

## Annex 1 Part I Overview - GAVI Alliance Strategy and Business Plan 2011-2015

### Executive Summary

The GAVI Alliance Strategy 2011-2015, approved by the GAVI Alliance Board in June 2010 defines the Alliance's mission, operating principles, strategic goals, objectives and progress indicators (see Appendix 1 and 2).

This GAVI Alliance Business Plan 2011-2015 describes the actions to be undertaken to achieve the Strategy. It also lays out the context and challenges for the coming years. The overview should be read in conjunction with the *GAVI Alliance Business Plan Part II – strategic goals and cross-cutting issues*.

### Background

The GAVI Alliance Strategy 2007-2010 had clear goals around accelerating the uptake of new and underused vaccines, contributing to health systems strengthening, improving the sustainability of immunisation and capitalising on its unique partnership model (see Appendix 3). Progress in these goals has contributed to achieving the Alliance's mission to save children's lives and protect people's health through access to life-saving interventions. The Strategy was accompanied by a corresponding "work plan" which set out the activities of respective partners organised by outputs. Activities and corresponding budgets were developed on an annual basis in 2007 and 2008 and on a bi-annual basis for 2009-2010.

The results of the Alliance's efforts are set out in detail in various publications and documents<sup>1</sup> and documented in the recent second evaluation of GAVI. As a result of its efforts, GAVI has immunised over 250 million children, increased vaccination coverage in low-income countries from 66 to 79%<sup>2</sup> (between 2000 and 2009) and helped avert over 5.4 million future deaths.

There have been areas of continuity in GAVI's context and internal operations and areas of change since the last planning cycle in 2007. GAVI remains a public-private partnership which brings together donors, countries, industry and others, and which aims to promote immunisation as a highly cost-effective means of protecting health and saving lives with 23 million unimmunised children globally the majority of them in GAVI-eligible countries. GAVI's mission is unchanged.

<sup>1</sup> Phase 1 and 2 evaluation (<http://www.gavialliance.org/performance/evaluation/index.php>), Progress Reports ([http://www.gavialliance.org/media\\_centre/publications/progress\\_reports.php](http://www.gavialliance.org/media_centre/publications/progress_reports.php))

<sup>2</sup> World Health Organization. WHO/UNICEF estimates of national immunization coverage. 2010 Feb 24 [cited 2010 Feb]. Available from: [http://www.who.int/immunization\\_monitoring/routine/immunization\\_coverage/en/index4.html](http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html) United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: the 2008 Revision [CD-ROM edition]. 2009 May. GAVI Secretariat 16 November 2010

However, over the period 2007-2010, the GAVI Alliance:

- Left its base at UNICEF and became an independent Swiss Foundation with a new unified governance system and legal identity. This allows for clearer accountability and the creation of a unified business plan.
- Established the Health Systems Funding Platform, which brings together several of the agencies involved in supporting health systems, and aims to align the agencies' programmes better around country systems.
- Tightened its focus on accountability – both in terms of accounting for the proper use of cash funds leading to the establishment of a Transparency and Accountability Policy and team.
- Developed new eligibility criteria which focused on the poorest countries.
- Required that countries raise the minimum coverage from 50% to 70 % DTP3 as assessed by WHO/UNICEF as a threshold to introduce most new vaccines.

### Strategy 2011-2015

At its meeting in June 2010, the Board approved the 2011-2015 Strategy for the Alliance. The mission is supported by four strategic goals:

- *Accelerate the uptake and use of underused and new vaccines* by strengthening country decision making and introduction (“the vaccine goal”).
- *Contribute to strengthening the capacity of integrated health systems to deliver immunisation* by resolving health systems constraints, increasing the level of equity in access to services and strengthening civil society engagement in the health sector (“the health systems goal”).
- *Increase the predictability of global financing and improve the sustainability of national financing for immunisation*
  - At the global level, raising public and private funding and developing innovative finance options to access new and predictable resources (“the funding goal”).
  - At the national or country level, the focus is on successful implementation of GAVI's co-financing policy to ensure that new vaccines are included in domestic budget lines and that there is national financial as well as political commitment for their introduction (“the co-financing goal”).
- *Shape vaccine markets* with regard to pricing and supply security through its ability to pool procurement on behalf of over 50 million children and make catalytic investments to facilitate introduction of appropriate vaccines (“the market-shaping goal”).

A set of cross-cutting operating principles and robust activities in monitoring and evaluation (M&E) and advocacy, communications and public policy (ACPP) further support these goals.

Successful implementation of the business plan will achieve significant impact. Between 2011 and 2015 the Alliance aims to fully immunise over 240 million children and avert a further 3.9 million deaths. 90 million infants across 40 countries will receive Pneumococcal vaccines for the first time, and more than 50 million infants across 29 countries will receive Rotavirus vaccine for the first time. An additional 230 million infants will receive pentavalent vaccinations, with 65 million receiving Yellow Fever vaccinations. GAVI will also have begun to roll out other new life saving antigens, including Human Papilloma Virus which protects against a leading cause of death of women in low income countries. In parallel, GAVI will have built a partnership between leading global health organisations to further strengthen health systems in over 40 low-income countries and promote integrated delivery of immunisation.

## Challenges and Risks

In achieving the strategy, the Alliance faces challenges and risks.<sup>3</sup>

*Funding.* The global economic downturn has led to a decrease in donor funding for health.<sup>4</sup> While economies are recovering, many of GAVI's donors have challenging fiscal positions and development budgets are under pressure. Although GAVI has sufficient funding to meet existing commitments to countries, fully meeting country demand will require significant increases in available funding. For the GAVI Secretariat this has necessitated an increased focus on resource mobilisation, including advocacy and communication.

*Vaccine market development.* The GAVI business model aims to foster a healthy vaccine market by encouraging and pooling demand from developing countries, attracting new manufacturers and increasing competition to drive down prices. Although the prices of vaccines have fallen, they have not fallen as rapidly as had been envisioned in the early years of GAVI's work. Similarly, the rate at which potential suppliers have entered the market has been slower than expected. As introducing new vaccines is resource intensive for both donors and countries, GAVI needs to work harder in the coming years to ensure that pricing is sustainable for donors and countries in the long run.

*Sustainability.* One of the key concerns of stakeholders during the strategy development process was around sustainability – in other words – should countries introduce new vaccines if there is little prospect of being able to maintain them if GAVI support ends. Given that 17 countries will likely graduate from GAVI support between 2011 and 2015 with a further four countries moving toward graduation between 2016 and 2020, the sustainability of national investments in vaccines and coverage beyond GAVI support is a risk for the Alliance. This issue is equally acute

<sup>3</sup> For further detail, please refer to the GAVI Phase 2 Evaluation

<sup>4</sup> <http://www.usaid.gov/locations/asia/documents/Health-and-Impact-of-Economic-Crisis-4-13-final-duproof0413.pdf>

for donors, as they provide significant financial support for the lower income countries.

*Efficiency, effectiveness and accountability.* Although the intention has been to harmonise and align GAVI support with country systems and processes, this has been difficult to achieve, particularly for GAVI's cash based programmes. GAVI support is still not fully synchronised with country planning, budgeting and reporting cycles. Further, being responsive to requests from donors around increasing accountability and demonstrating results at country level is to some extent in tension with GAVI's formerly "light touch" approach to development. To address concerns by donors and the Board, GAVI instituted a transparency and accountability policy for its cash based programmes. However, further "hands on management" of programmes, in particular cash based programmes, requires a shift to the business model with a strengthening of the stewardship role of the Secretariat including data system and monitoring and evaluation. The same, although to a lesser extent, holds true for partner support – increasing reporting requirements for technical partners (e.g. WHO and UNICEF), necessitates that there is an appropriate management structure in place to do so.

## **Business Plan Development Process**

With the approval of the new Strategy, the Board tasked the Secretariat with developing a business plan to achieve the strategic goals. The plan attempts to reflect the changes in GAVI's context, the lessons learnt from GAVI's first 10 years, and the need to address the challenges mentioned above.

The development of the business plan in the second half of 2010 was characterised by a collaborative approach among Alliance stakeholders and partners – followed by a Secretariat review and then an independent review. A consultant was seconded to the GAVI Secretariat from McKinsey to facilitate the process and ensure consistency across all the groups.

- *Collaborative approach.* Technical sub-groups were set up for each strategic goal. GAVI Board members nominated individuals from their constituency to join these groups. Technical sub-group members were tasked with developing the deliverables and activities to achieve the objectives in support of the goals and budget for them (completed 31 July 2010). The Bill & Melinda Gates Foundation, WHO, UNICEF, and the GAVI Secretariat had representatives on multiple groups to ensure that activities were neither "lost" nor "duplicated" as proposed programme objectives and activities took shape.
- *Secretariat review.* After the sub-groups had completed their initial planning, the Secretariat reviewed the objectives, activities and deliverables across all goals and cross-cutting areas with implementing partners. As a result of this review, the original list of 54 proposed programme objectives (with corresponding activities) were consolidated into 26. Multiple iterations were

done on the budgets to identify inefficiencies and rationalise proposed expenditure.

- *Independent review.* Following consolidation of the objectives, activities, and deliverables, the business plan was reviewed by an independent External Advisory Group in September 2010. The review focused on internal consistency of the plan and the extent to which activities proposed would achieve the strategic objectives as set by the Board. They also reviewed the extent to which the budgets proposed were appropriate. Following the meeting, the Implementing partners worked with the Secretariat to begin address comments.
- *Board review and decision.* In October 2010, the Business Plan was reviewed by the Programme and Policy and Audit and Finance committees of the Board and revised to reflect input and comments. It was then submitted to the GAVI Alliance Executive Committee – which has primary carriage of the process. The Executive Committee recommended the plan for approval to the full Board at the December Board meeting.

## Overview of the Plan

Development of the GAVI Alliance 2011-2015 Business Plan has been driven by a desire for a logical flow and internal consistency (e.g. activities support programme objectives, which contribute to achievement of the strategic goals). Goals are measured against the achievement of targets, and objectives have clear final and interim deliverables.

The plan incorporates:

- Strategic and programme objectives, with supporting activities
- Performance indicators and defined deliverables
- Detailed budgets (budget for 2011-2012)
- A plan for mitigating risk
- A management plan to drive delivery

While continuing to provide strong support to GAVI country programmes, the 2011-2015 business plan focuses on three supportive areas – increasing predictability of financing, vaccine market-shaping, and ensuring sustainability of impact. In response to the evaluation of the health systems programme, the business plan also puts forward more “hands on” management of health systems programmes through more intensive programmatic engagement and oversight by the Secretariat and partners.

### *Increasing predictability of global financing*

GAVI is a funding mechanism and depends upon continuing donor support. The funding challenge is significant in the years ahead because:

- GAVI and its partners have successfully stimulated demand from countries, so that demand has steadily increased, including for new vaccines which are at this stage relatively expensive
- Although co-financing is important for country ownership and can represent a significant contribution for graduating countries, the trajectory for assumption of vaccine costs by non-graduating countries will not be achieved within the time frame of this plan. Further, in the GAVI model, countries take full responsibility for delivery costs, which can be significant
- The International Financing Facility for Immunisation (IFFIm) helped to scale-up GAVI's funding, creating a significant market for vaccines in developing countries. As currently configured, IFFIm's contribution to GAVI's finances peaks in 2010, and is projected to decline significantly in 2012 and 2013. GAVI is currently exploring ways of releasing more funds from IFFIm
- The economic downturn and financial crisis has led to a number of GAVI's donors facing significant fiscal challenges

This means that GAVI has had to move from a model of adequate resource flows and "maintaining" donor relations to a more proactive model of mobilising resources. This shift requires more intensive engagement with a wider range of stakeholders.

#### *Market-shaping and sustainability*

A clear finding from GAVI's past evaluations is that GAVI has not had a significant impact on vaccine pricing. Lower vaccine prices are critical for sustainability in that ultimate prices should ideally be a manageable proportion of health budgets in the majority of GAVI countries. For this reason, the Board has elevated market-shaping to the level of strategic goal with the aim of making vaccines more affordable, ensuring sufficient and secure supply, and catalysing development of appropriate vaccines for low- income countries. As this is a new area of focus, the 2011 activities comprise analytic work to support the development of appropriate strategies and policies for implementation in 2012 and beyond.

#### *Increasing accountability*

GAVI's business model involves working through members of the Alliance and with other parties, thereby avoiding duplicating existing capacities, and keeping administrative costs low. Support for implementation and support at country level is the responsibility of Alliance multilateral partners.

The model also involves monitoring outcomes in countries - for example, vaccination coverage - rather than the programmes themselves. The Alliance depends upon the Partners sharing the Alliance's goals and working together to achieve them. Maintaining GAVI's low administrative costs depends to some extent upon the Board's level of comfort with the risks that accompany this.

The new governance structure permits a unified business plan, with agreed deliverables, by the Secretariat and the partners that can and will be tracked and

reported to the Board. However, closer engagement at country level and accountability for partner deliverables by the Secretariat have resource implications.

### *Increasing efficiency*

At the operational level, a unified business plan allows for analysis of potential overlap and areas for efficacy gains across a number of areas that drive costs (training, travel, staffing). While new areas of work have been added/prioritised (market shaping) or enhanced (advocacy, communications and public policy) cuts have been made in other areas to streamline the scope and ensure that all costs are mission critical.

### *Aid effectiveness*

The five Paris Principles are country ownership, alignment, harmonisation, management for results, and mutual accountability. The Paris Declaration on aid effectiveness is the key driver of efforts to increase aid effectiveness, and the Declaration as well as the principles will be reviewed in late 2011. The GAVI Secretariat is active in aid effectiveness forums to learn from others and GAVI experiences feed into the aid effectiveness debate.

The GAVI Alliance 2011 – 2015 Business plan lays out actions that will promote aid effectiveness, such as the Health Systems Funding Platform, “which brings together several of the agencies involved in supporting health systems, and aims to align the agencies’ programmes better around country systems”. The co-financing policy aims to “ensure that new vaccines are included in domestic budget lines and that there is national financing as well as political commitment for their introduction” (country ownership, alignment).

The tension between the intention to harmonise and align GAVI support with country systems and processes on the one hand, and responding to donor requests for strengthened accountability for management funds through to the country level, is acknowledged. A shift towards a more ‘hands on’ approach to management (of cash based programmes in particular) will entail a shift away from the former ‘light touch’ approach and principles of country ownership, harmonisation and alignment. It could be seen as a move towards aid effectiveness principles of management for results and mutual accountability. Country ownership can be maintained as long as support is (still) committed for the duration of countries’ health planning cycles and flow through country systems. As acknowledged, alignment would be improved if the timing of countries’ reporting to GAVI was in line with countries’ own reporting cycles.

Predictability is a key aspect of aid effectiveness, and the strategy acknowledges that predictability of funds and sustainability of GAVI-supported programmes if and when GAVI support ends. While the strategy includes efforts to secure predictability and sustainability through market-shaping, country co-financing, and fundraising, there is a risk that GAVI support becomes unpredictable and therefore less effective. Transparency about future funding flows will be critical to help mitigate this risk.

## **Additional Issues for Consideration**

### *Gender*

The Board approved a gender policy in 2008 with four intended outcomes:

- New evidence on gender issues in relation to immunisation coverage and access to health services generated, reported and analysed
- Advocacy for gender equality used as a means to improve immunisation coverage and access to health services
- Gender sensitive funding and policies in place
- GAVI Alliance structures introduced gender sensitive approaches

To-date the Alliance has spent approximately US\$ 250,000 per year in support of the implementation of this plan. The majority of this has been for WHO to review the evidence on gender and immunisation. The results of this review will be ready in early 2011. In terms of the strategy and business plan 2011-2015, no explicit programme activities have been budgeted by partners for the years 2011-2012. This is explained in part because the results from the review of evidence will not be complete and thus it is unclear what follow-up activities will be needed; and in part because many of the activities in support of these outcomes rely on existing staff to implement.

It is worth noting that because there are no gender related indicators in the Strategy and gender is only included as subset of health systems work, there is a risk that the policy may not be implemented as envisioned.

### *Looking to the future - malaria and dengue vaccines*

In 2008 the Board approved a vaccine investment strategy that prioritised which vaccines would be eligible for GAVI support in the years 2009-2014. This exercise will be repeated in 2013 in order to ensure the portfolio remains optimised. In the meantime, the Board recommended that malaria and dengue vaccines should be monitored so that they could be included if they became available before the next portfolio review. As of the writing of the business plan, there is no evidence that malaria or dengue vaccines will be ready for country introduction prior to 2015; dengue in particular will not be ready for some years. However, the pipelines for both of these vaccines are being closely monitored. Further, in order to prepare for introduction of malaria vaccines, GAVI is in discussions with the Global Fund to Fight AIDS, TB and Malaria to ensure that efforts are fully aligned.

### *Results of the GAVI Phase Two Evaluation*

In 2009 the GAVI Alliance Board commissioned a second GAVI Evaluation. The evaluation was completed in September 2010. In order to ensure that the strategic



planning process adequately addressed the findings, the evaluators submitted two “emerging themes” documents for consideration by the Board. Full copies of the draft report were also made available to the GAVI Secretariat and implementing partners (WHO, UNICEF and the World Bank). Recognising the critical nature of this document for the business planning process, a draft summary of the findings was provided on a confidential basis to the External Advisory Group in August 2010.

The evaluation identified a number of areas for improvement moving forward in the next strategic planning period 2011-2015. These areas and a brief description of how they have been addressed in the business plan are below.

- **Vaccine price** declines were not as ambitious as the original business model put forward.
  - **Market-shaping**<sup>5</sup> has been elevated to the level of strategic goal with specific programme objective and activities for minimising vaccine cost to GAVI and countries.
- Prospects for **financial sustainability** of GAVI funding for low-income countries is a significant challenge. The challenge for low-middle income GAVI countries however is much less marked, but is still present.
  - The Alliance is in the final stages of considering a revised co-financing policy. Recognising that the majority of GAVI countries will be unable to take on the cost of GAVI supported vaccines in any reasonable timeframe, the business model and expectations of sustainability will need to shift. GAVI is “in it for the long term” with a majority of the poorest countries. While emphasising country ownership through some percentage of co-financing, GAVI must focus on driving down price while ensuring supply security, fundraising to support the poorest countries. The other end of the spectrum, GAVI will need to work closely with the least poor of the current 72 countries – the so-called graduating countries - on access to affordable pricing and continued provision of vaccines when GAVI support has ended.
- Whether GAVI’s **health system strengthening** activities have diluted GAVI’s core immunisation focus or have advanced it.
  - The health systems goal<sup>6</sup> has an immunisation and service delivery lens and programmes will progressively be delivered through the joint platform designed together with the World Bank, Global Fund for AIDS, TB and Malaria, and WHO. Working through this platform allows GAVI to leverage other institutions’

<sup>5</sup> Strategic goal 4 Shape vaccine markets

<sup>6</sup> Strategic goal 2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation  
GAVI Secretariat 16 November 2010

investments in health systems towards addressing bottlenecks for immunisation. The GAVI specific health systems funding programme will terminate.

- **Accountability** of the Secretariat and implementing partners and transparency and timeliness of performance reporting.
  - In order to improve the **accountability** of the Secretariat and implementing Partners, as well as transparency and timeliness of performance reporting, the Business Plan will require reporting at the level of programme objectives and the Secretariat will standardise reporting across partners (further detail on performance management and reporting below).
- **Weakness of country communications** as countries lack adequate information on GAVI policies/policy changes.
  - **Improving country communications**<sup>7</sup> has been included in the Business Plan through the allocation of a dedicated post for country communications at the Secretariat and support for regional and country level UNICEF and WHO staff.<sup>8</sup>
- Lack of comprehensive analysis of data collected to inform **monitoring and evaluation** (M&E).
  - A cross-cutting area on M&E has been developed to ensure adequate focus and resources. The M&E plan aims to deliver a data warehouse, targeted studies, and a prospective evaluation system to inform decision-making and measure impact. In addition, there will be a review of all studies funded through the Business Plan to ensure no duplication of effort and accessibility of information collected. Of note, beginning in 2011, the annual progress reports (APRs) from countries will be in electronic format to allow for easier data consolidation, review and analysis.

#### *Prioritisation of activities in the business plan*

In the initial design of the business planning process, the groups working on strategic goals were supposed to prioritise the activities proposed as “need to have/nice to have.” Because of the timing of completion of the business plan documents, this did not happen for all the groups but was rather completed by agencies in discussion with the Secretariat.

<sup>7</sup> Activity 1113 Sub-activity: Update Country decision makers on GAVI policies and procedures; Solicit feedback on upcoming policies and procedures (US\$ 57,000)

<sup>8</sup> Support for UNICEF focuses on regional positions and for WHO on both regional and country level posts.  
GAVI Secretariat 16 November 2010

### *Indicators and targets*

The Secretariat has coordinated the development of key performance indicators (KPIs), with guidance from the GAVI Alliance Evaluation Advisory Committee. Draft KPIs were included in the consultation drafts for the strategy beginning in early 2010 but cognisant of the fact that the strategic goals and hence the objectives were evolving. As the strategy evolved the Secretariat has worked with WHO, UNICEF and with guidance from the Evaluation Advisory Committee to ensure that proposed indicators are technically robust and are feasible to collect.

### **Detailed Business Plans**

Detailed business plans for each strategic goal and cross-cutting area are included in the Document *GAVI Alliance Business Plan – Part II – strategic goals and cross cutting issues*.

### **GAVI Alliance Operating Model**

The GAVI Alliance is a public- private partnership, incorporated as a Swiss Foundation with offices in Geneva and Washington, DC.

GAVI's governing body is its Board which brings together experts from both the public and private sectors. Representative Board members from multilateral development agencies, donors, developing country governments, civil society representatives, and the academic community help to shape GAVI's strategic vision and provide critical support in programme implementation. Independent individuals with experience in the private sector bring an innovative perspective to Board discussions and allow the Board to fulfill its role as GAVI's fiduciary.

The Board relies on a number of committees to support the development of key policies and oversee specific activities. These committees are comprised of Board members, alternates, and in some instances delegates with expertise in critical areas. At the moment, Committees include:

- *Executive*: makes critical, time-sensitive decisions between Board meetings
- *Audit and Finance*: accounting, financing, budgeting, and financial practices
- *Governance*: developing and implementing sound governance policies and practices
- *Investment*: asset preservation and growth
- *Programme and Policy*: country programmes, policy and programmatic proposals
- *Evaluation Advisory*: organisational and programmatic evaluation activities

The GAVI Secretariat is responsible and accountable for the day-to-day operations of the GAVI Alliance, including: mobilising resources to fund programmes;

coordinating programme approvals and disbursements; developing policy and implementing strategic initiatives; monitoring and evaluation; legal and financial management; and administration for the GAVI governance system.

Finally, there are three affiliated companies, with independent boards of directors that help support the funding base of the GAVI Alliance:

- *IFFIm Company*: securitises aid pledges to raise funds on the capital markets for GAVI programmes
- *GAVI Fund Affiliate*: approves disbursement of IFFIm funds to GAVI programmes
- *GAVI Campaign*: raises money from private citizens in the United States to support GAVI programmes

Management of the implementation of the business plan is the responsibility of the Chief Executive Officer (CEO) of the GAVI Alliance with the support of the policy and performance and the finance teams.

## **Performance Management Plan**

### *Performance based contracting*

Historically the Secretariat has contracted with WHO, UNICEF and the World Bank under a form of grant agreement which sets out the general framework for the relationship between the Secretariat and the partner. Under the current framework (which expires at the end of 2010), the Secretariat funds activities undertaken by the partners in accordance with agreed budgets for those activities. Funding is disbursed on an agreed schedule of payments. Funds are administered by partners in accordance with their own rules and regulations, with a certain percentage applied to cover administrative costs (e.g. 7% for UNICEF Programme Division and for WHO). Unused funds are meant to be returned to GAVI. This involves some risks for the Alliance:

- Financial and programmatic reporting regimes are not closely linked
- Lack of clarity on requests for no cost extensions raise questions about over-funding
- Interest on funds held in partner accounts accrue to the partner and not GAVI

In the light of the new business plan and the expiration of the current agreements, the Alliance will introduce some element of “deliverable based payments.” These contracts will require progress against specific programmatic indicators as a condition for payment of subsequent installments up to the total amount available within the Grant Agreement.

Funding to AVI-TAC was awarded through a competitive tender and is provided through an “exchange grant” – which means a grant given in exchange for certain goods or services. The grant included an initial pre-payment to allow for work to plan for staffing and to begin activities. Subsequently, yearly work plans (as exhibits to the contract) are submitted to the Secretariat for approval. Payment is on a deliverables based schedule. The business plan includes a set of defined programme deliverables which underpin the 26 programme objectives. These deliverables will form the basis for routine progress reporting and performance management. This function will be supported by GAVI Alliance’s monitoring and evaluation strategy. Accountability for implementation will rest with the main implementing agencies and individual project managers will be identified for each objective. Proposed deliverables are being validated internally by the Secretariat’s monitoring and evaluation team to ensure focus and measurability.

The proposed approach consists of:

- The establishment of a dedicated performance management unit to coordinate performance management processes and to improve overall reporting, transparency and delivery.
- Quarterly reviews of progress against deliverables with senior management of the implementing agencies to highlight and problem-solve specific bottlenecks and constraints. It will also include bi-annual reporting to the Board.
- Leadership engagement [at a high level] from the partners and Secretariat.
- Process for special review of programme objectives with limited/insufficient delivery.

## **Risk Management**

An enhanced risk register (can be found in appendix 4) has been developed in collaboration with GAVI’s internal auditor for presentation to the Board in December to ensure that all major business risks are effectively tracked and mitigated across the Alliance. The risk register currently includes risks across six major categories (financial, operating, markets and products, country sustainability, advocacy and communication and staff/organisation risks). The risk register also provides a relative rating for these risks to GAVI.

The risk management approach consists of:

- Review and update of register including risks and associated mitigation strategies on a quarterly basis as part of the quarterly performance review process outlined above.
- Coordination by the GAVI Secretariat

Consistent with an assessment of the level of risk associated with resource mobilisation, the Secretariat is currently preparing an internal analysis of possible future funding scenarios and their implications on the business plan.

## Annual Review and Adjustment

At its meeting in December 2010, the Board will be asked to approve the completed business plan – focusing on programme objectives for the duration of strategy period and activities and budgets for the period 2011-2012. The plan will then be reviewed quarterly and revised on an annual rolling basis which will give the opportunity to “course correct” for the year ahead – and to submit a budget for an additional year (e.g. such that a two year budget is always in place). This will also allow the Board to review risks, progress and adjust the plan as needed.

## Appendices

1. GAVI Alliance Strategy 2011-2015
2. Definition of terms
3. 2007-2010 Strategic goals and principles
4. Risk Matrix
5. List of acronyms

## Background materials

- *Investing in immunisation through the GAVI Alliance: The evidence base* ([http://www.gavialliance.org/resources/GAVI Evidence Base 2010.pdf](http://www.gavialliance.org/resources/GAVI_Evidence_Base_2010.pdf))
- GAVI's Second Evaluation

## Appendix 1 - GAVI Alliance Strategy 2011-2015

<b>Mission</b>	<b>To save children’s lives and protect people’s health by increasing access to immunisation in poor countries</b>		<b>Mission Indicators:</b> <ol style="list-style-type: none"> <li>I. Under five mortality rate</li> <li>II. Number of future deaths averted</li> <li>III. Number of children fully immunised</li> </ol>	
<b>Operating Principles</b>	<p>As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:</p> <ol style="list-style-type: none"> <li>1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions</li> <li>2. Contributing to achieving the Millennium Development Goals (MDGs)</li> <li>3. Supporting national priorities, integrated delivery, budget processes and decision-making</li> <li>4. Focusing on innovation, efficiency, equity, performance and results</li> <li>5. Maximising cooperation and accountability among partners through the Secretariat</li> <li>6. <b>[Ensuring gender equity in all areas of engagement]</b></li> </ol>			
<b>Cross-cutting</b>	<b>Monitoring and Evaluation Advocacy, Communication and Public Policy</b>			
<b>Strategic Goals</b>	<b>SG1 Accelerate the uptake and use of underused and new vaccines</b>	<b>SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation</b>	<b>SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>	<b>SG4 Shape vaccine markets <b>[for poor countries]</b></b>
<b>Goal-level Indicators</b>	<ol style="list-style-type: none"> <li>I. <b>Country introductions of underused and new vaccines</b> - Number of GAVI supported countries introducing underused and new vaccines</li> <li>II. <b>Coverage of underused and new vaccines</b> – Coverage of underused and new vaccines in GAVI supported countries</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Drop-out rate</b> – Drop out between DTP1 and DTP3 coverage</li> <li>II. <b>DTP3 coverage</b> – % of surviving infants receiving 3 doses of DTP-containing vaccine</li> <li>III. <b>Equity in immunisation coverage</b> – % of GAVI supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Resource mobilisation</b> – Resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support</li> <li>II. <b>Country investments in vaccines per child</b> – Average government expenditure on vaccines per surviving infant</li> <li>III. <b>Fulfilment of co-financing commitments</b> - % of countries that meet their co-financing commitments in a timely manner</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Reduction in vaccine price</b> - Change in weighted average price per dose for pentavalent and rotavirus vaccines</li> <li>II. <b>Suppliers in the market</b> – Number of manufacturers with a pre-qualified vaccine, and active supply, in the market</li> </ol>
<b>Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase evidence based decision-making by countries</li> <li>2. Strengthen country introduction to help meet demand</li> </ol>	<ol style="list-style-type: none"> <li>1. Contribute to the resolving of the major constraints to delivering immunisation</li> <li>2. Increase equity in access to services, <b>including gender equity</b></li> <li>3. Strengthen civil society engagement in the health sector</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase and sustain allocation of national resources to immunisation</li> <li>2. Increase donor commitments and private contributions to GAVI</li> <li>3. Mobilise resources via innovative financing mechanisms</li> </ol>	<ol style="list-style-type: none"> <li>1. <del>Make vaccines more affordable</del></li> <li>2. <del>Ensure sufficient supply</del></li> <li>3. <del>Create market security and stability</del></li> <li>4. <del>Catalyse introduction of appropriate vaccines</del></li> <li><b>[1. Ensure adequate supply to meet demand]</b></li> <li><b>[2. Minimise costs of vaccines to GAVI and countries]</b></li> </ol>





## Appendix 2 – Definition of terms

- Mission: Written declaration of core purpose and focus
- Strategic goals: 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
- Strategic objectives: Overarching statements of what has to be achieved to reach the strategic goals in a given time frame
- Programme objectives: High-level strategic initiatives that would be required to deliver on the strategic goal.
  - 3-4 programme objectives per strategic goal.
  - The primary unit of management and reporting going forward
- Programme deliverables A measurable area of achievement to be delivered by 2015
  - Could be an output, outcome or input indicator
  - One main programme deliverable per programme objective for the period 2011 to 2015.
  - Two interim deliverables between 2011 and 2015
- Projects and activities
  - Actions required to deliver on the programme objectives and achieve the intended deliverable

## **Appendix 3 - 2007-2010 Strategic goals and principles**

### **Strategic Goals**

1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner
2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security
3. Increase the predictability and sustainability of long-term financing for national immunisation programmes
4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation

### **Principles**

The Principles state that GAVI Alliance activities and/or financial support should:

1. Contribute to achieving the Millennium Development Goals, focusing on performance, outcomes and results
2. Promote equity in access to immunisation services within and among countries
3. Support nationally-defined priorities, budget processes and decision-making
4. Be supportive of country participation through absence of earmarking
5. Focus on underused and new vaccines as opposed to upstream research and development activities
6. Contribute to the development of innovative models or approaches that can be introduced and applied more broadly
7. Be coherent with GAVI partners' individual institutional obligations and mandates
8. Be catalytic and time-limited, though not necessarily short term, and not replace existing sources of funding
9. Support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose
10. Through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries
11. Be based on accountability, transparency, efficiency and effectiveness

## Appendix 4 Risk Matrix

November - 1 December 2010

Doc #07b –GAVI Alliance Business Plan  
Annex 1, Part 1

	Level of risk		High					
			Medium					
			Low					
Risk category	Main risk	Likelihood of risk	Potential for negative impact	Specific risk	Risk mitigation strategy/activity in the business plan	Strategic goal	Programme objective/	Residual risk (post mitigation actions)
Financial risk	Funding risk	High	High	Predictability of donor commitments	Re-designed replenishment mechanism, increased emphasis on multi-year agreements and pledges	SG3	321	High
				Size and diversity of the funding base	Increased efforts to expand the funding base, specifically targeting key members of the G20, innovative finance mechanisms and, new private and corporate partnerships	SG3	322	
				Donor relations/ perceptions	Enhanced donor relations and improved donor communications. Formalised and more active donor support network (e.g., Friends of GAVI)	SG3, ACPP	321, 322, AC111	
	Economic and financial market risks	Low	Medium	Credit ratings, currency fluctuation, interest rates etc.	Long-range financial planning and forecasting. Robust financial management strategies and policies	Financial admin	Internal financial management	Low
	Medium-term liquidity risks (2-3 years)	Low	Medium	Cash flow	Rigorous internal financial management policies and controls (inc. cash flow reserve policies, regular internal audits)	Financial admin	Internal financial management	Low
Operating risks	Cash-based Programme risks	High	High	Health system strengthening grants, CSO grants, IRIS Programme	Dedicated infrastructure for the management of cash-based grants (incl. TAP, FMAs etc.). Joint partnership with the World Bank, Global Fund and WHO in the Health Systems Funding Platform (incl. joint assessments and annual reviews, and a surveillance platform).	SG2	211, 212	High
	Country introduction risks	Medium	Medium	Applications, reviews and disbursement process risks	Dedicated country communications capacity, evidence based decision making, direct support with GAVI applications (vaccines and HSS). Independent Review Committee technical reviews and recommendations around country applications. Alignment of GAVI funding with country planning and budgeting cycles.	SG1, SG2	111, 112, 113, 121, 211, 212	Low
				Forecasting and planning	Specialised demand and supply forecasting across all vaccines (current and future)	SG1, SG4	111, 112, 121, 122, 123, 411	
				Country capability and infrastructure	Specialised in-country training and capability building. Implementation of proven country systems, structures and processes for vaccine introduction (incl. vaccine policies and regulations)	SG1	111, 112, 121, 122, 123	
				Programme performance	Routine assessments and reviews (e.g., APRs, EVMs, pre and post-Programme evaluations), routine Programme monitoring	SG1, ME	112, 121, ME111	

	Partner activity and outsourcing risks	Medium	Medium	Technical assistance provider, sub-contracting and outsourcing	GAVI workplan performance management system. Coordination of Programme implementation (e.g., WHO, UNICEF, management of AVI TAC).	SG1, SG2	111, 112, 121, 122, 123, 124	Low
	Weakening of Alliance structure	Medium	Medium	Unintended consequences of new performance based contracting system on partnership model	Quarterly performance check-in and problem-solving at senior level	all, mission support		Medium
Market and product risks	Vaccine pricing and supply risks	Medium	Medium	Pricing, manufacturing and supply chain risks. Policy and regulatory risks	Implementing PRGs, robust information on supplier landscape. Long-term vaccine demand forecasting with intermittent portfolio optimisation. Vaccine supply strategy study and implementation plan development	SG4	411, 412, 421	Low
	Vaccine safety and efficacy risks	Low	High	Adverse events following immunisation, product recalls, regulatory risks	Rigorous pre-qualification, quality control and ongoing scientific studies driven mainly by the WHO. Routine surveillance, procurement quality control mechanisms under the UNICEF and PAHO procurement contracts.	SG1, SG4, ACPP	111, 112, 121, 122, 412, AC111	Low
Country sustainability	Country vaccine financing, procurement and ongoing delivery risks	High	High	Financial planning and budgeting. Sustainable co-financing risks	Co-financing policy implementation (incl. monitoring and support of countries in default), integration of CMYPs in national planning and budgeting processes	SG3	311, 312	High
				Ongoing immunisation planning and coordination	Direct support to graduating countries in the development of transition plans and, pooled procurement strategies as part of the vaccine supply strategy study	SG3	311, 312, 313	High
Advocacy and communication risks	Advocacy and communication risks	Medium	High	Advocacy and counter-advocacy	Expanded set of donor advocates and civil society organisation supporters	SG3, ACPP	321, 322, AC112	Medium
				Advocacy network and communication risks	Pro-active management and ongoing monitoring of GAVI press and media with associated response mechanisms including reputational risk and crisis communications	ACPP	AC111	
Personnel and organisation risks	Staff motivation and behaviour risks	Medium	Low	Staff turnover	Clearer prioritisation of roles, responsibilities and accountabilities with appropriate employee recognition through GAVI performance management. Improved internal communications.	ACPP	AC111	Low
	Organisational knowledge	Low	Medium	Institutional knowledge	Coordinated information management with clear prioritisation of knowledge gaps and initiatives	M&E	ME111, ME112, ME113	Low
	Secretariat capacity	High	High	Capacity to deliver on business plan	Additional headcount. Improved management and leadership	all, mission support		Medium

## Appendix 5 - List of acronyms

ACPP	Advocacy, Communications and Public Policy
AEFI	Adverse Events Following Immunisation
AMC	Advance Market Commitment
APR	Annual Progress Reports
AVI TAC	Accelerated Vaccine Introduction Technical Assistance Consortium
CMYP	Comprehensive Multi Year Plan for immunisation
CSO	Civil Society Organisation
EPI	Expanded Programme of Immunisation
EVM	Effective Vaccine Management
FMA	Financial Management Assessment
FTE	Full Time Equivalent
G20	The Group of Twenty (G-20) Finance Ministers and Central Bank Governors was established in 1999 to bring together systemically important industrialized and developing economies to discuss key issues in the global economy.
G8	The Group of Eight (G-8) is a forum for the leaders of eight of the world's most industrialized nations, aimed at finding common ground on key topics and solutions to global issues. The G-8 includes Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States.
GAVI Sec.	GAVI Secretariat
HSCC	Health Sector Coordination Committee
HSFP	Health Systems Funding Platform
HSS	Health systems strengthening
ICC	Inter-agency Coordination Committee
IF&S	Immunisation and Financial Sustainability Task Team
IFFIm	International Finance Facility for Immunisation
IRC	Independent Review Committee
IRIS	Incentives for Routine Immunisation Systems Strengthening

JANS	Joint Assessment of National health Strategies
JRF	Joint Reporting Form
M&E	Monitoring and Evaluation
NITAG	National Immunisation Technical Advisory Group
NRA	National Regulatory Authority
PAHO	Pan American Health Organization
PMS	Post Marketing Surveillance
SG	Strategic Goal
UNICEF	United Nations Children's Fund
WHO	World Health Organization