



**SECOND GAVI EVALUATION**  
**GAVI ALLIANCE**

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13 September 2010

**SUPPORTING PAPER 10.3:**  
**SG4 REPORT ANNEXES**

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**CEPA LLP**

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<sup>1</sup> A full list of acronyms and abbreviations is available in the SG4 Report.

## ANNEX 1: E-SURVEY RESPONSES

### 1. Question 21 ‘GAVI’s multi-stakeholder Alliance model has been core to achieving its immunisation objectives’

Table 1: E-survey responses to question 21 by responder constituency – ‘GAVI’s multi-stakeholder Alliance model has been core to achieving its immunisation objectives’

Responses by constituency	% responses (number of responses)							Total
	Blank	Not aware/no view	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
Multilaterals	11% (8)	3% (2)	1% (1)	9% (7)	9% (7)	46% (34)	20% (15)	26% (74)
Donor/Foundation	6% (1)	0% (0)	6% (1)	0% (0)	0% (0)	82% (14)	6% (1)	6% (17)
Developing country government	12% (6)	8% (4)	2% (1)	4% (2)	6% (3)	42% (21)	26% (13)	18% (50)
Vaccine industry developing countries	33% (2)	0% (0)	0% (0)	0% (0)	0% (0)	50% (3)	17% (1)	2% (6)
Vaccine industry industrialised countries	0% (0)	0% (0)	0% (0)	0% (0)	33% (1)	0% (0)	67% (2)	1% (3)
CSOs	15% (4)	0% (0)	0% (0)	0% (0)	11% (3)	19% (5)	56% (15)	10% (27)
Research and Technical Health Institutes	7% (1)	0% (0)	0% (0)	0% (0)	14% (2)	50% (7)	29% (4)	5% (14)
Not applicable	13% (6)	7% (3)	0% (0)	2% (1)	4% (2)	52% (24)	22% (10)	16% (46)
Blank	16% (7)	4% (2)	2% (1)	2% (1)	11% (5)	42% (19)	22% (10)	16% (45)
Total	12% (35)	4% (11)	1% (4)	4% (11)	8% (23)	45% (127)	25% (71)	100% (282)

Table 2: E-survey qualitative response feedback themes for question 21 – ‘GAVI’s multi-stakeholder Alliance model has been core to achieving its immunisation objectives’

Response Theme	Frequency
Comment that ‘alliance’ has diminished in favour of ‘donor-recipient’ Partnership. Now ‘stand alone’ entity with Board. Dysfunctional relationship with Secretariat at working-level means increasingly fractured. “More for show”.	10
Emphasis of the importance of GAVI in bring together all stakeholder to create focus on immunisation is pivotal.	4
Attribution to GAVI as opposed to Partners not right. Emphasis should be on WHO achievement.	3

Response Theme	Frequency
Alliance not functioned as well at regional or country level. Implementing agencies having to act as a buffer between countries and GAVI.	2
Query on premise that GAVI has achieved objectives.	1
Statement does not hold for HSS where there has continued to be strong differences of view at the Board level.	1
True, but Partnership needs to do better – has been a bit of a closed ‘shop’; and has not monitored targets well enough.	1
Response depends on who is responding – private sector felt less like Partner and more like supplier.	1

## 2. Question 22 ‘GAVI’s relatively ‘light touch’ approach achieves the right balance between country ownership/ accountability and flexibility’

Table 3: E-survey responses to question 22 by responder constituency – ‘GAVI’s relatively ‘light touch’ approach achieves the right balance between country ownership/ accountability and flexibility’

Responses by constituency	% responses (number of responses)							Total
	Blank	Not aware/no view	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
Multilaterals	11% (8)	5% (4)	5% (4)	16% (12)	23% (17)	34% (25)	5% (4)	26% (74)
Donor/ Foundation	6% (1)	6% (1)	6% (1)	12% (2)	18% (3)	53% (9)	0% (0)	6% (17)
Developing country government	12% (6)	10% (5)	0% (0)	4% (2)	14% (7)	34% (17)	26% (13)	18% (50)
Vaccine industry developing countries	33% (2)	17% (1)	0% (0)	0% (0)	17% (1)	33% (2)	0% (0)	2% (6)
Vaccine industry industrialised countries	0% (0)	0% (0)	0% (0)	0% (0)	33% (1)	67% (2)	0% (0)	1% (3)
CSOs	19% (5)	15% (4)	0% (0)	4% (1)	22% (6)	30% (8)	11% (3)	10% (27)
Research and Technical Health Institutes	7% (1)	7% (1)	7% (1)	21% (3)	21% (3)	29% (4)	7% (1)	5% (14)
Not applicable	13% (6)	11% (5)	0% (0)	4% (2)	9% (4)	50% (23)	13% (6)	16% (46)
Blank	18% (8)	2% (1)	4% (2)	11% (5)	9% (4)	47% (21)	9% (4)	16% (45)
Total	13% (37)	8% (22)	3% (8)	10% (27)	16% (46)	39% (111)	11% (31)	100% (282)

Table 4: E-survey qualitative response feedback themes for question 22 – ‘GAVI’s relatively ‘light touch’ approach achieves the right balance between country ownership/ accountability and flexibility’

Response Theme	Frequency
There should be more accountability and monitoring at country level	12
GAVI’s support is not ‘light touch’ and increasing requirements placed on countries are burdensome	11
Accountability, ownership and flexibility at country level has been reduced	4
More accountability would be beneficial for HSS	4
The approach has been positive.	3
GAVI should tailor approach to how much funding support countries need	1

### 3. Question 23 ‘GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts’

Table 5: E-survey responses to question 23 by responder constituency – ‘GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts’

Responses by constituency	% responses (number of responses)							
	Blank	Not aware/no view	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Multilaterals	9% (7)	5% (4)	1% (1)	5% (4)	14% (10)	38% (28)	27% (20)	26% (74)
Donor/ Foundation	6% (1)	6% (1)	6% (1)	0% (0)	18% (3)	65% (11)	0% (0)	6% (17)
Developing country government	12% (6)	0% (0)	4% (2)	4% (2)	10% (5)	48% (24)	22% (11)	18% (50)
Vaccine industry developing countries	33% (2)	0% (0)	0% (0)	0% (0)	17% (1)	33% (2)	17% (1)	2% (6)
Vaccine industry industrialised countries	0% (0)	0% (0)	0% (0)	0% (0)	67% (2)	33% (1)	0% (0)	1% (3)
CSOs	19% (5)	15% (4)	0% (0)	4% (1)	11% (3)	33% (9)	19% (5)	10% (27)
Research and Technical Health Institutes	7% (1)	7% (1)	0% (0)	7% (1)	7% (1)	57% (8)	14% (2)	5% (14)
Not applicable	13% (6)	15% (7)	0% (0)	4% (2)	7% (3)	43% (20)	17% (8)	16% (46)
Blank	20% (9)	7% (3)	2% (1)	7% (3)	9% (4)	36% (16)	20% (9)	16% (45)
Total	13% (37)	7% (20)	2% (5)	5% (13)	11% (32)	42% (119)	20% (56)	100% (282)

Table 6: E-survey qualitative response feedback themes for question 23 – ‘GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts’

Response Theme	Frequency
Application should be tailored to different country contexts	8
The grant application process has improved over time	7
Monitoring processes could be improved as they are not strong enough	6
Tailoring applications would not be useful in addition to country options which were recently introduced	5
Applications are disjointed and long which increases burden	2
Faster communication would be welcome	2

#### 4. Question 24 ‘The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally’

Table 7: E-survey responses to question 24 by responder constituency – ‘The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally’

Responses by constituency	% responses (number of responses)							
	Blank	Not aware/no view	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Multilaterals	11% (8)	1% (1)	0% (0)	0% (0)	11% (8)	31% (23)	46% (34)	26% (74)
Donor/ Foundation	6% (1)	0% (0)	0% (0)	6% (1)	0% (0)	24% (4)	65% (11)	6% (17)
Developing country government	12% (6)	2% (1)	0% (0)	2% (1)	0% (0)	26% (13)	58% (29)	18% (50)
Vaccine industry developing countries	33% (2)	0% (0)	0% (0)	0% (0)	0% (0)	17% (1)	50% (3)	2% (6)
Vaccine industry industrialised countries	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	100% (3)	1% (3)
CSOs	15% (4)	0% (0)	0% (0)	0% (0)	0% (0)	22% (6)	63% (17)	10% (27)
Research and Technical Health Institutes	7% (1)	0% (0)	0% (0)	7% (1)	0% (0)	14% (2)	71% (10)	5% (14)
Not applicable	15% (7)	2% (1)	0% (0)	0% (0)	7% (3)	30% (14)	46% (21)	16% (46)
Blank	18% (8)	0% (0)	0% (0)	0% (0)	2% (1)	33% (15)	47% (21)	16% (45)
Total	13% (37)	1% (3)	0% (0)	1% (3)	4% (12)	28% (78)	53% (149)	100% (282)

Table 8: E-survey qualitative response feedback themes for question 24 – ‘The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally’

Response Theme	Frequency
GAVI support is critical to the profile of immunisation and child health	19
Although significant progress had been made, there are still many children who are unimmunised, continued progress would strengthen and maintain existing impact	3
There are many competing priorities/initiatives and GAVI is just one of these, hence profile not necessarily raised	2
GAVI has promoted itself and its brand but not necessarily immunisation, to the detriment of Partners	2
Impact has mainly been around immunisation, not necessarily wider child health	2
GAVI's wider impact have included helping to harmonise strategies and methods, and strengthening the supplies of vaccines and equipment	2
Other Partners have a stronger role	1

## 5. Question 25 ‘Better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI’

Table 9: E-survey responses to question 25 by responder constituency – ‘Better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI’

Responses by constituency	% responses (number of responses)							
	Blank	Not aware/no view	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Multilaterals	9% (7)	8% (6)	0% (0)	5% (4)	3% (2)	38% (28)	36% (27)	26% (74)
Donor/ Foundation	6% (1)	12% (2)	0% (0)	6% (1)	6% (1)	35% (6)	35% (6)	6% (17)
Developing country government	12% (6)	6% (3)	0% (0)	2% (1)	14% (7)	44% (22)	22% (11)	18% (50)
Vaccine industry developing countries	33% (2)	0% (0)	0% (0)	0% (0)	0% (0)	50% (3)	17% (1)	2% (6)
Vaccine industry industrialised countries	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	67% (2)	33% (1)	1% (3)
CSOs	15% (4)	0% (0)	0% (0)	4% (1)	4% (1)	44% (12)	33% (9)	10% (27)
Research and Technical Health Institutes	7% (1)	0% (0)	0% (0)	0% (0)	7% (1)	36% (5)	50% (7)	5% (14)
Not applicable	13% (6)	9% (4)	0% (0)	0% (0)	9% (4)	43% (20)	26% (12)	16% (46)
Blank	18% (8)	2% (1)	0% (0)	0% (0)	13% (6)	42% (19)	24% (11)	16% (45)
Total	12% (35)	6% (16)	0% (0)	2% (7)	8% (22)	41% (117)	30% (85)	100% (282)

Table 10: E-survey qualitative response feedback themes for question 25 – ‘Better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI’

Response Theme	Frequency
Partner roles need to be clarified. Partners need to be more proactive, fulfil assigned roles, make valuable contributions, and engage more to demonstrate commitment	14
More clarity/verification of the role, accountabilities and working processes (particularly at country level) of the Secretariat would be useful	5
In a changing world, need to regularly review and address overlaps/redundancy of tasks/potential policy conflicts via appropriate channels on a regular basis to be more efficient and harmonised	5
A more open dialogue, environment of mutual trust, respect, understanding is needed	3
Previous issues have been sufficiently addressed over the last 5 years and roles and accountabilities are now well defined	2
More streamlined information sharing would help efficiency and monitoring	2
External evaluation not helpful	1
External evaluation helpful	1



## ANNEX 2: EFFICIENCY ANALYSIS

### 1. Overhead efficiency measures for GAVI

#### 1.1. Ratio of administrative cost to ODF

Figure 1 presents 'broad' and 'narrow' measures of the ratio of administrative cost to ODF over Phase I (2000-05) and Phase II (2006-10)<sup>2</sup>. The dotted lines on Figure 1 show the impact on the measures of removing the '2007 spike' in disbursement on YF stockpiles. We regard this as a reasonable adjustment given the one-off nature of this disbursement.

Key points to note from Figure 1 are as follows:

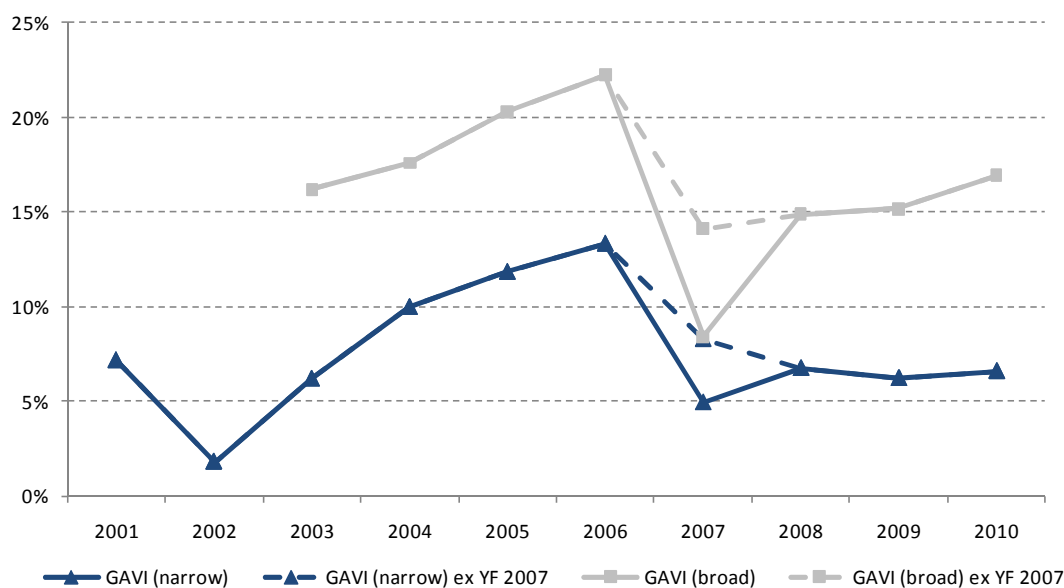
- During Phase I (through to 2005), GAVI's operating cost as a proportion of disbursements (on both narrow and wide measures) increased from a very low base, reaching close to 10% and 20% respectively.
- During Phase II (from 2006 onwards) operating costs as a proportion of disbursements fell. For the narrow measure (i.e. Secretariat administrative costs only) the ratio fell from a 2006 peak and flattened out to around 6% in 2008-10.<sup>3</sup> The wider measure (including Work Plan expenditure) also fell initially in 2007, but then continued to rise slowly through the period reaching 17% in 2010.
- There is a significant difference between the 'narrow' and 'broad' measure of administrative costs to ODF. This difference varies over time, but has opened up somewhat in Phase II to around 10% points – reflecting higher rates of increase in Work Plan expenditure.

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<sup>2</sup> 2009 and 2010 figures are based on Secretariat estimates of disbursements and costs.

<sup>3</sup> 2008 GAVI Alliance Work Plan (Doc # AF-6: GAVI Alliance & Fund Board meeting Nov 2007) presents a similar measure of "administrative costs as % of total expenses, and these figures are broadly comparable. Our figures are slightly higher because we have used disbursements as the denominator rather than total expenses. In addition, our metric in 2006 is particularly high in comparison because we have used different measure of disbursement.

Figure 1: Percentage ratio of GAVI administrative budget to ODF (2001-10)

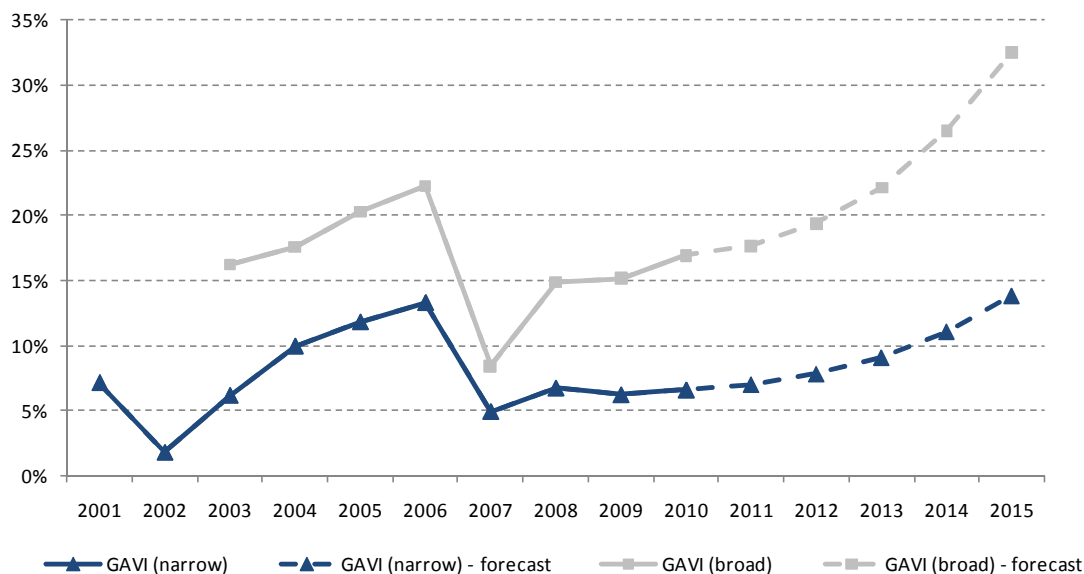


Source: GAVI / CEPA Analysis

Figure 2 extends the GAVI (narrow) and GAVI (broad) series for the ratio of administrative budget to include a forecast period. The forecasts are based on: (i) the disbursement profile provided to us by the Secretariat which excludes pneumococcal and rotavirus expenditure (as shown in Figure 3 in main body of report); and (ii) assumed increases of 2.9% per annum in Secretariat / Administrative costs and flat Work Plan expenditure at 2010 levels.

Although these may be overly conservative assumptions, the point is that the ratio of administrative costs to ODF will rise significantly in the absence of increases in ODF to existing or new GAVI programs.

Figure 2: GAVI ratio of administrative budget to ODF (2001-15)(%)



Source: GAVI / CEPA Analysis

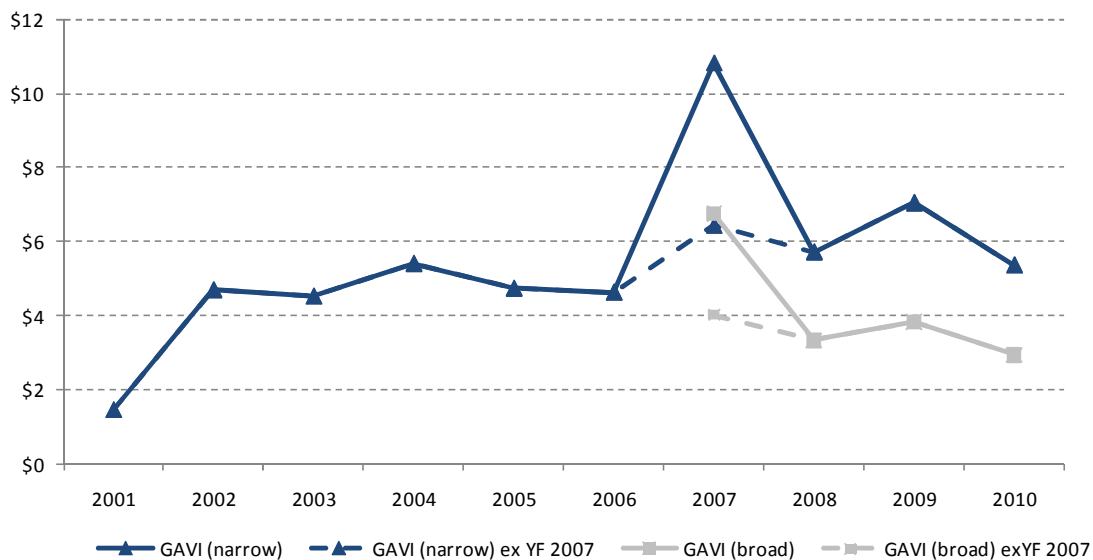
## 1.2. Ratio of ODF per FTE

Figure 3 presents available data on ‘broad’ and ‘narrow’ measures of ODF per permanent employee ratio of over Phase I (2000-05) and Phase II (2006-10)<sup>4</sup>. As above, the dotted lines on Figure 3 show the impact on the measures of removing the ‘2007 spike’ in disbursement on YF stockpiles.

Key points to note are as follows:

- During Phase I (through to 2005) ODF per permanent employee is broadly flat (after an initial increase) to around \$5m per permanent employee. It is interesting to note that this is the case, given that operating costs as a proportion of ODF rose significantly over the period. The implication (assuming that our Secretariat FTE estimates are reliable) is that the source of increases in operating costs were related to non-Secretariat staff costs (e.g. meeting costs, consultants, Work Plan and other outsourced program management activities).
- During Phase II we observe a temporary increase in ODF per employee followed by a return a broadly flat profile, but at a level around \$6m dollar per permanent employee. Figure 3 also shows a ‘broad measure’ of ODF per employee (i.e. including Work Plan employees). The difference between the broad and narrow measures is not less than \$2m per permanent employee.

Figure 3: GAVI ODF per FTE (2001-2010)(\$m)



Source: GAVI / CEPA Analysis

<sup>4</sup> 2009 and 2010 figures are based on Secretariat estimates of disbursements and costs.

## 2. Benchmarking GAVI against comparators

In this section we compare the overhead cost efficiency measures described in Section 2.3.1 for GAVI with comparators.

### 2.1. GF and BMGF (time series)

For the purpose of this analysis we have constructed series for two comparators: GF and BMGF. The choice of these two organisations reflects both ease of available data and broad comparability in terms of structure and grant making function / areas of interest. Of the two, we regard GF as the closer comparator.

Figure 4 below shows the time series for the ratio of administrative budget to ODF for GAVI (on a narrow basis) together with the two comparators. Figure 5 compares our narrow estimate of GAVI ODF per permanent employee with the GF estimates. We have not been able to generate this measure for BMGF.

We have also considered estimates on ‘wide basis’ for GF. These measures include Local Fund Agent fees and CCM Funding. However, our view is that the most comparable measures are likely to be the GAVI ‘narrow’ measures (i.e. Secretariat only) and the equivalent GF ‘narrow’ measures (i.e. Secretariat only and excluding Local Fund Agent (LFA) and CCM funding).<sup>5</sup>

Key points to note from Figures 4 and 5 are:

- Over the whole period, the GAVI measure of administrative cost / ODF is more volatile than the GF and BMGF metrics. It starts low relative to both comparators, is higher at the end of Phase I and early Phase II, before finishing at a level that is lower than BMGF and broadly comparable with GF. This suggests the integration / unification of GAVI has led to efficiencies.
- The GAVI and GF levels of ODF per permanent employee tells a similar story (not surprisingly, the comparison follows the inverse pattern as the administrative costs / ODF ratio).

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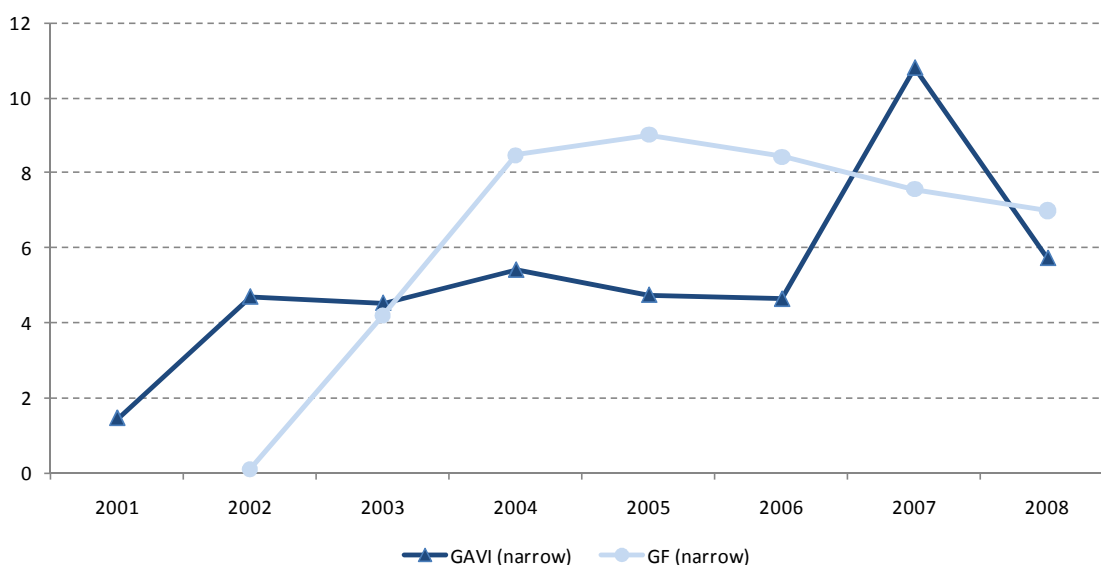
<sup>5</sup> Our reason for excluding these items in the GF metric is that they are more comparable to country level costs (e.g. incurred by MoH, EPI Program) in developing and managing GAVI cash-based reasons. (We consider the separate question of the relative merits of the country-level approaches employed by GAVI and GF elsewhere).

Figure 4: Comparison of ratio of administrative budget to ODF for GAVI, GF and BMGF (2001-2009)(\$m)



Source: GAVI / GF / BMGF / CEPA Analysis

Figure 5: Comparison of ODF per permanent employee for GAVI and GF (2001-2009)(\$m)



Source: GAVI / GF / BMGF / CEPA Analysis

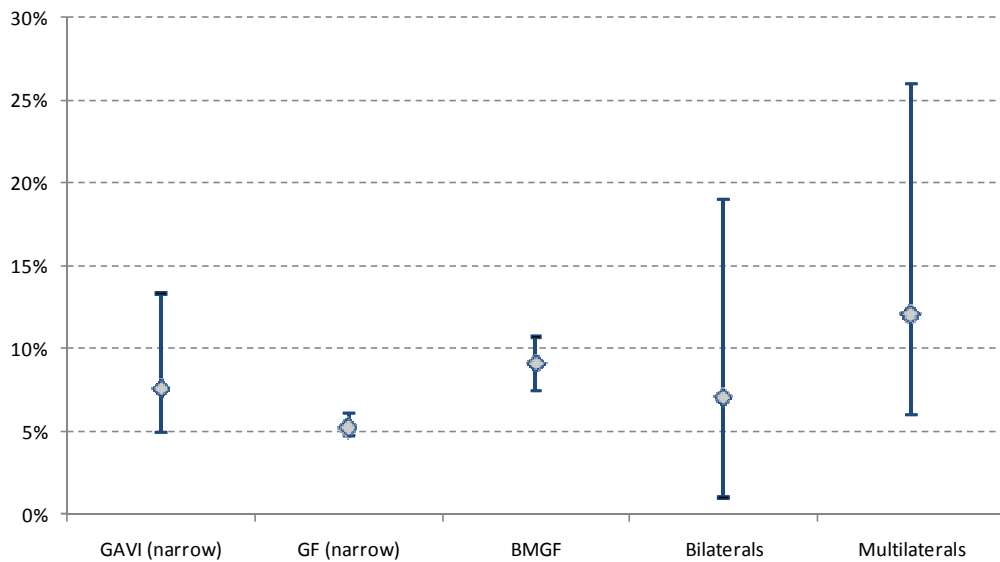
## 2.2. Comparison with Easterly and Pfütze (2008)

The second set of comparators (bilateral and multilateral donors) are drawn from the analysis conducted by Easterly and Pfützte. Figure 6 compares GAVI's Phase II estimates for the administrative cost / ODF ratio. It shows both average estimates for each category and the range of observations.<sup>6</sup> Key points to note are that: (i) the average over the period for GAVI is

<sup>6</sup> Note that the ranges for GAVI, GF and BMGF are the range of data points for each year of available data – i.e. a time series. In contrast the ranges for bilaterals and multilaterals are derived from a range of institutions for a single

higher than GF, broadly comparable with the average bilateral donor and lower than both BMGF and the average multilateral; and (ii) the range for GAVI is wider than both GF and BMGF, but significantly narrower (albeit on a different basis) than the bilaterals and multilaterals.

Figure 6: Comparison of average Phase II ratio of administrative budget to ODF



Source: GAVI / GF / BMGF / CEPA Analysis / Easterly and Pfütze (2008)

### ANNEX 3: DESK REVIEW OF TAP / FMA COMPARATORS

Table 1: TAP/FMA Comparators

GAVI	GF	DFID	WB	UNDP
<b>Summary description</b>				
GAVI conducts FMA in all countries in receipt of GAVI cash transfers to understand fiduciary risks and identify the most appropriate modality for channelling funds. The process comprises a desk review of documentation submitted by the countries, followed by in-country reviews. An FMA report is prepared that presents whether the proposed mechanisms meet minimum requirements and if other mechanisms exist that could be used to manage GAVI cash support.	GF's fiduciary arrangements apply to all grant proceeds, to ensure that grants are used for intended purposes. Contracted LFA conduct FMS assessment of proposed Principle Recipients (PRs) to ensure that minimum requirements are met. PRs submit periodic programmatic and financial reports all through the implementation period, and further disbursements is contingent upon progress.	DFID undertakes financial risk management in all countries receiving financial aid to understand the fiduciary risk environment and mitigate risks to proper use of funds. The country office is required to submit a Fiduciary Risk Assessment (FRA) that evaluates the national PFMA system. Once risks are identified, the country office decides how best to deal with them, say through choice of aid instruments.	The Country Financial Accountability Assessment (CFAA) assesses Public Finance Management (PFM) systems of active WB borrowers to ensure efficient and appropriate use of funds. The CFAA team led by a WB staff member prepares a report, that includes an action plan, in case deficiencies are identified.	UNDP conducts a capacity assessment of the country's PFM systems and financial management practices of individual Implementing Partners, to ensure that the funds would be utilised effectively and for the intended purposes. The focus is on strengthening national capacities for management and accountability, with a view to gradually shift to utilising national systems.
<b>Alignment with country systems / other donor PFMA</b>				
Financial reports that countries are required to submit with APRs are in line with country budget systems/economic classifications.  FMA may be waived in The International Health Partnership (IHP+) countries, and in cases where detailed	GF's use of CCMs is intended to ensure wider involvement of stakeholders wider than MoH. The risk is that it duplicates existing mechanisms.  In terms of monitoring, the indicators selected in the grant agreement include	The FRA only needs to be completed with the country planning timetable i.e. normally every three years, in cases where the aid relationship is proceeding smoothly.  Where possible, targets and milestones for monitoring	Timing of CFAAs and frequency of updates are decided by the country team within the Bank, in consultation with the borrower government and other interested donors.	The Macro Assessment conducted as a part of the capacity assessment involves a review of the existing assessments of the PFM system. Even if no other assessments exist, the Agency does <i>not</i> itself undertake or

GAVI	GF	DFID	WB	UNDP
<p>assessments already exist.</p> <p>The desk review of submitted documents conducted at the beginning of the process considers findings from other existing financial management evidence such as WB's CFAA reports.</p> <p>Intensity of in-country reviews varies according to existing PFM practices of a country.</p> <p>The FMA process timings are however, out of sync with country budgets/cycles.</p>	<p>widely used public health indicators, to the extent possible.</p> <p>Baseline surveys are carried out as part of initial activities of the program only in case verifiable, recent baseline data for the selected public health indicators is not available.</p>	<p>purposes are defined with reference to key aspects of the partner government's own PFM reform program.</p>		<p>contract for original research for a Macro Assessment. In such cases, it is advocated to the government that such work be undertaken.</p> <p>Harmonized Approach to Cash Transfers (HACT) is integrated into the steps for common country programming. The Macro Assessment is an element of United Nations Country team (UNCT) support for country analysis.</p>
<b>Organisational resources / costs</b>				
<p>The GAVI Secretariat leads the FMA; development partners are requested to support.</p> <p>Typically, 2-3 Secretariat staff along with external experts are involved in the FMA process. This varies across countries.</p>	<p>GF contracts with one LFA per grant receiving country to assess the proposed PRs, provide independent oversight, verification of progress and financial accountability all through the grant period.</p> <p>The GF Secretariat reviews proposals submitted, identifies priority needs and funding gaps, and approves grants.</p>	<p>The process of scrutiny and review of FRAs submitted by the country is led by the Finance and Corporate Performance Division at DFID and supported by a panel of independent PFM technical experts.</p>	<p>The CFAA team leader is normally a WB staff member. Other team members may include FM specialists (from Washington/country office), government officials and external consultants.</p>	<p>HACT training has been conducted at the country and regional level. Over 430 country focal points in 130 countries have been oriented.<sup>7</sup></p>

<sup>7</sup> <http://www.undg.org/docs/9886/HACT---challenges-and-responses,-final.doc>



GAVI	GF	DFID	WB	UNDP
<b>Country by country approach</b>				
<p>GAVI aims to continuously monitor country risk profile (external assessments and its own grants) and internally carries out a risk ranking. This is one of the factors in deciding if the country requires FMA.</p> <p>In-country review to verify/supplement desk review information varies in intensity across countries, depending on existing PFM practices.</p>	<p>We understand that the process is typically the same for each recipient, however, the grant conditions and triggers may vary.</p>	<p>The country office is required to submit a FRA that evaluates the national PFMA system. Once risks are identified, the country office decides how best to deal with them, say through choice of aid instruments.</p> <p>In the longer term, risks are mitigated by providing support to partner governments' PFMA and anti-corruption reform programs to improve the functioning of national systems. This is not mandatory and depends on country circumstances.</p>	<p>Timing of CFAAs and frequency of updates is decided by the country team within the Bank, in consultation with the borrower government and other interested donors.</p>	<p>The intensity of the monitoring activities varies with the strength of the PFM.</p>
<b>Follow-up on issues</b>				
<p>There is a bi-annual follow-up of FMAs, at minimum. It is relatively early to make any observations about this process for GAVI</p>	<p>Decisions on further disbursements are based on GF's review of implementation progress of the initial two-year grant period. This is done through a number of verifiable indicators and periodic targets included in the grant agreement.</p>	<p>Once areas of weaknesses and fiduciary risks have been identified based on a scrutiny of FRAs submitted by countries, the country office needs to consider how these may be best mitigated. One way of doing this is by choice of aid instrument.</p> <p>When DFID is faced with a potential breach in the commitment to strengthen</p>	<p>If the CFAA identifies significant deficiencies in PFM, it should form the basis for remedial action, normally incorporated in some form of an agreed action plan. The CFAA team and government then designate a lead agency for the overall follow-up and an implementation agency for each of the</p>	<p>The results of the assurance activities of each Implementing Partner may lead to changes in the procedures and modalities for disbursing cash transfers, and the type and frequency of future assurance activities.</p>

GAVI	GF	DFID	WB	UNDP
		financial management and accountability, a full and immediate reassessment of fiduciary and corruption risk is carried out to clarify the latest position, and to feed into the process of deciding whether the existing aid relationship remains appropriate.	recommendations. In principle, the government is responsible for coordination at this stage, but the WB or a development partner may need to initiate action.	
<b>Regular follow-up</b>				
Process is conducted before the submission of proposal. Countries are required to submit non-audited financial reports along with the APR.	Process begins at the proposal submission stage and continues all through the grant period. GF approves funding for a two-year period initially. The PRs are required to submit periodic programmatic and financial reports throughout the implementation period, to assure that progress is made and quality data reported. The grant agreement contains intended program results on a quarterly basis for the first year of the grant period, as well as intended results by the end of the two-year period.	Process starts at the stage when financial aid is being considered to be provided to a country. The country office has to submit an FRA and an Annual Statement of Progress for each FRA. PFMA indicators are built into individual aid instruments.	Timing of CFAAs and frequency of updates is decided by the country team within the Bank, in consultation with the borrower government and other interested donors. The PFM diagnostic work recommences a few years later with the preparation of the next CFAA. The country team is required to use routine missions and other sources of information to maintain up-to-date knowledge of the country's PFM system.	The frequency of monitoring activities such as scheduled audits, on-site reviews etc are determined by the level of risk (established through capacity assessment initially, and through assurance activities thereafter) and magnitude of cash transfers. The Annual Work Plan that contains information on activities, resource transfer modalities and associated budgets, is subject to annual reviews.

## **ANNEX 4: PROGRAM PROCESSES**

### **1. Application process**

All eligible countries are invited to submit proposals for GAVI support. Proposals must be submitted to the GAVI Secretariat by specific deadlines set for each year. The types of support available are new NVS, INS, ISS, HSS and CSO support. The different forms of GAVI support can be applied for independently of each other.

Before a proposal can be accepted by the GAVI Secretariat, the GAVI partners at country level are required to ratify (with proof of signature) the proposals and progress reports, usually through an ICC (for ISS, NVS and INS) or the HSCC (for HSS and CSO support), or its equivalent.

Support and technical assistance for proposal development is available through partners in each country.

### **2. Review process**

Following submission, proposals and countries' APRs are screened by the GAVI Secretariat for eligibility and completeness. Thereafter, each proposal and report is pre-assessed by a WHO expert group which looks at consistency of information, validity of data and conformity with the cMYP and/or the health sector plan. Written feedback is provided to the IRC for use in considering proposals. The IRC then meets and reviews the proposals. Recommendations of the IRC fall into four categories:

**Approval:** The proposal meets all the criteria and is recommended to the GAVI Alliance Board for GAVI support.

**Approval with clarification:** When a proposal lacks specific data that should have been included, the GAVI Alliance Board may give provisional approval and simultaneously ask the country to submit the missing data to the GAVI Secretariat (generally within one month) and to the GAVI Alliance Board. After further review and acceptance of the clarifications, the GAVI Secretariat approves the proposal and defines the final specifications of support.

**Conditional approval:** When a proposal does not meet significant proposal requirements, missing data and information must be provided at the next scheduled submission date to complement the original proposal. This new information is reviewed again by the IRC and the proposal is either recommended to the GAVI Alliance Board for funding or not. A conditional approval remains valid for 12 months. If the country does not meet the conditions within one year of the first submission, it will be required to resubmit the entire proposal.

**Re-submission:** The proposal is judged to be incomplete. A full proposal should be submitted by a future scheduled submission date for review by the IRC and consideration by the GAVI Alliance Board.

### **3. Approval process**

After the IRC has reviewed a proposal, its chairperson passes the IRC's recommendation on to the GAVI Alliance Board. Once the Board has given its approval, recommendations and funding requests are forwarded to the GAVI Fund for funding determination. Once budget approvals are made by the GAVI Fund and any co-funding entity, decisions are then communicated to the country by the GAVI Secretariat

### **4. Monitoring and evaluation processes**

GAVI support is subject to performance monitoring that is designed to track progress achieved in the previous year, to declare planned targets for the following year, and to verify the sustainability of existing financing mechanisms. There are three main activities that make up the monitoring process:

- APRs;
- data quality auditing; and
- vaccine management assessment.

Approved countries are required to submit APRs by the 15th of May each year. The APR is intended to be beneficial both to the government and the external partners of GAVI and is designed to provide detailed information on achievements in relation to targets during the previous calendar year, receipt and use of GAVI funds received in the previous calendar year, problems or constraints faced while utilising GAVI support, and status and sustainability of financing mechanisms. It is submitted annually together with the WHO / UNICEF JRF. The JRF, which is an annual global monitoring requirement of WHO and UNICEF, provides a measure of progress against a set of standard performance and quality indicators. Together, the APR and the JRF provide a comprehensive picture of progress over time, attainment of annual targets, and related requests for further GAVI support. The IRC reviews each APR, making technical comments and suggestions, and recommends one of the following three outcomes to the GAVI Alliance Board (i) continue providing support; (ii) request clarifications before continuing to provide support; or (iii) request the country to resubmit its report as insufficient information has been provided.

Countries receiving ISS are required to conduct a DQA during the second year of GAVI support. The government is responsible for setting a date for the DQA, and an external audit team should be engaged to review records and reports from a specified number of locations at the district and national level of the system, according to the standard WHO procedure for DQAs. The costs of conducting the DQA are covered by the GAVI Alliance Secretariat. For countries that are reapplying for ISS, a repeat DQA will be required one year after approval or four years after the last successful DQA. Until the DQA result is satisfactory, or exceptionally until the country has demonstrated by a coverage survey an increase in the number of infants immunised from the previous year, GAVI will not award the 'reward' element of its ISS.

Countries receiving support for the introduction of a new or underused vaccine must conduct an assessment of vaccine management practices in the second year of vaccine support. It is recommended that countries conduct the assessment using the WHO / UNICEF Effective

Vaccine Store Management Tool. Alternatively, countries may choose to conduct a more thorough assessment down to service delivery level using the WHO Vaccine Management Assessment Tool. Assessments should be repeated every three to five years.

## **ANNEX 5: IRC EVALUATION FINDINGS**

The findings are taken directly from the Executive Summary of the IRC report.

### **1. Relevance of IRC design**

The review found that “as a conceptual approach there is significant logic and merit to having a system of independent technical review. This is externally validated by other agencies, who also use a similar approach (although with some differences), to advise their respective Boards on programme funding decisions. Yet whilst the mandate and composition of the IRCs is broadly appropriate, this review also identified a number of gaps that need to be strengthened to increase the relevance of the design”. For example:

- “A lack of an open and competitive appointment of members, which would provide greater assurance and transparency of independence.
- “Variation within and across IRCs was observed from an examination of Committee demographics, skill mix and levels of country experience. Committee size and mix was not always fit for purpose.
- “ToRs for the Monitoring IRC are looser and give less clear guidance than those for the integrated New Proposals IRC.”
- “Weak institutional linkages and synergies between IRCs were observed. This has resulted in somewhat separate review systems rather than a model that operates as a continuum.”
- The dual responsibility of the Secretariat to provide support to the IRCs and to relationship build with countries whilst being responsible for the day-to-day oversight of country grants, is “potentially at odds with the support role to Committees who make recommendations to the Board for the flow of resources to these same countries.”

### **2. Effectiveness of IRC model**

The findings of the review conclude that “the IRCs have been delivering their overall purpose reasonably well. The pool of people from which members have been drawn are highly respected and committed individuals who recognise the importance of their role. Equally, the Secretariat has been providing dedicated support. This review identified a number of signs that indicated strength and effectiveness in the model”:

- “There is evidence of an active approach, based on iterative learning, to the management and support of the IRCs. One such example is the introduction of the TAP”.
- The general pattern of IRC decisions vary across, and within, funding streams by IRC.
  - “The proportion of grant approvals across IRCs is consistently higher than for re-submissions.”
  - “It was not possible to determine if this was attributable to the quality of proposals in any given year, or the dynamics of the individual Committee.”

- “Communication to countries was reported to have improved over time”, though there is scope for improvement, particularly with the “comprehensiveness of explanations for a funding decision (particularly if not approved)”.

In terms of other aspects:

- “The overall effectiveness of the IRCs can be judged to be suboptimal, due mainly to some limitations in management and monitoring processes... The Monitoring IRC may have been comparatively less well served in terms of levels of support and types of information (due in part to the lack of a dedicated staff member during the time of the review).”
- “A related but separate finding was that weakness was found in the compilation, synthesis and monitoring of core Committee data (both for issues of composition and Committee recommendations made, especially for APRs).” It will be challenging to manage these issues without investment in this function.
- The pre-review phase was found to be “useful by IRC members and allowed for a more efficient and effective use of Committee time... However, the quality of pre-reviews was reported by IRC members to vary in quality.”

“A broader concern about the pre-review process was highlighted in relation to an in principle and in practice issue concerning the design of the model, as it stands. Technical Partners are involved in providing support for the development and implementation of proposals at the country and regional level (including that of providing independent coverage data). In principle, colleagues at the global level may be uncomfortable identifying inconsistencies and weakness in proposals supported by colleagues at other levels of the organization. This is true for both UNICEF and WHO but is possibly more marked for WHO given their country assistance role and mandate. Given the ‘mechanical’ (not advisory nature) of the pre-review process, IRC and Technical Partners commenting on this matter did not perceive this to be a problem. In practice, this may be more complex than acknowledged if the line between proposal development activities, review and follow-up for information becomes blurred. Evidence to support this was suggested in interview.

WHO’s use of consultants to undertake the pre-review process is a good method of managing and strengthening impartiality. As WHO has expressed interest in reviewing the system and arrangements for the conduct of the pre-review, it seems timely to consider assess this.”

### **3. Efficiency of IRC design and execution**

“The consideration of the IRC model in terms of efficiency was undertaken through examination of use of time, monetary costs and an assessment of efficiency gains possibly made through managing the IRC task in another way.

- Use of time: When compared with other peer review models, the number of review days per member is roughly comparable, although the New Proposals IRC has approximately half a day more time per member/proposal to undertake a review than a similar model.
- Monetary costs: It was calculated that the average proportional cost of all IRCs per year

is 0.15% of the value of the financial portfolio that the Committee advised on per year over the review period. Given monitoring and evaluation costs are expected to be in the order of 8-10% of a programme, with most spent at country level, this cost would appear to be proportionately low. At another level, considerable cost variation was noted across and within IRCs year on year. It was not always clear what cost drivers explained this variation although factors such as procurement arrangements (e.g. hotels) made a difference. Interestingly, when examined over time the actual unit cost of each review round is actually decreasing, making each round increasingly better value for money.

- Considering alternative scenarios: Efficiency gains from doing ‘business’ another way were considered, including the case for bringing the monitoring of country grants in-house to the GAVI’s Secretariat. Given certain assumptions, along with a balancing of pros/cons, it was concluded there was no currently compelling case for considering this (financial or otherwise).”

#### **4. Impact and results of IRCs**

IRC impact has been measured in two ways:

- The identification, raising and addressing of ‘flags’ or issues that may affect program implementation and grant performance: it identified “a tendency for IRCs to identify flags, which is good, but less robust performance in responding to and managing the flags that were identified” (the IRC may not always be the body responsible for following up or managing the issue identified / flagged, it is often the responsibility of the Secretariat, Board or Technical Partners).
- IRC contribution to GAVI’s policy process, as specified in IRC ToRs: “IRCs were found to have contributed significantly, through making general recommendations on the basis of their reviews, to the overall GAVI policy process.”



## **ANNEX 6: GAVI ADVOCACY**

### **1. Phase I Review**

Findings in relation to advocacy from the Phase I review are summarised below:

- “GAVI and its partners were successful in positioning immunization as a centrepiece in international development. Immunisation is more prominent within the health literature, and is recognized as a core health service. Significant achievements include aligning immunisation with achievement of MDG4, securing the IFFIm, and ensuring funding for Pneumococcal vaccine through the AMC.”
- “GAVI lacked a clear strategy, specific activities, or defined roles and responsibilities related to advocacy. Despite its success in fund raising, many respondents believe that GAVI has not fully carried out its responsibility as the global advocate for immunization.”
- “While GAVI ‘put immunization back on the map’, it underutilized its position as the global advocate for immunization.”

The concluding lessons learned for GAVI’s management approaches for advocacy were:

- “The Secretariat was too minimalist and could not manage all of GAVI’s activities adequately – particularly in the area of advocacy. With the growing Secretariat, the challenge will be to ensure that all partners are comfortable with its expanded responsibilities, and there is clarity on the division between management, and policy setting and decision making.”
- “Advocacy focused on fund raising and promoting GAVI, not necessarily immunization; at country level advocacy was considered good, but has not been followed by funding commitments. This finding also reflects the lack of an overall advocacy strategy that focuses on country objectives. No information on most current progress.”

### **2. GAVI advocacy and communications strategy**

The strategic purpose of GAVI’s advocacy and communications activities are “to empower and ensure the success of GAVI’s mission” through two key objectives:

- “Support fundraising for GAVI programs by targeting markets and audiences where there is the most potential for increased donor contributions, as defined in the GAVI Alliance government and private fundraising strategies”
- “Influence international development policies and priorities by leveraging GAVI’s reputation in development aid to help maintain the prominence of the health sector (including recognition of the power and cost-effectiveness of immunisation), and by promoting policies that best facilitate successful GAVI program outcomes”

The primary targets of advocacy and communications activities are GAVI donor and prospective donor countries (as identified in fundraising strategy). Primary audiences are recognised as parliamentarians in donor markets, civil society, private philanthropists and key development,

health, humanitarian and financial reporters in donor markets and implementing countries.

To ensure efforts are focused on GAVI's particular added value and business niche, the advocacy and communications strategy proposes to meet its strategic purpose by:

- “Fostering a country-based approach to its outreach by promoting voices from implementing countries;
- Further leveraging collaborative efforts among Alliance partners and facilitating increased coordination around shared interests, successes and challenges;
- Strengthening linkages among global, regional and country level advocacy and communications through AVI and closer coordination among Alliance partners at the global and country levels;
- Leveraging private sector actors and voices, from entrepreneurs to health practitioners to leading corporations and philanthropic foundations; and
- Making better use of the wealth of expertise and influence of current / former Board members and other key individuals in the broader Alliance family.”

### **3. Board comments on the GAVI advocacy and communications strategy**

The draft advocacy strategy was presented at the Board meeting in June 2009. Feedback from Board members detailed in the minutes to the meeting are outlined below. In summary though, the feedback focused largely on advocacy messages, increasing involvement with CSOs and both donor and developing county governments and implementing the strategy quickly with detailed and tailored plans, so that benefits can be realised as soon as possible. The Board also recommended a baseline survey amongst the international community to assess the validity of whether the key assumption underlying the strategy, ‘GAVI is recognised as an innovator in health and development’, is valid.

Specific points from the minutes are as follows:

- “The advocacy and communications strategy needs to be more “child-centred” with messages about innovation and cost effectiveness tied more directly to the ultimate goal of saving children’s lives. It may be valuable to also review the GAVI logo to ensure that it clearly expresses GAVI’s core mission”.
- “The current financial climate means more intense competition for fewer resources. GAVI should have a sense of urgency in aggressively prioritising fundraising and rapidly implementing its advocacy and communications strategy”.
- “While it is a challenge to create an advocacy “master plan” within an Alliance structure, the strategy could be improved by clearly outlining roles, responsibilities, measurements, resources and costs. The strategy should also include an explicit description of how GAVI can work more extensively with civil society. CSOs can play a unique role in advocating for immunisation and creating demand at all levels.”
- “Within donor governments there are often only a small number of people with the power to make funding decisions; Board members offered to help the GAVI Secretariat

identify and communicate with these individuals. Also, officials within developing country ministries of health should be considered for outreach, given their ability to provide experiential evidence about GAVI's positive impact to date, and future potential.”

- “The strategy assumes that GAVI is recognised as an innovator in health and development. It may be good to consider conducting a baseline survey amongst the international community to assess the validity of this assumption.”
- “Board members welcomed the Secretariat’s offer to work together in developing tailored advocacy plans. These plans should be ‘bottom-up’, capitalising on Board members’ own networks. For example, on the invitation of the Italian Board member, GAVI recently participated in the “International Day of Immunology” in Milan; this event received extensive attention in the media and the Italian scientific community.”

#### **4. Board comments on the GAVI advocacy and communications strategy**

##### *Social media*

Our summary of social media activity around GAVI / WEF is based on the ‘GAVI at the WEF 2010 report’. Key points from the report include:

- Twitter: Two weeks prior to the WEF, the @GAVIAlliance Twitter account began a series of countdown Tweets using the official #WEF hashtag:
  - During the first few days of the countdown, @GAVIAlliance was listed as one of the most popular search terms within the larger #WEF feed
  - By the end of WEF, the @GAVIAlliance account had close to 1,000 followers
- Facebook: GAVI has two Facebook accounts – the ‘GAVI Alliance’ and ‘GAVI Immunise Every Child’. These attracted an increased number of unique page views and new fans around the time of the WEF and have 1,003 and 816 fans respectively.<sup>8</sup>
- Online media: GAVI encouraged audiences to view the live press conference taping, the GAVI 10-year anniversary video, and Julian Lob-Levyt’s YouTube video.
  - The live stream video (archived on the Bill & Melinda Gates website) has been Tweeted at least 1,760 times since it was first posted.
  - GAVI’s 10-year anniversary video (posted on GAVI website) was the 8<sup>th</sup> most popular link on GAVI’s Twitter account.
  - Julian Lob-Levyt’s Q&A YouTube video about GAVI at the WEF (posted on the official WEF YouTube Channel) has had over 600 views.<sup>9</sup>

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<sup>8</sup> As at 30 June 2010.

<sup>9</sup> As at 29 June 2010.

## *Events*

The GAVI Events Calendar 2010-2012<sup>10</sup> details a pipeline of potential events for GAVI to participate in. The pipeline has both a prospective view of upcoming events, and a retrospective view with a log of historic events.

Over the 2010 calendar year, 285 potential events<sup>11</sup> were identified, these include key events led / partially led by GAVI, Board and Committee meetings and international conferences of relevance to GAVI. GAVI's participation ranged from lead speaking roles, representation on panels, presentations, information booths / stalls, networking and attendance. The calendar details the form of GAVI representation and planned activities, a named responsible officer, rationale for participation, expected outcomes and deadline for decisions. Furthermore, events are categorised according to the priority level for GAVI and team priority.

*Table 1: Summary of 2010 events from GAVI Event Calendar 2010-12*

<b>GAVI priority</b>	<b>Number of events</b>
1: High	73 (26%)
2: High-Medium	58 (20%)
3: Medium	73 (26%)
4: Medium-Low	38 (13%)
5: Low	31 (11%)
Not categorised / TBD	12 (4%)
Total	285 (100%)

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<sup>10</sup> As at 28 June 2010.

<sup>11</sup> Note: not all historic events were participated in and not all potential events are confirmed.

## ANNEX 7: ADVOCACY / COMMUNICATIONS STRATEGY CASE STUDIES

Table 1: Summary of GHP advocacy / communication strategy case studies

Source	Summary of strategy
Global Immunization Vision and Strategy (GIVS) 2006-2015 (October 2005)	<p>GIVS has been jointly developed by WHO and the UNICEF in consultation with a number of member states and immunization partners, including GAVI. The global strategy comprises four main strategic approaches with 24 component strategies. For each strategy, there is consideration of the challenges of implementation and activities to be undertaken. Though GIVS is not a advocacy strategy in itself, two of the 24 strategies have activities relating to advocacy:</p> <ul style="list-style-type: none"> <li>• Strategy 2 – Increase community demand for immunization <ul style="list-style-type: none"> <li>○ Activity 2 – Engage community members, NGOs and interest groups in immunization advocacy and implementation.</li> </ul> </li> <li>• Strategy 23 – Define and recognize the roles, responsibilities and accountability of partners <ul style="list-style-type: none"> <li>○ Activity 4 – Provide leadership in global advocacy and ensure that immunization remains high on the global health agenda by raising awareness of the importance and benefits of immunization among governments and donors and in the global community.</li> </ul> </li> </ul> <p>The document specifies periodic progress reviews of the strategy such as a mid-term and end-term evaluation. Additionally, it highlights the need for developing and implementing appropriate advocacy strategies and translation of strategies into national or institutional policy and planning as part of ‘the way forward’.</p>
Global Alliance for Improved Nutrition (GAIN) Interview (21st January 2010)	<p>GAIN’s advocacy efforts are coordinated (with WHO) at both global and country levels. Its communication and advocacy includes:</p> <ul style="list-style-type: none"> <li>• Creating demand/ markets and program commitments in countries</li> <li>• Mobilising international organisations at global level</li> <li>• Project specific advocacy</li> <li>• Donor publicity.</li> <li>• In addition, it has a knowledge management function to distil and disseminate lessons on program delivery.</li> </ul> <p>GAIN views its added value as being a broker / facilitator between the international organisations and the private sector/ CSOs – agencies that do not traditionally work together on nutrition programs.</p>
UNITAID Strategy 2010-12 (December 2009)	<p>As part of the broader organisational strategy, the Communications Strategy details target audience as member countries, government stakeholders and decision makers of existing and prospective members, the United Nations and other international stakeholders and Implementing Partners, and the general public as voters, taxpayers and voluntary contributors.</p> <p>Furthermore it outlines at a high-level the objectives of its communication activities to (i) increase global knowledge and understanding; (ii) consolidate and increase existing members’ support; (iii) maximize Voluntary Solidarity Contributions; (iv) advocate for new countries to join UNITAID; and (v) foster good working relations with Implementing Partners.</p> <p>The strategy does not describe the activities it will conduct in order to achieve its communication objectives.</p>
A Global Advocacy Framework	<p>The Framework was developed by the RBM advocacy taskforce, with the three objectives of (i) increasing resources for malaria prevention, treatment, and research; (ii) supporting effective policies in endemic countries; and (iii) raising the profile of</p>

<p>to RBM 2006-2015 (November 2005)</p>	<p>malaria on development agendas.</p> <p>Each objective has an activity plan and quantified, measurable targets. Furthermore, progress toward achieving these objectives is monitored and reported annually by the RBM Secretariat.</p> <p>Importantly, the strategy includes a budget and detailed examples of advocacy strategy development which considers desired actions, delivery channels, incentives and barriers</p>
<p>PATH Strategies and stories from the field (March 2009)</p>	<p>This publication outlines PATH's 10 steps to successful advocacy, rather than being an advocacy strategy in itself:</p> <ol style="list-style-type: none"> <li>1. Establish a process for assessing and understanding the challenges and needs of the target population.</li> <li>2. Identify policy changes that will address the needs of the target population.</li> <li>3. Identify decision-makers with the power and influence to change policies that address the needs of the target population.</li> <li>4. Determine why decision-makers have not implemented the desired change.</li> <li>5. Identify potential obstacles to policy change.</li> <li>6. Assess the advocating institution's strengths and weaknesses in working for policy change.</li> <li>7. Identify others who have a similar interest in addressing the problem.</li> <li>8. Identify the advocacy activities and messengers that are most likely to influence those with the power to effect the desired change.</li> <li>9. Assess current and future resources that could be accessed to pursue policy change.</li> <li>10. Determine how to evaluate progress and success.</li> </ol>

## ANNEX 8: EVOLUTION OF THE WORK PLAN

Table 1: Key points from Work Plans 2003-10

WP	Key points to note
2003	<p><b>The Board approved the 2003 Work Plan and Budget in February 2003.</b></p> <p>The process for approval had started in November 2002 with a proposed 2003-04 Work Plan. This was the first consolidated Work Plan for the Alliance that sought to bring together the activities of the then seven entities of the Alliance (including the Working Group, the various Taskforces and the Secretariat).</p> <p>Although recognised at the time as significant step forward (e.g. in terms of alignment of activities with GAVI objectives), the full two year Work Plan was not accepted by the Board. This reflected, amongst other things, concerns about: (i) the absence of a clear statement and focus on GAVI's value-add; and(ii) concern by donors that there was overlap between the Work Plan and activities funded bilaterally.</p> <p>The process of reaching agreement on the 2003 Work Plan resulted in:</p> <ul style="list-style-type: none"> <li>• a clear definition of ('philosophical' and 'operational') principles that define the 'Value Add' of the Alliance; and</li> <li>• a categorisation of GAVI value add activities (i.e. 'More'; 'Better' and 'New')</li> </ul>
2004-05	<p><b>The Board approved the 2004-05 Work Plan of \$34.4m in December 2003.</b></p> <p>The Work Plan was structured around 4 major goals, 10 minor goals and 30 targets. It is important to note that a proportion of the Work Plan at this point was funded by Partner contributions from existing funding. The funding gap (after Board member Fees) was \$21.2m</p> <p>The process of the development of the 2004-05 Work Plan had involved review (in October 2003) by the EC, who:</p> <ul style="list-style-type: none"> <li>• requested that the Secretariat consult with the Working Group to identify those activities with value-add, and provide justification that activities are optimal.</li> <li>• to provide a better justification of significant increases in Secretariat numbers and cost.</li> <li>• requested that the funding gap be reduced from the initial level (\$23.3m) and that there should be closer targeting to GAVI's goals.</li> </ul>
2006-07	<p><b>The Board approved the 2006-07 Work Plan of \$83.2m in December 2005.</b></p> <p>The eventual Work Plan document classified the activities by whether they were 'Mission Critical', 'Supportive to Mission Critical' or 'Added value / innovative'. In response to the Board request, it also sought to distinguish between variable and fixed costs (although this appears to have been limited since most costs, other than Secretariat costs were defined as being variable).</p> <p>The process of getting to this Work Plan appears to have been protracted. In April 2005 the Board considered the framework for developing the Work Plan in the context of the newly developed Strategic framework for Phase II.</p> <p>The first draft of the Work Plan presented to the Alliance Board was organised the activities around the four clusters in the Strategic Framework, and provided a clear articulation of the costs of the plan, but relatively little by way of explanation of the Secretariat's costs on a bottom-up basis.</p>

	This version was not approved by the Alliance Board, and was referred to the EC for further work.
<b>2007</b>	<p><b>A revised (single year) 2007 Work Plan of \$70.4m was approved by the Joint EC in February 2007</b></p> <p>The 2007 Work Plan was a significant increase compared with the budgeted expenditure in the 2006-07 Work Plan (we think of \$44m). It provided information on expenditure by Partner and by SG and, for the first time, provided details of the FTEs supported.</p> <p>Again the process for approval appears to have been relatively protracted. In November 2006 the GAVI Fund EC declined to approve the draft indicating in particular that it need to be set in context of projections for program expenditures and revenue; and that more information was needed on the increasing in staffing levels. Given this, the Joint Boards (meeting over the following days) agreed that a revised budget would be prepared and agreed by the joint ECs in February.</p> <p>The revised Work Plan that was approved included a series of deferments / cuts compared with the draft version This EC meeting also made a series of recommendations about the process and approach for developing the 2008 Work Plan. These included: (i) specific financial and operational indicators that relate to the SGs; (ii) a clear monitoring process; (iii) a formal calendar to ensure a smooth process for the 2008 process; and (iv) a formal delegation of authority for adoption by the Boards.</p>
<b>2008</b>	<p><b>The 2008 Work Plan and Budget of \$77.6m was approved by the Joint Boards – as presented – in November 2007</b></p> <p>The Work Plan document is a significant improvement on earlier documents. As per the February EC recommendations:</p> <ul style="list-style-type: none"> <li>• The Work Plan is set in context of program expenditures and expected revenues. Both of these are explained clearly – with historical and forecast information</li> <li>• Work Plan expenditures are presented by SG and by Implementing Partner. It also shows drivers of change compared with the 2007 Work Plan. Expenditures within SG areas are broken down clearly.</li> <li>• Partner staff budgets and Secretariat FTEs are also shown. Good detail is provided on the Secretariat Budget.</li> </ul>
<b>2009-10</b>	<p><b>The 2009 Work Plan and Budget of \$126.3m was approved by the Joint Boards – as presented (October 2008). In addition the Boards approved \$79.5m for the Work Plan budgets for 2010.</b></p> <p>The report was again of high quality – and returned to a two year cycle. The important innovation at this point was the introduction of the ‘Work Plan Validation Process’ and related Committee. This involved an independent Committee (comprising individuals with a high level of familiarity with immunisation) reviewing each of the 110 activities in the Work Plan.</p> <p>The process was in response to a request by the Board for more accountability in relation the Work Plan. The Committee recommended that of 110 activities: (i) 60% be approved; (ii) 18% approved subject to further evaluation; (iii) 13% funded, but with reduced budget; and (iv) 6% not funded. The remaining 3% could not be assessed. (Note: the 18% were later approved by the PPC following further work).</p> <p>It also made other recommendations relating to the Work Plan process – i.e. to set it more directly in line with a clear strategy for achieving GAVI’s mission and objectives. This would consider the most appropriate operating model to leverage Partners in achieving objectives. Also noted was the significant opportunity for cost reduction by more sensible working.</p>



## ANNEX 9: PERFORMANCE AGAINST REVISED GAVI STRATEGY

### 1. Overview

The GAVI Alliance Strategy 2007-10 sets out the hierarchy of outcomes, outputs and indicators to support the achievement of the overall goal: “Save children’s lives and protect people’s health through increased access to vaccines in poor countries”.

The SG4 outcome is: ‘The added value of GAVI as a public private global health partnership increased and assessed’. This outcome is supported by five outputs:

Output 4.1: ‘GAVI eligible countries supported efficiently’ (*maps to our evaluation question SG4.1*)

Output 4.2: ‘Seamless performance management system functioning’ efficiently’ (*maps to our evaluation question SG4.1*)

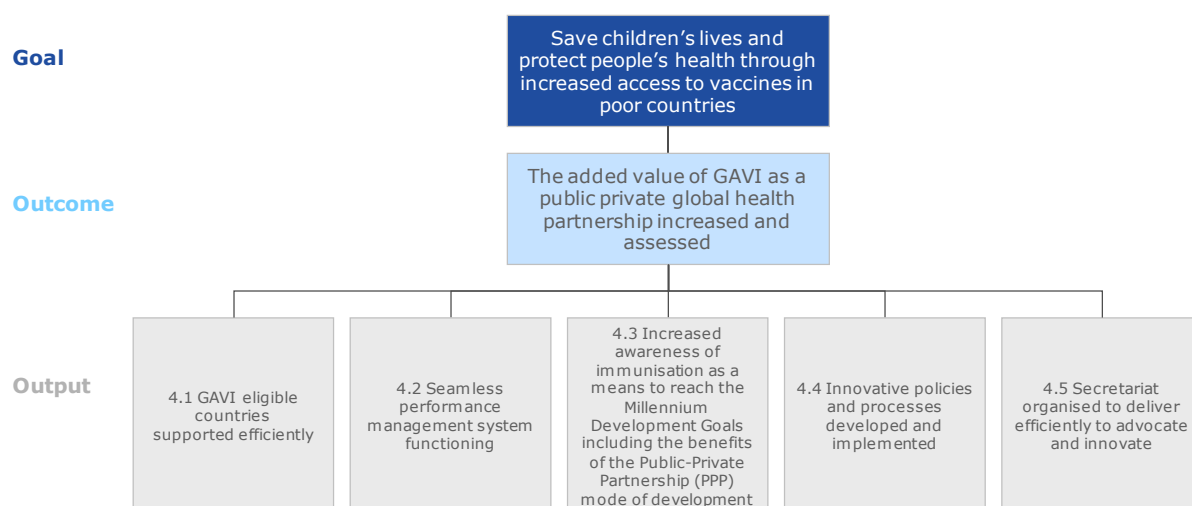
Output 4.3: ‘Increased awareness of immunisation as a means to reach the MDGs including the benefits of the PPP mode of development’ (*maps to our evaluation question SG4.2*)

Output 4.4: ‘Innovative policies and processes developed and implemented’ efficiently’ (*maps to our evaluation question SG4.1*)

Output 4.5: ‘Secretariat organised to deliver efficiently to advocate and innovate’ (*maps to our evaluation question SG4.1*)

Figure 1 outlines the goal, outcome and outputs for SG4. For each of these outputs there are several relevant indicators. This annex presents an analysis of GAVI’s performance against these indicators, based on data provided by the GAVI Secretariat for use in this evaluation. Supporting Paper 8 provides further details on the indicators tracked and progress made to date to achieve the output.

Figure 1: SG4 outcome, output and indicators – GAVI Alliance Strategy (revised)



Source: GAVI revised strategy

The following sub-sections contain progress assessments for each output, organised by

evaluation question rather than by output for ease of reference to the main document.

## 2. SG4.1

Four of the five outputs the SG4 outcome relate to 4.1. The assessment of progress for these outputs: 4.1, 4.2, 4.4 and 4.5 is outlined in Tables 1 to 5 below.

The evidence sources for progress include the 2008 progress reported in the 2009-10 Work Plan and Budget, Partner progress reports, dashboard indicators, GAVI website, the 2007 Work Plan, our SG4 evaluation and the GAVI website. In summary:

- Output 4.1: four indicators have been met – these relate to TAP, Regional Working Groups and the development of a technical assistance model. We are not able to assess the remaining seven indicators due to lack of detailed data, data not yet published, a general lack of evidence, ambiguous indicators and /or lack of a baseline or target by which to measure progress. There is no evidence that any of these indicator has not been met, however, given the majority of indicators cannot be assessed, we are unable to assess performance at the output level.
- Output 4.2: indicator relating planned evaluation studies is ambiguous and cannot be assessed. The monitoring and evaluation framework has been developed and implementation is underway, this external evaluation on track to be completed, though there has been no decision on actioning IRC recommendations, hence this indicator, and the broader output, have not been met.
- Output 4.4: two indicators have been met (gender policy approved and implemented) but two are not relevant to the output. Hence, overall, the output is judged to have been met, according to the defined, relevant indicators.
- Output 4.5: the streamlined model for governance has been implemented (indicator met), but it has not been reviewed. There is no information on whether baseline study was conducted with significant delay and did not meet the timeframe specified in the indicator, therefore we are unable to assess performance at the output level.

Table 1: Indicators for Output 4.1 and assessment of progress

Indicators	Assessment of Progress
<p>Transaction efficiency – Average time between an approval of GAVI support and the disbursement of funds reduced by</p> <ul style="list-style-type: none"> <li>• 90 days in 2007</li> <li>• 60 days in 2008</li> <li>• 45 days in 2009</li> <li>• 30 days in 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence available is not granular enough in terms of data (average vs. range) and compares actuals to benchmarks of different years (2008 and 90 days)</li> <li>• An assessment cannot be made due to the lack of detailed data</li> </ul>
<p>TAP approved by Board (June) and communicated by 2008</p>	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
<p>TAP implemented by 2009</p>	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
<p>Paris Declaration Principles (PDPs) – Baseline against which to measure progress on PDPs using indicators relevant to GAVI will have been established</p>	<ul style="list-style-type: none"> <li>• No evidence for (or contrary to) indicator.</li> <li>• An assessment cannot be made due to the lack of information</li> </ul>
<p>PDPs – GAVI recognised at the OECD DAC September 2008 Paris Declaration review meeting as representing good practice in actively pursuing continued improved compliance with the Paris Declaration</p>	<ul style="list-style-type: none"> <li>• No evidence for (or contrary to) indicator.</li> <li>• An assessment cannot be made due to the lack of information.</li> </ul>
<p>PDPs – GAVI improves significantly on 2007 baseline by 2009</p>	<ul style="list-style-type: none"> <li>• No evidence on PDP baseline improvement by 2009 as survey results have not yet been published</li> <li>• An assessment cannot be made at this stage</li> </ul>
<p>PDPs – GAVI will be among the top three GHPs as measured by the OECD / DAC questionnaire by 2010</p>	<ul style="list-style-type: none"> <li>• Latest survey results have not been published yet</li> <li>• An assessment cannot be made at this stage.</li> </ul>
<p>Technical Assistance – New technical assistance model developed and approved by Board (October) by 2008</p>	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
<p>Technical Assistance – Technical support model implemented</p>	<ul style="list-style-type: none"> <li>• No evidence for (or contrary to) implementation of technical support model</li> <li>• An assessment cannot be made due to the lack of information</li> </ul>
<p>Regional Working Group – Supported and strengthened on a continuous basis to facilitate effective implementation of GAVI policies at regional and country level</p>	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
<p>ICCs or other in-country mechanisms</p>	<ul style="list-style-type: none"> <li>• Indicator ambiguous and not clear whether ICCs should be led or supported etc.</li> <li>• Absence of both a baseline and target imply an assessment cannot be made</li> </ul>

Table 2: Indicators for Output 4.2 and assessment of progress

Indicators	Assessment of Progress
Monitoring and evaluation framework approved by Board (June) by 2008	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Planned evaluation studies will be conducted as per the policy and framework and lessons learned will feed into GAVI policy and practice	<ul style="list-style-type: none"> <li>• Although evidence suggests evaluation studies have been conducted, the information available does provide the detail of what studies have been conducted and whether they relate to performance management and also, whether they have been conducted according to policy and lessons learned have been fed-back</li> <li>• An assessment cannot be made due to the lack of information</li> </ul>
An external evaluation of GAVI achievement during the 2008-10 period carried out and lessons learned will feed into the development of the new GAVI strategy (2011-15) by 2010	<ul style="list-style-type: none"> <li>• Given external evaluation is underway and expected to be completed by 2010, the indicator is on track to be met</li> </ul>
IRC recommendations followed-up	<ul style="list-style-type: none"> <li>• Indicator not likely to be met as board have not decided on whether to action recommendations, which would be the first step to addressing recommendations</li> </ul>

Table 3: Indicators for Output 4.4 and assessment of progress

Indicators	Assessment of Progress
CSO representation strengthened at regional and global levels (2008-10)	<ul style="list-style-type: none"> <li>• Indicator does not measure innovative policies or processes, but measures what could be the result of a process or policy. This indicator could be met without the presence of innovative policies and processes</li> <li>• Indicator not relevant to output therefore not assessed</li> </ul>
Gender policy – Approved by Board (June), communicated to all GAVI stakeholders by 2008	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Gender policy – Policy implemented by 2009	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Gender policy – GAVI able to demonstrate its commitment to and impact on gender equity by 2010	<ul style="list-style-type: none"> <li>• Indicator measures policy impact which is not covered in output</li> <li>• Indicator not relevant to output therefore not assessed</li> </ul>

Table 4: Indicators for Output 4.5 and assessment of progress

Indicators	Assessment of Progress
Streamlined model for governance will be approved and implemented by 2007	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Governance structure reviewed in line with GAVI strategic direction by 2010	<ul style="list-style-type: none"> <li>• Due to delayed implementation of governance structure, the review is unlikely to be conducted in 2010</li> <li>• Indicator unlikely to be met in 2010 due to delays</li> </ul>
Baseline established on indicators of effective governance by 2007	<ul style="list-style-type: none"> <li>• Progress has been made, but not within the timescales specified in the indicator, therefore the indicator has not been (strictly) met.</li> <li>•</li> </ul>

### 3. SG4.2

Output 4.3 is 'Increased awareness of immunisation as a means to reach the MDGs including the benefits of the PPP mode of development', hence this is directly relevant to our evaluation question on SG4.2 on increased awareness and commitment.

The evidence for progress is predominantly based on our analysis through this SG4 evaluation, sources include GAVI Events Calendar, CARM framework and work plan, GAVI website, Lancet Journals.

Since all indicators cannot be assessed, the output cannot be assessed.

Table 5: Indicators for Output 4.3 and assessment of progress

Indicators	Assessment of Progress
Comprehensive advocacy strategy approved by Board (October) by 2008 and initiated by 2009	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Increased positive GAVI related global press coverage	<ul style="list-style-type: none"> <li>• Indicator met</li> </ul>
Number of immunization focused events organised	<ul style="list-style-type: none"> <li>• Data is available for the number of events organised and participated in.</li> <li>• Absence of both data and baseline imply an assessment cannot be made.</li> </ul>