in the majority of countries. [A]chieving significant price declines on rota. Clearly communicated policies for the next decade.”
  - “More vaccines affordable and accessible for poor countries, more countries introducing new vaccines, increased, [level] of immunisation in countries where there are districts with low level[s]

of immunisation, more focus on universal coverage [across] the country, than only the high coverage."

- "Progress in financial sustainability. Hib, rota, pneumo vaccines being introduced in many countries. Solutions that benefit non GAVI-eligible countries. Increased influence on R&D."