

### **SECOND GAVI EVALUATION**

**GAVI ALLIANCE** 

13 September 2010

### **SUPPORTING PAPER 3:**

**EVALUATION METHODOLOGY MATERIAL** 

Submitted by:

### **CEPA LLP**



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#### 1. ELECTRONIC SURVEY

Thank you for participating in the stakeholder survey for the Second Evaluation of the GAVI Alliance (henceforth referred to as GAVI or the Alliance interchangeably). Other than the General Information below, the Survey comprises 20 substantive multiple choice questions and should take no more than 15-20 minutes to complete.

The electronic survey is one of the techniques employed to assess the performance of the Alliance, but is particularly important to quantify opinions. We are asking all GAVI stakeholders to complete it. We would be grateful if you could complete the survey by 1 April, and earlier if at all possible. All responses will be treated in confidence, and will be aggregated in anonymised formats.

The questions are in form of statements about the GAVI Alliance's performance on each of its four strategic goals (health systems strengthening, new and underused vaccine support, immunisation financing, and added value as a global public private health partnership). You are requested to respond to the statements on a rating scale provided as multiple choices (e.g. agree strongly, disagree strongly, etc). There is also an opportunity to provide comments. This is optional, but would be very valuable to us in conducting the evaluation. In case you are not familiar with or have not experienced a particular intervention, please choose 'Not aware/ no view' from the options.

If you would like to follow-up with us on any particular issue, you can contact the Evaluation Team at GAVIsurvey@cepa.co.uk, or Abdallah Bchir at the GAVI Secretariat at abchir@gavialliance.org.

General Information	
Name (optional)	
Organization (optional)	
Primary role in GAVI (tick multiple boxes, as applicable)	□ Board/ committee member □ Secretariat □ Advisory group/ task team member □ Partner institution □ Other; Please specify:
GAVI constituency (in case of partner institution members)	□ Multilaterals □ Donor/ foundation □ Developing country government □ Vaccine industry developing countries □ Vaccine industry industrialised countries □ Civil Society Organisations □ Research and Technical Health Institutes □ Not applicable
Would you agree for us to follow- up on any of your answers?	☐ Yes, by email (please specify email address): ☐ Yes, by phone (please specify contact number): ☐ No

### Strategic Goal 1 - Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

Strategic Goal 1 – health systems strengthening		
GAVI's funding for health systems strengthening <sup>1</sup> in countries contributes towards increased and sustainable immunisation coverage.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	-
2. GAVI's HSS support has been more effective than HSS support offered by other donors such as the Global Fund, World Bank, etc.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	-
3. Improved injection safety practices and standards in GAVI countries can be attributed to its INS program.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:	-
4. A key example of the value add of GAVI's ISS program is its performance based rewards and provision of 'flexible cash'.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	-
5. GAVI's CSO program has not contributed much to facilitating/ expanding the role of CSOs in delivering immunisation and health services.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	-

<sup>&</sup>lt;sup>1</sup> SG1 covers four programs: Health Systems Strengthening (HSS), Injection Safety Support (INS), Immunisation Services Support (ISS), and Civil Society Organisation (CSO).

## Strategic Goal 2 - Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

Strategic Goal 2 – new and underused vaccines		
GAVI has accelerated the uptake of Hep B, Hib, & Yellow Fever vaccines by partner countries.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:	
GAVI has accelerated the uptake of rotavirus, Pneumoccocal, & Meningitis A vaccines by partner countries.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	
3. GAVI has contributed to improving the stability of global and country level vaccine supply.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	
4. GAVI has made vaccines and related technologies more affordable to countries.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	
5. GAVI has provided countries with the evidence required to address policy decisions related to the introduction of new vaccines.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	

### Strategic Goal 3 - Increase the predictability and sustainability of long-term financing for national immunisation programs

Strategic Goal 3 – innovative financi	ng
The global level of funding for immunisation by donors would have been substantially lower in the absence of GAVI.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:
2. GAVI has added value by mobilising longer-term, more predictable and sustainable donor support for immunisation.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:
3. GAVI has displaced global immunisation funding through traditional channels such as the multilaterals (i.e. GAVI resources do not represent truly additional funds).	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:
4. The GAVI Alliance has not contributed significantly to promoting financial sustainability of immunization at the country level.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:
5. GAVI has been instrumental in designing and implementing innovative financing mechanisms such as IFFIm and AMC.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:

<sup>&</sup>lt;sup>2</sup> Financial sustainability is defined by GAVI as 'although self-sufficiency is the ultimate goal, in the nearer term, sustainable financing is the ability of a country to mobilise and efficiently use domestic and supplementary external resources on a reliable basis to achieve target levels of immunisation performance.'

Strategic Goal 4 - Increase and assess the added-value of GAVI as a public private global health partnership through improved efficiency, increased advocacy, and continued innovation

Strategic Goal 4 – GAVI as a PPP		
GAVI's multi-stakeholder     Alliance model has been core to     achieving its immunization     objectives.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:	
2. GAVI's relatively 'light touch' approach achieves the right balance between country ownership/ accountability and flexibility.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:	
3. GAVI's grant application, review and monitoring processes could be better tailored to its different programs and country contexts.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	
4. The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view Comments:	
5. Better definition of the roles and accountabilities of partners within the Alliance would improve the results achieved by GAVI.	□ Strongly agree □ Agree □ Neither agree nor disagree □ Disagree □ Strongly disagree □ Not aware/ no view  Comments:	

#### 2. EPI MANAGERS SURVEY

#### **Background**

The GAVI Alliance (henceforth referred to as 'GAVI' or the 'Alliance' interchangeably) has commissioned a consortium led by Cambridge Economic Policy Associates (CEPA)<sup>3</sup> to carry out its second evaluation.

The evaluation seeks to assess the performance of the Alliance since inception, with particular focus on the period between 2006 to present. The key objectives of the evaluation are:

- To what extent has the GAVI Alliance met its four Strategic Goals? (the four goals relate to health systems strengthening, underused and new vaccines, immunisation financing, and added value of GAVI as a global public-private-partnership)
- To what extent has the Alliance added value at the global and country levels over and above what would be accomplished without the Alliance?<sup>4</sup>

The questions below relate to the five GAVI programs: New and underused Vaccine Support (NVS), Health Systems Strengthening (HSS), Immunisation Safety Support (ISS), Injection Safety Support (HSS) and Civil Society Organisation support (CSO).

#### **Instructions**

Thank you for your time to complete this questionnaire.

The questionnaire contains twelve descriptive questions on GAVI support. We would be very grateful if you could fill these out to the extent relevant for your country, and send your response by email to <u>GAVI.survey@cepa.co.uk</u> by 31 March 2010.

Please note that you need to provide a response only to the questions relevant to the GAVI program for which your country has applied for/ received support. We have provided some areas of focus for your responses to most questions – however, please feel free to provide additional information/ views as you think suitable.

Please provide your responses in English, to the extent feasible.

If you require any clarifications, please contact GAVI.survey@cepa.co.uk.

<sup>&</sup>lt;sup>3</sup> More details on CEPA can be found at www.cepa.co.uk.

<sup>&</sup>lt;sup>4</sup> Value add is defined as the 'net' impact of GAVI's interventions after allowances for what might have been accomplished in its absence, i.e. its counterfactual. Counterfactuals are hypothetical scenarios on *alternative mechanisms* of channelling the funds provided to GAVI, for example through other global health initiatives; or directly by bilateral or multilateral donor agencies to the countries. 'Net' impact' might be assessed both quantitatively (e.g. additional funding secured; outputs, outcomes and impacts achieved) and qualitatively (e.g. effectiveness/ efficiency in approach; influencing global agenda etc.), and at country and global levels.

All responses to the questionnaire will be treated in confidence, and will be aggregated in anonymised formats.

#### Information on EPI Manager

Name: [enter here]
Country: [enter here]
Date Appointed as EPI Manager: [enter here]

#### Questions

1. Please describe the impact, if any, of GAVI Injection Safety Support (INS) on (a) injection safety policies/ practises in the broader immunisation and health systems in your country, and (b) safe disposal/ waste management.

Broader health systems refer to areas such as curative health, therapeutic health, HIV/ AIDS programs, family planning, etc. in your country.

[Impact on safety practices in broader immunisation and health systems]:
[Impact on injection waste management]:

2. Do Auto Disable (AD) syringes and related safety equipment continue to be used in your country for vaccines supported by GAVI earlier (i.e. after GAVI INS support has ended)?

Please note that we are referring here to the use of AD syringes and related safety equipment for vaccines supported under the INS program (for example, BCG, polio, measles first dose, etc) as against those supported through NVS.

argest sl	are of funds) for the HSS	n activities (i.e. activities receiving the support received by your country an ackling the key bottlenecks in the health
Activity 1:	Description] [Relevance to the key heat	h systems bottlenecks]
Activity 2:	Description] [Relevance to the key heat	h systems bottlenecks]
Activity 3:	Description] [Relevance to the key heat	h systems bottlenecks]
compared Please state	to other HSS support received	general health sector budget support provided l
[Please pro	vide answer here]	

important areas f	you think that by providing flexible cash, countries have managed to fund the most for immunisation/ health systems support? Or, do you think the flexible cash may have in ad hoc funding of activities?
[Please provide	answer here]
acineve bette	er immunisation results than if the support had not been reward
	er immunisation results than if the support had not been rewards
based? We would appred providing support	triate your views on whether you think this approach is 'innovative' and an effective way of the of the approach is problematic (for example, weak country capacity mattness of the estimated DTP3 coverage rates)?
based? We would appred providing support	triate your views on whether you think this approach is 'innovative' and an effective way of the country capacity matthess of the estimated DTP3 coverage rates)?
based? We would appred providing support the robus	triate your views on whether you think this approach is 'innovative' and an effective way of the country capacity matthess of the estimated DTP3 coverage rates)?
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We would appred providing support impact the robus	triate your views on whether you think this approach is 'innovative' and an effective way of the country capacity matthess of the estimated DTP3 coverage rates)?

5. What are your views on the usefulness of 'flexible cash' offered to countries

been effective in	has received funding from GAVI's CSO program, please explain to what extent this has a supporting the immunisation sector in your country. If your country has not applied for/funding, please explain why, and whether the program is relevant or not to your country
[Please provid	le answer here]
	ment on the support provided by GAVI's technical partners (WHO
	EF) to country governments both in developing proposals and ng GAVI-funded programs?
implementing We would appr	
implementing We would apprespecific GAVI-1	ng GAVI-funded programs?  eciate specific examples of where this has been of value (or not). Please state clearly the
implementing We would apprespecific GAVI-1	ng GAVI-funded programs?  eciate specific examples of where this has been of value (or not). Please state clearly the funded program and partner you are referring to in your response.
implementing We would apprespecific GAVI-1	ng GAVI-funded programs?  eciate specific examples of where this has been of value (or not). Please state clearly the funded program and partner you are referring to in your response.
implementing We would apprespecific GAVI-1	ng GAVI-funded programs?  eciate specific examples of where this has been of value (or not). Please state clearly the funded program and partner you are referring to in your response.
implementing We would apprespecific GAVI-1	ng GAVI-funded programs?  eciate specific examples of where this has been of value (or not). Please state clearly the funded program and partner you are referring to in your response.

7. Are you aware of GAVI's CSO program and is it relevant for/ effective in your

02171	I's processes: [Please provide answe	here]		
	parison with other donor/ GHP pr being compared]	ocesses: [Please provi	de answer here] [Please	: name other dor
Has yo	our country experienced an	y issues with vac	cine <i>supply</i> under	GAVI's NVS
arrive of	mple, your country was not able to n time, stock outs, oversupply, etc you are referring to.			
vaccine				
	ine name]:			
[Vacci	ine name]: issues]:			

9. To what extent are GAVI's processes for country application for its programs

for example, disease burden information, cost-effectiveness data, information about vaccine productrofiles, etc					
[Please provide a	nswer here]				
fficiency of a	any suggestions for GAVI to improve the effectiveness or y of its programs / processes.				
fficiency of a					
fficiency of a					
Suggestion 1:					
fficiency of a					
Suggestion 1:					
Suggestion 1:					
Suggestion 1:					

#### 3. STRUCTURED INTERVIEW GUIDES

#### 3.1. Structured interview guide for GAVI Board members

#### Introduction

This high-level guide sets out the questions that we would like to explore with you as part of CEPA's evaluation of the GAVI Alliance. (In what follows, we use the terms 'GAVI' and 'the Alliance' interchangeably to refer to the GAVI Alliance).

#### Background to the evaluation

The second evaluation will assess GAVI's performance since inception, but with particular focus on the period between 2006 to present. The key two evaluation questions are:

- To what extent has the GAVI Alliance met its four strategic goals (SGs)?
- To what extent has the Alliance added value at the global and country levels, over and above what would be accomplished without the Alliance?<sup>5</sup>

#### Aim of interview

The aim of interviews is to obtain feedback from the Alliance stakeholders based on their experience, observations, perceptions, etc. Ultimately, we intend to use the findings of different approaches and information sources to enable 'triangulation' of evidence and conclusions for each evaluation question.<sup>6</sup>

#### Other points to note are:

• The consultation questions correspond with GAVI's four strategic goals – although not in the same order. We would ideally like to cover all of the questions, but recognise that there may be more to say on particular areas of interest / specialisation.

Many of the questions presented below will also be analysed using quantitative data.
 We do not propose to ask detailed questions about data sources / issues, but we would of course welcome any views / advice that you have.

<sup>&</sup>lt;sup>5</sup> Value add is defined as the 'net' impact of GAVI's interventions after allowances for what might have been accomplished in its absence, i.e. its counterfactual. Counterfactuals are hypothetical scenarios on *alternative mechanisms* of channelling the funds provided to GAVI, for example through other global health initiatives; or directly by bilateral or multilateral donor agencies to the countries. 'Net impact' might be assessed both quantitatively (e.g. additional funding secured; outputs, outcomes and impacts achieved) and qualitatively (e.g. effectiveness/ efficiency in approach; influencing global agenda etc.), and at country and global levels.

<sup>&</sup>lt;sup>6</sup> Structured interviews are one of the techniques employed to assess the performance of the Alliance – other evaluation methodologies include quantitative data analysis including regressions, selected country visits, electronic survey, review of literature and GAVI documentation, etc.

#### **Consultation questions**

1. What are the relative strengths and weaknesses of GAVI's multi-stakeholder Partnership model?

As part of this question, we would be interested in your views about how this has developed over time; the clarity in the roles and accountability of partners in achieving GAVI's goals; and also any specific examples of where the Alliance has contributed positively or negatively.

2. Has GAVI played a role in increasing the level, predictability and sustainability of global financial resources from <u>donors</u> for immunisation activities? If so how?

A key issue under immunisation financing is attribution to GAVI; and additionality of resources. As part of this question, we are also interested in the role that GAVI has played in development and delivery of innovative financing mechanisms.

3. What has been GAVI's contribution to advocacy on immunisation and child health at global and country levels?

The focus of this question is on aspects of awareness raising and promotion of immunisation and child health, other than fund-raising and program expenditure.

- 4. How would you assess the Alliance's performance in accelerating the uptake of underused vaccines (Hep B, Hib, and Yellow Fever)? How does this performance compare with GAVI's performance on new vaccines (pneumo, rota, and meningitis A)?
- 5. How effective has the GAVI Alliance been in advancing the evidence base required for countries to introduce new vaccines?
- 6. What role has the GAVI Alliance played in supporting the sustainability of immunisation financing at the national level?

This question covers whether the Alliance could have done more in achieving reductions in price of vaccines and/or encouraging suppliers to enter the market; the work of the Financing Taskforce; and the development of GAVI's approach to co-financing and country graduation.

7. What do you see as the relative success and / or failures of GAVI's ISS, INS, and CSO programs?

The areas of focus under these programs are the value add of GAVI's 'performance based' and 'flexible cash' approach to ISS in increasing immunisation coverage; extent of

attribution to GAVI of countries' introduction of safety policies/ practices; and the effectiveness of the design and implementation approach of the CSO program.

8. What are your views on the approach and impact of the GAVI HSS window? What are its relative pros and cons vis-à-vis the proposed common financing platform?

We would welcome views on all aspects of this – including the impact of HSS on GAVI's immunisation objectives; effectiveness of the GAVI approach vis-à-vis other HSS windows such as the Global Fund and the World Bank; its contribution to the global aid architecture in this areas; and country experience and impact.

9. Do GAVI's processes for proposal review, approval, disbursement and monitoring get the right balance between accountability and country ownership / flexibility?

We are interested in any observations on the pros and cons of GAVI's relatively 'light touch' approach – including the extent to which this varies by program and country context, and ways in which the efficiency of these processes might be improved.

#### 3.2. High level structured interview guide (general)

#### Introduction

This guide sets out the questions that are intended to facilitate the interviews to be conducted by the CEPA and Applied Strategies team in carrying out the second evaluation of the GAVI Alliance. (In what follows, we use the terms 'GAVI' and 'the Alliance' interchangeably to refer to the GAVI Alliance).

The second evaluation will assess GAVI's performance since inception, but with particular focus on the period between 2006 to present. The key two evaluation questions are:

- To what extent has the GAVI Alliance met its four strategic goals (SGs)?
- To what extent has the Alliance added value at the global and country levels, over and above what would be accomplished without the Alliance?<sup>7</sup>

Structured interviews are one of the techniques employed to assess the performance of the Alliance – other evaluation methodologies include quantitative data analysis including regressions, selected country visits, electronic survey, review of literature and GAVI documentation, etc.

The aim of interviews is to obtain feedback from the Alliance stakeholders based on their experience, observations, perceptions, etc. Ultimately, we intend to use the findings of different approaches and information sources for each evaluation question to enable 'triangulation' of evidence and conclusions.

#### Other points to note are:

• The consultation questions are organised around GAVI's four strategic goals. We would welcome your views across each area, but recognise that we may need to focus on your particular areas of interest / specialisation.

• Many of the questions presented below will also be analysed using quantitative data. We do not propose to ask detailed questions about data sources/ issues, but we would of course welcome any views / advice that you have.

-

<sup>&</sup>lt;sup>7</sup> Value add is defined as the 'net' impact of GAVI's interventions after allowances for what might have been accomplished in its absence, i.e. its counterfactual. Counterfactuals are hypothetical scenarios on *alternative mechanisms* of channelling the funds provided to GAVI, for example through other global health initiatives; or directly by bilateral or multilateral donor agencies to the countries. 'Net impact' might be assessed both quantitatively (e.g. additional funding secured; outputs, outcomes and impacts achieved) and qualitatively (e.g. effectiveness/ efficiency in approach; influencing global agenda etc.), and at country and global levels

#### Consultation questions

Strategic Goal 1: Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

SG1 programs include (a) Health Systems Strengthening (HSS), (b) Immunisation Services Support (ISS), (c) Injection Safety Support (INS), and (d) Civil Society Organisation (CSO) support.

- 1. What are the results and added value of GAVI's INS program at global and country levels?
- 2. To what extent has GAVI's HSS program reduced the gaps in country health systems that impede immunisation? What contextual factors may have contributed to results, or lack of it?
- 3. How would you rate the overall added value of GAVI's HSS programs compared to alternative approaches to funding HSS?
- 4. Has the ISS program positively impacted countries' immunisation performance? How would you rate its distinctive feature of providing 'flexible' and 'rewards based' funding?
- 5. To what extent has the design and implementation of the CSO program strengthened CSO capacities in countries for immunisation objectives?

Strategic Goal 2: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

- 1. To what extent has GAVI accelerated the uptake of new and underused vaccines by partner countries?
- 2. To what extent have countries introducing underused and new vaccines been able to take them to scale quickly, i.e. achieve full-scale coverage?
- 3. To what extent has GAVI improved the stability of global- and country-level vaccine supply?
- 4. To what extent has GAVI made vaccines and related technologies more affordable?
- 5. To what extent has GAVI contributed to the advancement of the evidence base required for countries to address the policy decision related to introduction of new vaccines?
- 6. To what extent has GAVI developed and used vaccine demand forecasts that are accurate and timely?

Strategic Goal 3: Increase the predictability and sustainability of long-term financing for national immunisation programs

1. To what extent has GAVI increased the <u>level</u> of *global* financial resources from donors for immunisation activities?

- 2. To what extent has GAVI increased the <u>predictability</u> and <u>sustainability</u> of *global* financial resources from donors for immunisation activities?
- 3. To what extent has GAVI promoted and increased the sustainability of immunisation funding at the national level?
- 4. To what extent has GAVI contributed to the design, structure, and operation of innovative financing mechanisms (such as IFFIm and AMCs)? Are there other innovative global health financing mechanisms to benchmark in terms of funds raised, design/ implementation costs, predictability, sustainability, etc. for example, Affordable Medicines Facility Malaria (AMFm), UNITAID?

Strategic Goal 4: Increase and assess the added-value of GAVI as a public private global health partnership through improved efficiency, increased advocacy, and continued innovation

- 1. Has GAVI's distinctive organisational structure and processes contributed to its efficiency, effectiveness and impact? If so, how? We refer here to GAVI's 'lean' financing agency model that works through its Alliance partners to achieve its mission. Also, has GAVI's cost effectiveness changed since it became a separate legal entity?
- 2. To what extent has GAVI increased awareness of, interest in, and commitment to immunisation, child health, and broader development issues?
- 3. What are the relative strengths and weaknesses of GAVI's multi-stakeholder Partnership model? Are there specific examples of the Alliance achieving greater impact by working with a wide range of partners?

#### 3.3. Detailed structured interview guide (general)

#### Introduction

This annotated guide sets out the more detailed questions that are intended to facilitate the interviews to be conducted by the CEPA and Applied Strategies team in carrying out the second evaluation of the GAVI Alliance. (In what follows, we use the terms 'GAVI' and 'the Alliance' interchangeably to refer to the GAVI Alliance).

The second evaluation will assess GAVI's performance since inception, but with particular focus on the period between 2006 to present. The key two evaluation questions are:

- To what extent has the GAVI Alliance met its four strategic goals (SGs)?
- To what extent has the Alliance added value at the global and country levels, over and above what would be accomplished without the Alliance?<sup>8</sup>

Structured interviews are one of the techniques employed to assess the performance of the Alliance – other evaluation methodologies include quantitative data analysis including regressions, selected country visits, electronic survey, review of literature and GAVI documentation, etc.

The aim of interviews is to obtain feedback from the Alliance stakeholders based on their experience, observations, perceptions, etc. Ultimately, we intend to use the findings of different approaches and information sources for each evaluation question to enable 'triangulation' of evidence and conclusions.

#### Other points to note are:

• The consultation questions are organised around GAVI's four strategic goals. We would welcome your views across each area, but recognise that we may need to focus on your particular areas of interest / specialisation.

• Many of the questions presented below will also be analysed using quantitative data. We do not propose to ask detailed questions about data sources/ issues, but we would of course welcome any views / advice that you have.

<sup>&</sup>lt;sup>8</sup> Value add is defined as the 'net' impact of GAVI's interventions after allowances for what might have been accomplished in its absence, i.e. its counterfactual. Counterfactuals are hypothetical scenarios on *alternative mechanisms* of channelling the funds provided to GAVI, for example through other global health initiatives; or directly by bilateral or multilateral donor agencies to the countries. 'Net impact' might be assessed both quantitatively (e.g. additional funding secured; outputs, outcomes and impacts achieved) and qualitatively (e.g. effectiveness/ efficiency in approach; influencing global agenda etc.), and at country and global levels

#### Consultation questions

Strategic Goal 1: Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

SG1 programs include (a) Health Systems Strengthening (HSS), (b) Immunisation Services Support (ISS), (c) Injection Safety Support (INS), and (d) Civil Society Organisation (CSO) support.

- 6. What are the results and added value of GAVI's INS program at global and country levels?
  - a. To what extent has INS continued to positively impact injection safety practices in countries (as established in the INS Phase I evaluation); and have these practices been sustainable? Has GAVI influenced safety practices in the broader country health systems?
  - b. To what extent has INS contributed to health waste management and injection supply chains in countries (positive and negative effects)?
  - c. How does GAVI's INS approach/ funding compare with other donors in this area, for example, UNICEF, Making Medical Injections Safer (MMIS), etc. To what extent are the impacts on injection safety practices attributable to GAVI?
- 7. To what extent has GAVI's HSS program reduced the gaps in country health systems that impede immunisation? What contextual factors may have contributed to results, or lack of it?
  - a. The 2009 HSS evaluation found the program to be country driven, but weak in terms of technical support and results orientation. Do you agree?
  - b. Do you have any suggestions on meaningful output, outcome, and impact indicators to measure GAVI's HSS results?
- 8. How would you rate the overall added value of GAVI's HSS programs compared to alternative approaches to funding HSS?
  - a. In terms of HSS counterfactuals, we plan to review the Global Fund, World Bank, and PEPFAR. Are there any others?
  - b. What are the relative strengths and weaknesses, and added value of GAVI's HSS approach vis-à-vis the above counterfactuals at *country* level? Do you have any advice on a suitable framework that we might use to compare alternate HSS mechanisms?
  - c. To what extent has GAVI added value at *global* level, for example, in terms of its advocacy of increased HSS focus on immunisation at global level, involvement of CSOs in the global donor agenda, etc.
  - d. Do you think that the proposed HSS joint / common financing platform might be more effective than the current arrangements? What might be the pros and cons of the common approach?

- 9. Has the ISS program positively impacted countries' immunisation performance?
  - a. Is the principle of providing 'flexible cash' on the basis of performance effective? (positively received by countries, but the ISS Phase I evaluation did not find any correlation between flexible funding and better performance).
  - b. What are your views on the efficacy of the ISS reward criteria (for example, the Data task team recommended some changes in the design and metrics of ISS rewards including equity indicators, number and proportion of children vaccinated, etc.)?
  - c. Has GAVI's ISS approach added value to immunisation outcomes at country and global levels? Are there any comparators for such a rewards based, flexible approach in other health areas?
- 10. To what extent has the design and implementation of the CSO program strengthened CSO capacities in countries for immunisation objectives?
  - a. What are the reasons for the apparently slow take off of CSO activities? Are any results evident, and how can they be measured?
  - b. How does GAVI's engagement of CSOs compare with alternate approaches like that of the Global Fund or GAIN? What are the lessons learnt?

### Strategic Goal 2: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

- 1. To what extent has GAVI accelerated the uptake of new and underused vaccines by partner countries?
  - a. Would you consider the processes between when the supplier negotiations are complete until the vaccine arrives in country efficient? How could efficiency be improved?
  - b. What is a meaningful counterfactual to represent the absence of GAVI?
  - c. How would you evaluate GAVI's performance with pneumo and rota vaccines and how does this compare to their performance with prior vaccines (i.e., YF, Hep B, and Hib)?
- 2. To what extent have countries introducing underused and new vaccines been able to take them to scale quickly, i.e. achieve full-scale coverage?
  - a. What are the determinants of immunization coverage and why does it differ by vaccine?
  - b. Do countries procure based on coverage rate or vaccine need? If based on need, what creates the gap between need and actual coverage rates?
- 3. To what extent has GAVI improved the stability of global- and country-level vaccine supply?

- a. What is GAVI's role in the price negotiation process?
- b. Do UNICEF, WHO, & GAVI work together to ensure adequate vaccine supply or is it the responsibility of only one partner?
- 4. To what extent has GAVI made vaccines and related technologies more affordable?
  - a. What is an appropriate definition of affordability to GAVI, to countries?
  - b. Why has the price of yellow fever increased so significantly when compared to other vaccines with a similar number of suppliers (i.e., all-liquid pentavalent)?
  - c. Did GAVI have a long-term vision for its impact on vaccine price when it was created, at the mid-point, etc.?
- 5. To what extent has GAVI contributed to the advancement of the evidence base required for countries to address the policy decision related to introduction of new vaccines?
  - a. We are currently defining "evidence base" as a set of adoption drivers that include disease burden, vaccine characteristics, vaccine supply, health systems, global and regional policy, finance, technical assistance, advocacy, country policy. What is your view of how GAVI has contributed to each of these?
- 6. To what extent has GAVI developed and used vaccine demand forecasts that are accurate and timely?
  - a. How have they been used?
  - b. Who or what processes have benefitted from these demand forecasts?

### Strategic Goal 3: Increase the predictability and sustainability of long-term financing for national immunisation programs

- 5. To what extent has GAVI increased the <u>level</u> of *global* financial resources from donors for immunisation activities?
  - a. A key issue here is whether increased funding for immunisation has been additional (either in terms of total ODA or DAH). Is there evidence of displacement?
  - b. To what extent has GAVI mobilised new (non-ODA) sources of immunisation funding (e.g. foundations, private sector)? Are these truly additional (i.e. not displaced other health or development funding)?
  - c. Is it possible to attribute changes in immunisation funding levels to GAVI? What are the specific contributions if any (e.g. improved advocacy)? Could these have been achieved through traditional funding routes (bilateral or multilateral) or other GHPs? What are the relative contributions of others (e.g. Global Polio Eradication Initiative?)?

- d. Do you regard GAVI's fund raising efforts to be cost effective (both traditional donor sources and the higher costs of new sources such as IFFIm and AMC)? Do you have or could point us to any benchmarking evidence in this respect?
- 6. To what extent has GAVI increased the <u>predictability</u> and <u>sustainability</u> of *global* financial resources from donors for immunisation activities?
  - a. Are you aware of evidence to suggest any changes in length of donor commitments; and / or volatility of immunisation funding (both ODA and non-ODA sources)? What role has GAVI played in any change?
  - b. Is there evidence to suggest that there is change in the sustainability of donor funding for immunisation (e.g. in the current crisis)? What role has GAVI played if any?
- 7. To what extent has GAVI promoted and increased the sustainability of immunisation funding at the national level?
  - a. What are your views on the contribution of the Financing Task Force in Phase I and the co-financing and default policy in Phase II?
  - b. Has GAVI contributed to financial sustainability at the country level? Are there lessons about financial sustainability in different country contexts (e.g. fragile, least poor)?
  - c. Does GAVI's approach compare favourably / unfavourably with the approaches of previous immunisation initiatives / other GHPs?
  - d. Has GAVI funding resulted in increased national immunisation expenditure or wider health sector spending.
- 8. To what extent has GAVI contributed to the design, structure, and operation of innovative financing mechanisms (such as IFFIm and AMCs)?
  - a. What was the role of GAVI in (i) the process of developing the rationale, structuring and implementation of the mechanisms; and (ii) the actual structure of the mechanisms?
  - b. What are the success factors (both in terms of the process and the structure) for AMCs / IFFIm and what role if any GAVI has had in supporting these success factors? Conversely, what are the weaknesses if any of these mechanisms, and to what extent can GAVI assist in mitigating them?
  - c. Are there other innovative global health financing mechanisms to benchmark in terms of funds raised, design/implementation costs, predictability, sustainability, etc. for example, Affordable Medicines Facility Malaria (AMFm), UNITAID??

Strategic Goal 4: Increase and assess the added-value of GAVI as a public private global health partnership through improved efficiency, increased advocacy, and continued innovation

- 4. Has GAVI's distinctive organisational structure and processes contributed to its efficiency, effectiveness and impact? If so, how? In particular:
  - a. What are your views on the cost effectiveness of GAVI as a financing entity that works through its Alliance partners to achieve its mission, as compared to the counterfactuals of (i) GAVI being more involved at regional/country level, or (ii) donors providing direct funding to multilaterals such as WHO and UNICEF (i.e. absence of GAVI)?
  - b. Has the cost effectiveness of GAVI changed since it became a separate legal entity?
  - c. To what extent have GAVI's processes (e.g. application review, M&E, etc.) and policies (e.g. transparency and accountability, conflict of interest, etc.) been effective in achieving desired results?
- 5. To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health, and broader development issues, at global and country levels?
  - a. Have the advocacy mechanisms of GAVI been effective at the global and national levels?
  - b. Is there evidence to show that GAVI's advocacy has led to actual results in terms of increased awareness, interest, and commitments for immunisations and child health?
- 6. What are the relative strengths and weaknesses of GAVI's multi-stakeholder Partnership model? Are there specific examples of the Alliance achieving greater impact by working with a wide range of partners?

#### 4. INTERVIEW GUIDE FOR COUNTRY FIELD VISITS

#### 4.1. High level guide

#### Introduction

This guide sets out the questions that we would like to explore with you as part of CEPA's evaluation of the GAVI Alliance. (In what follows, we use the terms 'GAVI' and 'the Alliance' interchangeably to refer to the GAVI Alliance). We would seek your responses only to the questions relevant to your background and experience, as well as based on the specific GAVI programs supported in your country.

#### Background to the evaluation

The second evaluation will assess GAVI's performance since inception, but with particular focus on the period between 2006 to present. The key two evaluation questions are:

- To what extent has the GAVI Alliance met its four strategic goals?
- To what extent has the Alliance added value at the global and country levels, over and above what would be accomplished without the Alliance?<sup>9</sup>

The four strategic goals of GAVI are:

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

#### Aim of country-level interviews

The country-level interviews aim to understand the specific results and value-add of GAVI in the country as well as any suggestions for improving GAVI's performance in the future. The interviews seek to obtain feedback on GAVI's performance from the country

<sup>&</sup>lt;sup>9</sup> Value add is defined as the 'net' impact of GAVI's interventions after allowances for what might have been accomplished in its absence, i.e. its counterfactual. Counterfactuals are hypothetical scenarios on *alternative mechanisms* of channelling the funds provided to GAVI, for example through other global health initiatives; or directly by bilateral or multilateral donor agencies to the countries. 'Net impact' might be assessed both quantitatively (e.g. additional funding secured; outputs, outcomes and impacts achieved) and qualitatively (e.g. effectiveness/ efficiency in approach; influencing global agenda etc.), and at country and global levels.

beneficiaries and other Alliance stakeholders in country, based on their experience, observations, perceptions, etc.

#### Interview questions

### 1. In your assessment, what are the *three* main ways in which GAVI has added value to the immunisation and broader health sector in your country?

We would be keen to hear your views on what has been GAVI's most important value addition to your country, over and above the support that is being provided by other donor organisations in your country. In other words, please describe what gains might not have occurred in immunisation and health sector, including in the level of financing support, in the absence of GAVI grants.

# 2. What are your views on the strengths and weaknesses of GAVI's multi-stakeholder Partnership model at the country level?

As part of this question, we would be interested in your views on the 'visibility' of GAVI's partnership model at the country level, in terms of whether you recognise the roles and responsibilities of the different partners in the Alliance, including in terms of contributing to the HSCC/ ICC processes;<sup>10</sup> as well as the actual support provided by GAVI's technical partners for proposal preparation, implementation etc.; and also any specific examples of where the Alliance has contributed positively or negatively.

# 3. What has been the GAVI Alliance's contribution to advocacy on immunisation and child health in your country?

The focus of this question is on the effectiveness of GAVI in raising awareness and promotion of immunisation (whether new or routine vaccines or both) and child health in countries.

# 4. What are your views on the impact of GAVI on long-term sustainability and national funding of immunisation in your country?

This question relates to how your country plans to fund expenditure for routine and new vaccines and related immunisation services/ health systems support after GAVI support ends. We are also keen on your views on GAVI's co-financing policy, particularly if it impacted your decision to adopt new vaccines, and any comparison you can draw with sustainability approaches followed by other donors. In relation to sustainability, what are your views on the affordability of GAVI vaccines?

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<sup>&</sup>lt;sup>10</sup> HSCC is the Health Sector Coordination Committee or equivalent national health coordination body. ICC refers to the Inter-Agency Coordination Committee.

5. What were the three most important factors your country considered in its decision to adopt each of the vaccines that GAVI supports in your country?

Please answer this question taking each GAVI vaccine in turn. Please also describe any support or information that GAVI provided that impacted your decision-making? What other kinds of information would have been helpful as you considered adopting these vaccines?

6. Can you please describe your country's experience with the introduction of each of these vaccines?

As part of your response, please consider the vaccine presentation you originally requested and the presentation that was shipped to you by UNICEF. Also, what have been your other experiences with the procurement and shipping process, in relation to timeliness, vaccines stored at appropriately cool temperatures, breakage, etc.).

7. What are your views on the GAVI approach to Health Systems Strengthening (HSS) - specifically, does it help advance immunisation objectives? If GAVI HSS support had not been available, in what ways do you think the immunisation/health outcomes in your country would have been different?

We are keen to hear your views on how GAVI HSS support compares with other HSS support provided by donors in your country (e.g. general health sector budget support provided by bilateral donors, other HSS support provided by Global Fund, World Bank, USAID, etc). We are also interested in your views on whether GAVI HSS support is useful in tackling the key health sector bottlenecks for immunisation.

8. What has been your country's experience with GAVI's Immunisation Services Support (ISS)? If not for the ISS funding, in what ways do you think the immunisation coverage levels in your country would have been different?

We would particularly like to explore the value add of GAVI's 'performance based' and 'flexible cash' approach to ISS in increasing immunisation coverage; and the usefulness of the Data Quality Surveys and Audits (DQAs), etc.

9. What has been your country's experience with GAVI's Injection Safety Support (INS)? If not for the INS funding, in what ways do you think the injection safety situation in your country would have been different?

We are keen to understand if Auto Disable (AD) syringes and related safety equipment continue to be used in your country after GAVI support has ended and how it is funded. We also seek your views on any impact of the GAVI INS support on broader immunisation and health systems (e.g. reproductive or curative heath) in your country in terms of fostering safety policies/ practises; and in safe disposal/ waste management.

### 10. What are the relative successes and failures of GAVI's Civil Society Organisations program?

We are keen to understand whether GAVI's CSO support is well structured to strengthen CSO coordination and participation in immunisation/ health delivery in countries. If your country has not applied for/ received CSO funding, please explain why, and whether the program is relevant or not to your country context.

# 11. To what extent are GAVI's processes for country application and review for its programs timely and efficient? How do GAVI processes/ timelines compare to other donors/ global health partnerships?

We are interested in any observations on the pros and cons of the GAVI application form, proposal submission requirements, speed of approval and disbursement of funds, etc, as well as your suggestions on ways in which the efficiency of these processes might be improved. We are also interested in the country reporting and monitoring requirements (for example, the Annual Progress Reports (APRs), as well as the Transparency and Accountability Policy (TAP) and Financial Management Assessments (FMAs), etc.

#### 4.2. Detailed guide

#### GAVI Strategic Goal 1: Health systems strengthening

GAVI Health Systems Strengthening (HSS)

- In your view what are the <u>three</u> main elements of the health sector in urgent and particular need of improvement? (Please see below for main elements)
- Which HSS development partners have made valuable contributions to improvements within these main areas? Please explain.
  - o numbers (and structure) of health sector staff
  - o competence (and attitude) of health sector staff
  - o standard and location of infrastructure, including reach to marginalised
  - o availability of drugs and medical supplies
  - o affordability of services to low income strata in the population
  - o management of the operations of health services
  - o government governance of the health sector
- In your view, which development partners have contributed effectively to development of the private health care sector (both for and not-for profit)? How was this done?
- Please characterise the main health development partners as per the HSS strategies/ principles that might characterise their program. Please provide examples where possible.

HSS principles/ strategies	GAVI	GFATM	World Bank	[USAID/ other]
Ownership (respecting the strategies of the host country)				
Alignment (aligning behind strategic objectives and using local systems for HSS interventions)				
Harmonisation (co-ordinating with the bigger group of donors, help to simplify procedures and share information to avoid duplication)				
Results orientation (focusing on results and measuring outcomes and impact)				

HSS principles/ strategies	GAVI	GFATM	World Bank	[USAID/ other]
Accountability (HSS partner and government interacting to become mutually accountable for results)				
Predictability (providing 3-5 years advance notice on development plans)				
Untying health aid from rules of buying goods and services according to preset conditions of where and from whom.				

- In your judgement, which of the HSS partners have played a 'catalytic' role for health development? Which partner (if any) stands out in this respect? Please provide examples.
- In case GAVI had not contributed at all to the health system development in your country, what would have been the effect? Please exemplify in case you think that a loss of GAVI contributions would have had a clear negative effect?
- If you compare GAVI with other HSS partners GFATM, USAID, World Bank, etc. where would you find the 'biggest bang for the buck' (i.e. value for money) in relation to health system development? Please provide examples.

#### GAVI Injection Safety support (INS)

- Could you please describe the process of development of your country's proposal for INS support? (e.g. who were the main stakeholders involved; decision making; etc.)
- Were any issues faced in relation to the INS support for example, was sufficient training provided to the EPI workers, did health workers react positively to their introduction, was their sufficient logistics management capacity, no stock-outs, etc.?
- Has your country continued to use AD syringes and safety boxes for routine immunisation after the GAVI support ended? Please provide some detail in terms of type of safety equipment used, extent of sub-regional/ district level use; use across different vaccines; source of funding for this continued use; etc.
- Have any difficulties been encountered in replacing the GAVI INS funding in a sustainable manner, including identifying alternative funding sources?
- Did the INS funding to your country have any wider impacts or influence for example, by encouraging (a) the use of AD syringes and safety boxes in other immunisation and health sectors; and (b) the development of injection safety and safe disposal/ waste management policies in routine immunisation and other sectors; etc.

- Has your country received support for injection safety (whether for routine immunisation or for other immunisation sectors) from any other donor (for example, UNICEF, PEPFAR, etc.)? If so, what are your views on the value added of GAVI INS support as compared to these other forms of support?
- Is the procurement of AD syringes and related safety equipment for non-GAVI supported vaccines in your country being carried out by the UNICEF? If not, could you please state who is carrying out the procurement (e.g. the government directly, another procurement agent, etc) and how this compares with UNICEF in terms of efficiency?
- If something could have been changed to improve the INS support, what would that be?

#### GAVI Immunisation Services Support (ISS)

- Could you please describe the process for ISS proposal development in your country? (e.g. who were the main stakeholders involved; etc.)
- Could you please describe the use of ISS funds (both in the investment and reward phases) for example, areas of expenditure, national versus district level funding; capital versus recurrent expenditure; proportion of funds used for surveillance and monitoring and evaluation, who controls/ decides use of funds, etc.
- Has the ISS been additional to national resources for immunisation or have they
  replaced exiting government or donor funding? In this regard, what are the other
  main sources and levels of funding for similar activities, and has your country applied
  for/received any other performance based donor health support in immunisation?
- Are there any issues related to the ISS support for example, issues relating to timely disbursement of funds, monitoring, estimation of rewards-based funding, estimation of the DTP3 coverage levels to support the reward funding, etc.?
- In your assessment, to what extent has the ISS approach and support influenced immunisation coverage in your country, particularly in remote areas?
- What are your views on the performance based approach of ISS funding and how has this impacted the achievement of results in your country? What are your views on the usefulness of the Data Quality Audits (DQA) and Data Quality Surveys (DQS)?
- If something could have been changed to improve the ISS, what would that be?

#### GAVI Civil Society Organisation support (CSO)

- What is the extent of CSO involvement in your country for immunisation services and more generally, child health? Has any systematic mapping of the number and nature of CSOs involved in these activities been undertaken?
- Are you aware of the GAVI CSO program both Type A and Type B support? If so, how did you learn about the program?
- Did your country consider applying for CSO funding? Why/ why not?
- GAVI currently provides CSO funding through either the government or its technical partners (e.g. WHO, UNICEF) in country, rather than directly to CSOs. What are your views in relation to this?
- What is your perception of the usefulness and linkages of the GAVI CSO program
  to either its immunisation or health system strengthening goals, in relevance to your
  country?
- Has your country benefitted from CSO funding from any other health donors, for example, the Global Fund, USAID, etc.? If so, we are keen to understand your experience (application requirements, disbursement of funds, program implementation, monitoring and results, etc.) and any relevant lessons that might be drawn for GAVI.
- If something could have been changed to improve the CSO funding, what would that be?

#### **GAVI Strategic Goal 2: Vaccine support**

- We're interested in the processes countries use to adopt new vaccines. Can you tell us about your country's experience applying for each of the GAVI vaccines? We would like to know who from the country, as well as the GAVI Alliance partners, were involved in that decision and application process.
- In case you have applied for more than one GAVI vaccine, did you notice any changes in the application process between the two?

#### **GAVI Strategic Goal 3: Immunisation financing**

Country funding for immunisation and sustainability of GAVI support

 We would like to discuss your country's experience with funding for immunisation, in terms of the: (i) trend in government budget/ funding for immunisation; (ii) the role/ share of GAVI; and (iii) the role of other sources of finance, including other donors and private sector, CSOs, etc.

- We would like to discuss the areas of the immunisation value chain in country that
  have received the most amount of funding and the role of GAVI within this, as well
  as the areas/ sub-sectors with funding shortfalls.
- What are your views on the predictability of GAVI's funding support, in terms of the period of commitment, any differences between commitments and actual disbursements, etc?
- What are your views on the sustainability of GAVI's support, in terms of alternate channels of financing (government, donor, others) once the GAVI funding is over? In this context, what are the implications of GAVI's co-financing and graduation policy on your country?
- What suggestions do you have regarding how GAVI could encourage sustainability of immunisation funding in your country (whether through increased funding from the government or from other donors)? What lessons would you draw from your country's experience with other donor organisations?

#### GAVI Strategic Goal 4: GAVI as a PPP

#### GAVI country processes

- What are the pros and cons of GAVI's processes for country application and review

   in terms of the format of the application form, the proposal submission requirements, speed of approval, etc?
- For the cash based programs, what has been the speed of disbursement of funds from the time a letter of approval was sent by GAVI to your country?
- We are also interested in your views on the effectiveness and usefulness of country reporting and monitoring requirements, including the Annual Progress Reports (APRs)?
- What are your views on GAVI's Financial Management Assessments (FMAs) for countries, in terms of promoting transparency and accountability?
- To what extent have GAVI processes been aligned with your country planning and budgeting cycles? How does this compare to other donor organisations?
- To what extent do GAVI processes encourage country ownership and accountability? What has been your experience with GAVI as compared to other donor organisations in this regard?
- Do you have any suggestions on ways in which the efficiency of these processes might be improved?

#### Role of the Alliance at the country level

- What is your view of the GAVI 'partnership model' at the country level? To what extent is there a clear understanding of the roles and accountability of the different partners in country with respect to GAVI programs?
- What is your view on the effectiveness of the support provided by GAVI's technical partners UNICEF, WHO and World Bank in helping countries develop proposals for GAVI support, implement the programs, and monitoring and evaluation thereafter?
- Would GAVI's program effectiveness have been enhanced if they had a presence in your country / at the regional level; or does GAVI's current model of working through its partners at country level work well?

# 5. TERMS OF REFERENCE FOR COUNTRY-BASED PARTNER INSTITUTIONS

CEPA<sup>11</sup> is looking to partner with suitable academic/ research institutions/ health consultancies based in [country] to support its work in the Second Evaluation of the GAVI Alliance. The Second Evaluation would assess GAVI's performance since inception, with particular focus on the period between 2006 to present. The two key evaluation questions are:

- (i) To what extent has the GAVI Alliance met its four strategic goals?<sup>12</sup>
- (ii) To what extent has the Alliance added value at the global and country levels, over and above what would be achieved without the Alliance?

Our evaluation approach as set out in the Executive Summary of the proposal is attached for your information.

The specific role of the partner organisation will be to:

- Assist in developing an initial situational report on GAVI activities in the country (Activity 1)
- Carry out in-person consultations with relevant country stakeholders in association with the CEPA team (possibly including a colleague from GAVI) (Activity 2)
- Assist in developing a final country evaluation report (Activity 3)

Each of these roles is described in more detail below.

### Activity 1 – Assist in developing an initial situational report on GAVI activities in the country

The partner organisation will assist CEPA in developing a detailed country report (10-15 pages, with supporting annexes) which will aim to establish the country health sector/immunisation context to assess the extent to which GAVI has achieved its strategic goals and added value in the country. CEPA will provide a template for this initial report.

The partner organisation will be responsible for the following aspects of the report:

• Country context – political, economic, and social factors at national and sub-national levels.

<sup>&</sup>lt;sup>11</sup> A Consortium led by CEPA, together with Applied Strategies USA, has been appointed to undertake the GAVI Second Evaluation. More details on CEPA is at <a href="https://www.cepa.co.uk">www.cepa.co.uk</a>.

<sup>&</sup>lt;sup>12</sup> GAVI's four strategic goals for 2007-10 are: (1) Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner; (2) Accelerating 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 programs; and (4) Increase and assess the added-value of GAVI as a public private global health partnership through improved, efficiency, increased advocacy, and continued innovation.

- History and background on the country's health sector and immunisation systems, processes, and participants; as well as performance on relevant health sector indicators/ outcomes.
- Mapping of other donors/ global health initiatives' support in country for immunisation, health systems and related activities, and other health programs.
- History and details on the country's health sector and immunisation plans and budgets at national and sub-national level. Assessment of trends in government, donor, civil society, private sector funding provided for health sector, immunisation and related support (where data is available).
- Literature review of documents pertaining to the GAVI's programs in the country, particularly any relevant country publications, government/ donor country health/ immunisation reports, research studies, news articles, unpublished information, etc.
- Collation and analysis of relevant published (and where suitable, unpublished) country data such as national census, health surveys, and other databases to measure the outcomes and impact of GAVI programs. Measurement of impact would use quantitative analysis where possible, as well as qualitative case studies.

In addition, the partner organisation will work with CEPA on the following aspects of the initial country report:<sup>13</sup>

- Situational analysis of GAVI support (across its programs) to the country from
  inception to date, including the number and value of grants provided by program,
  the type of vaccines and other activities funded.
- Documentation of the country processes involved in obtaining funding (e.g. the organisations involved in development of country proposals, approval processes, disbursement of funds, etc.), GAVI country governance mechanisms, local stakeholders involved in GAVI programs, co-financing, issues faced, etc.
- Development of a timeline of key events relevant to country adoption and use of the GAVI-supported vaccinations (Strategic Goal 2) and analysis of GAVI's role thereof. An analysis of country adoption and use of other routine vaccines to understand the 'value add' of GAVI as compared to other donor programs.
- Development of a timeline of key events relevant to GAVI's support for HSS, ISS, INS, and CSO (Strategic Goal 1) and analysis of GAVI's role. Comparison with other donor/ global health partnership support in these areas, to draw comparisons/parallels on the relative efficiency of GAVI.

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<sup>&</sup>lt;sup>13</sup> Some elements of these may only be derived through in-country consultations, and would therefore be included in the final report.

The above analysis will primarily be carried out through desk-based research, and telephone consultations with GAVI and relevant country stakeholders to obtain background information, quantitative analysis, etc. Detailed and structured consultations with stakeholders will be carried out in association with CEPA as per activity 2 below.

### Activity 2 – Carry out in-person consultations with relevant country stakeholders in association with CEPA

Subsequent to the submission of the initial country report, CEPA and the partner institution will undertake a five-day country visit to meet with relevant stakeholders. The role of the partner institution will entail the following:

- Identify the relevant in-country stakeholders (with inputs from CEPA, Health Ministry and multilaterals in country, and GAVI).
- Contact and schedule/ organise meetings with the stakeholders.
- Participate in the meetings.
- Provide any local logistics support, as necessary.

#### Activity 3 – Assist in developing a final country evaluation report

The final activity will entail the development of a final country evaluation report, based on both the initial report and the stakeholder consultations. CEPA will provide the partner organisation with a template (which expands on the situation report) for the final country evaluation report.

The partner organisation will work with CEPA in developing this final report. It will particularly be responsible for drafting the context, parts of the situational analysis, summary of the country consultation meetings, and helping in the assessment of GAVI results and added value in country.

The final report will include but not be limited to:

- Country context and health sector background.
- Background on GAVI funding in country from inception to date.
- Situational analysis in country in relation to GAVI programs/ commitments, and description of processes in relation to GAVI funding application, approvals, disbursement, reporting, M&E, etc.
- Description of any issues, GAVI strengths and weaknesses identified.
- Understanding of activities and relative focus, strengths and weaknesses of other donor agencies and global health initiatives in the country.
- Summary of feedback from consultations in country, by evaluation question.

- Assessment of GAVI's results and added value across strategic goals in country.
- Relevant annexes to the main report with any detailed analysis/information.

#### Timelines and other requirements

The partner organisation is expected to be fluent both in English and the local language in order to assist with the meetings during the field visit (and any interpretation, as required). All reports are to be prepared in English.

The field visit is expected to be undertaken sometime between mid-March and end-April 2010. The country situational report will therefore need to be prepared before that, as well as meetings with key country stakeholders organised. The total time inputs from the partner organisation for the assignment is expected to be around 20 days.