## **Supporting Paper 8**

## **GAVI Second Evaluation**

Performance Evaluation Assessment

13 September 2010





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#### **Introduction**

#### **Scope**

- The document sets out progress on indicators and outputs for each of the four strategic goals as listed in the Revised GAVI Alliance Strategy 2007-10 (Annex source 2).
- Outcomes and organisational goals are not considered.

#### Methodology

Indicators relating to outputs are assessed individually. Following the indicator assessments, outputs are assessed based on the results of indicators.

#### 1) Indicator assessment

For each indicator, evidence on progress is summarised, together with a reference to the source of information, a 'BRAG' rating assessment on whether the indicator has been/is likely to be met, and commentary on the indicator in relation to the output and the assessment is presented in the following format:

Indicator	Evidence on progress	Ref	BRAG	Comments
GAVI indicator	Summary evidence for/against indicator progress	Reference to information source list in annex	B: Either (i) No evidence, (ii) insufficient evidence, (iii) evidence not granular enough for assessment, (iv) indicator ambiguous, or (v) indicator not relevant or there is evidence to support: R: Indicator has not been met/is unlikely to be met A: Indicator is on track to be met based on progress to date G: Indicator has been met/exceeded	<ul> <li>How is indicator relevant to output?</li> <li>Are there any issues with the quality/availability of evidence?</li> <li>How was the BRAG rating of the indicator assessed?</li> </ul>

#### 2) Output assessment

For each output, the indicators and their BRAG ratings are listed, a BRAG rating assessment on whether the output has been/is likely to be achieved, and commentary on the indicator and output are presented in the following format:

Output	Indicator	Indic. BRAG	Output BRAG	Comments
GAVI output	Indicator relating to output	Indicator BRAG rating (see above)	<ul> <li>B: Some indicators are 'B' (i-iv) with no indicators 'R', therefore an assessment cannot be made</li> <li>R: At least one indicator is 'R' hence output unlikely to be achieved</li> <li>A: At least one indicator 'A', with all other indicators 'G' or 'B' (v), therefore output on track to be achieved</li> <li>G: All indicators 'G' or 'B' (v), hence output has been achieved/overachieved</li> </ul>	<ul> <li>How was the BRAG rating of indicators assessed?</li> <li>How was the BRAG rating of the output assessed?</li> </ul>

#### **Introduction (continued)**

#### **Data and information issues**

- Data and information is not collated in one source and there is no mechanism for, and ownership of such an activity. Although information is available to evidence progress on indicators, this is often fragmented in different sources and can be conflicting. This makes continuous monitoring particularly challenging.
- Information is not available in the correct format. Data, particularly secondary data, is often not granular enough to assess indicator progress. For example, partner progress reports are not structured to make informed assessments on indictors.
- Indicators do not follow 'SMART' (specific, measurable, attainable, realistic and time-bound) methodology for goals. A number of indicators are ambiguous and not specific, this may be due to lack of definitions, missing assumptions or language. In particular, many indictors are not measurable or time-bound which makes assessment difficult or in many cases, not possible.

As a result of the above, in some cases evidence may not directly support or challenge progress on a given indicator, but instead may serve as a reasonable proxy in the absence of other information.

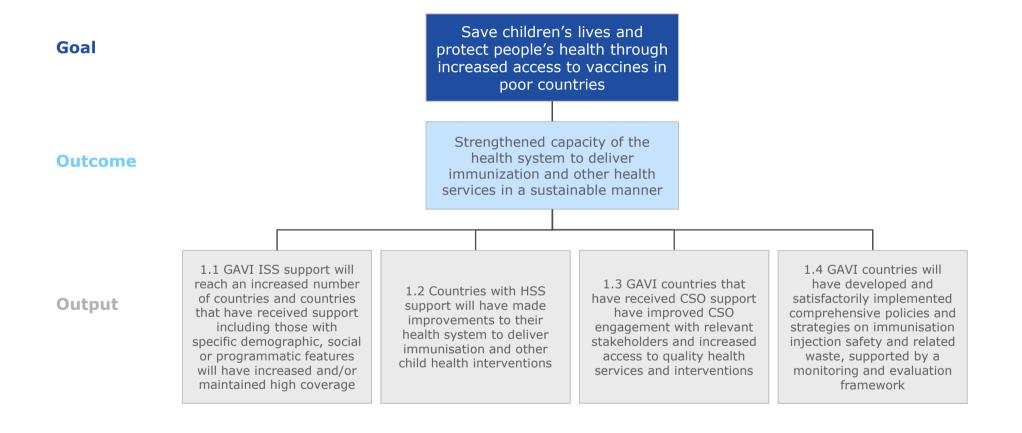
#### **Assumptions**

- Evidence is sometimes conflicting. Where assumptions have been made on evidence discarded, these are clearly stated. In all other cases, variance between data sets and differences in information are not explored.
- When references are made to a lack of, or limited information, this does not imply the information does not exist, but merely the evaluation team undertaking this assessment is not aware of/does not have access to additional sources of information.

## **Strategic Goal 1**

**Health Systems Strengthening** 

#### Strategic Goal 1 Overview



**Output 1.1** GAVI ISS support will reach an increased number of countries and countries that have received support including those with specific demographic, social or programmatic features will have increased and/or maintained high coverage

Indicator	Evidence on progress	Ref	BRAG	Comments
receiving ISS support:	86% countries receiving ISS support (2008)	1		Indicator directly measures and quantifies
	• ISS funding for the period 2001-13 was approved for 62 countries – 86% (2009)	9		the first part of the output of reaching an increasing number of countries.  • Although the 2008 target was exceeded, the lack of progress in 2009 has resulted in the
- Increased to 95% by 2010	• 81% of countries had received ISS support (2009)	18		2009 target of 90% not being met.
	<ul> <li>Only 8 of 62 (13%) countries receiving ISS support increased coverage by at least 5% (2007-08)</li> <li>4 of 22 (18%) fragile states increased coverage by at least 10%</li> </ul>	13		
X% of countries receiving ISS support would have increased coverage by at least 5%. Fragile	WHO provided 27 countries with technical support to help implement RED (2009) WHO supported applications from four fragile states (2009)	4		<ul> <li>Indicator directly measures and quantifies the second part of the output on increased/ maintained high coverage. The only specific demographic and social features monitored are fragile states and CLUCs respectively.</li> </ul>
States and CLUCs* would have increased coverage by at least 10%: - 50% by 2007 - 65% by 2008 - 80% by 2009 - 90% by 2010	UNICEF provided direct technical support to 52 countries (2009)  UNICEF regional offices scaled up activities to improve immunisation coverage and service delivery at the subnational level using the RED strategy in all countries receiving ISS (2009)	5		<ul> <li>The Large Countries advisory group has defined the list of CLUCs, but this is not readily available.</li> <li>The indicator has been met for the first component – general countries receiving ISS support. Despite targeted Partner support, progress for both fragile states and CLUCs is below target. Overall, the indicator has not</li> </ul>
	<ul> <li>83% of GAVI eligible countries receiving ISS support 7 increased coverage by 5% or more since 2000 (2009).</li> <li>75% of CLUCs (6 out of 8 countries) increased coverage by at least 10% since 2000 (2009).</li> <li>69% of fragile countries (9 out of 13 countries) increased coverage by at least 10% since 2000 (2009).</li> </ul>	18		been met.

<sup>\*</sup>countries with a large number of unvaccinated children

# **Output 1.2** Countries with HSS support will have made improvements to their health system to deliver immunisation and other child health interventions

Indicator	Evidence on progress	Ref	BRAG	Comments	
	Partner support mechanisms at regional and country level have already been put in place in more than 40% eligible GAVI countries.	16			
% of partner support mechanisms in place in GAVI	WHO supported 45% of countries with HSS proposals approved/recommended for approval (2009) WHO conducted 58 country missions, 37 GAVI HSS intercountry and regional training and capacity building workshops/meetings, and 19 workshops/missions to assist member countries in implementing GAVI policies (2009)	4		Ambiguity of indicator and absence of both a baseline and target imply an assessment	
countries	UNICEF supported 13 countries in preparing HSS applications or implementation in (2009)	5		cannot be made.	
	It can take one week to a month for countries to receive requested support (2009 HSS regional focal point survey)	18			
	The World Bank undertook HSS activities in 10 countries in Africa and 4 countries in other regions (2009)	3			
	• 54% of countries approved, exceeding 2008, 2009 and 2010 targets of 25%, 35% and 50% respectively (2008)	1			
% of GAVI countries that have been approved for HSS support	<ul> <li>Of 24 countries applying for HSS support, 15 were approved – 63% approval rate (2008)</li> <li>Cumulatively, of 72 countries qualifying for HSS support 44 were approved – 61% approval rate (2008)</li> </ul>	6		<ul> <li>The two sources of evidence present different rates of progress for 2008.</li> <li>There is no baseline or target included in indicator. Although the targets are included in objective 1.4.2 of the 2008 roadmap,</li> </ul>	
	By 2009, 63% (or 45) of GAVI eligible countries were approved for HSS support . This excludes the nine countries that were recommended for approval by the October 2009 IRC. They will be considered by the Board in June 20109.	18		strictly on the basis of the data and the revised strategy, no assessment can be made.	

# **Output 1.2** Countries with HSS support will have made improvements to their health system to deliver immunisation and other child health interventions (continued)

Indicator	Evidence on progress	Ref	BRAG	Comments
	• Previous strategic objective 1.4 (By 2010, at least 50% of all GAVI eligible countries, that have received at least 2 years of HSS will have addressed health systems constraints and will be on track towards achieving country specific GIVS goal and MDG4 target 5 for 2015) reported as 'on track' (2007)	16		
	Monitoring and evaluation framework operationalised (2008)	1		Although some sources indicate a monitoring and evaluation framework is operational.
All countries receiving HSS support for at least two years will have addressed health system constraints as indicated in their original proposal	<ul> <li>Results difficult to assess given absence of hard data, and short period of use of funds by countries. A further problem was difficulty in attribution of changes at the national level to GAVI specific funding as there are a number of sources for HSS support with similar goals, being applied simultaneously.</li> <li>Available data shows that HSS funds given to countries are supporting the agreed activities and beginning to point to results (in terms of number of health personnel trained, district health centres supported etc.)</li> <li>Significant variation across countries in the effect of HSS funding on health outcomes. Some evidence of positive association between period of funding and outcome, but as such no strong relationship is found between amount of funding and outcomes.</li> </ul>	9		<ul> <li>and evaluation framework is operational, others highlight that limited monitoring is underway. The information is not reported by countries in APRs, without this, the linkage between HSS constraints and activities often cannot be established.</li> <li>An assessment cannot be made due to the lack of data and a strong evidence base.</li> </ul>

# **Output 1.3** GAVI countries that have received CSO support have improved CSO engagement with relevant stakeholders and increased access to quality health services and interventions

Indicator	Evidence on progress	Ref	BRAG	Comments
Mechanisms for proposed Civil Society window operational by 2007	<ul> <li>3 countries approved for support out of 10 pilot (2008)</li> <li>2 new countries recommended for approval (2008)</li> </ul>	1		<ul> <li>Indicator is a binary measurement of first part of output on whether support can be received, and could help to explain levels of support, though the information is not granular enough to make sound judgements on this.</li> <li>Evidence indicates that mechanism is operational therefore target has been met.</li> </ul>
	• Type A funds approved at US\$7.2m, this makes up 25% of wider Civil Society funds (2009)	9		Indicator does not clearly relate to output. The ratio of Type A to B funds does not help to determine whether CSO support has
% of total 'Type A' Civil Society funds (Type A)	• For Type A CSO support funds \$690k has been approved and \$647k has been disbursed (about 9% of the investment).	18		improved engagement/increased access. The indicator could help to determine the amount of funding available for Type A, which if utilised fully and efficiently, gives an indication of the upper limit of improvements which could be reached.  There is no baseline or target included in indicator, hence no assessment can be made.
% of total funds of Civil Society funds (Type B) disbursed (to the 10 pilot countries) - 45% by 2008	<ul> <li>Of 10 Type B pilot countries only 8 applied for funds. 6 have been approved, 2 are pending approval (2008)</li> <li>Approvals of US\$14.2m, disbursements amount to US\$10.3m, i.e. 72% of the approved amount but only 47% of total Type B funds (2008)</li> </ul>	9		<ul> <li>Indicator directly measures and quantifies how many countries have received Type B CSO support but does not cover Type A support.</li> <li>Data presents conflicting evidence on progress - 47% in 2008 vs. 45% in 2009.</li> </ul>
- 75% by 2009 - 100% by 2010	For Type B funds, \$20.7m approved (92% of the available budget), with \$10.3m disbursed - 45% of the investment as part of 1st year instalment (2009)	18		Although the 2008 target was met, the 2009 target was not, hence the indicator had not been met.
M&E research framework for impact assessment of CSO support developed and lessons	• A review undertaken for Type A for 10 pilot countries. This included a survey and phone interviews with 24 countries and input from regional Partners and the Global Fund. This has led to a revision of the selection criteria to prioritise certain high-needs countries for Type A support.	NA		• Indicator 'measures measurement' i.e. it does not measure the impact of CSO support, but is a binary test on whether impact is or is not being measured, which would be the first step to measuring improvements.
learned disseminated and used to inform practice	No evidence of M&E research framework during strategy period 2007-10.	NA		<ul> <li>Although some evaluation progress has been made, there is no evidence for / contrary to an M&amp;E framework. An assessment cannot be made due to the lack of information.</li> </ul>

# **Output 1.4** GAVI countries will have developed and satisfactorily implemented comprehensive policies and strategies on immunisation injection safety and related waste, supported by a monitoring and evaluation framework

Indicator	Evidence on progress	Ref	BRAG	Comments
Injection safety - X% of	Baseline number of countries that have implemented policies for safe injections established (2008)	1		Indicator directly measures whether a policy
countries that have developed and implemented comprehensive policies and	• 72% countries have developed and implemented policies and strategies on injection safety (2009)	4		on injection safety has been developed and implemented (first aspect of output).  • Absence of both a baseline and target imply
strategies on safe injection practices	89% of countries receiving INS support and 73% of overall GAVI eligible countries have developed and implemented a policy on safe injection practice (2008)	9		an assessment cannot be made.
Injection safety - M&E framework developed and	M&E framework developed (2008)	1		Indicator directly measures whether a supporting monitoring and evaluation framework exists and is in place (third aspect of output), but it is not clear who should develop the framework e.g. one uniform
implemented	• 45% of GAVI countries have developed and implemented a Monitoring and Evaluation framework.	18		framework from Secretariat or country- specific frameworks in-country.  • Even though progress has been made, absence of both a baseline and target imply an assessment cannot be made.
Safe disposal - X% of countries have a policy on safe segregation, treatment and	• 90% of countries have a policy on safe segregation, treatment and disposal of injection equipment (2008)	1		Indicator directly measures and quantifies whether a policy on safe disposal has been developed (second aspect of output), but does not consider waste management.
disposal of injection equipment 60% by 2007 90% by 2008	• 85% of countries have a policy of safe segregation, treatment and disposal of injection equipment (2009)	4		<ul> <li>Data available presents conflicting evidence on 2008 target.</li> <li>More recent data sources both suggest indicator has not been met.</li> </ul>
Safe disposal - X% of countries with policy, will have implemented the policy - 60% by 2007 - 90% by 2008	89% of countries receiving INS support implementing policy for safe disposal (2008)     85% of overall GAVI eligible countries implementing policy for safe disposal (2008)	9		<ul> <li>Indicator directly measures and quantifies whether a policy on safe disposal has been developed and implemented (second aspect of output), but does not consider waste management.</li> <li>Although significant progress has been made, indicator not met.</li> </ul>

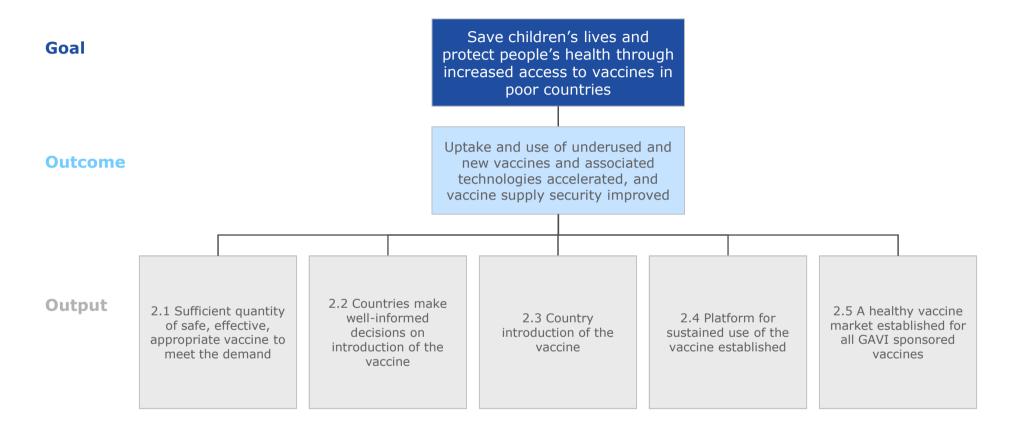
## **Strategic Goal 1** Summary

Output	Indicator	Indic. BRAG	Outp. BRAG	Comments
	% of GAVI eligible countries receiving ISS support: - Increased from 50% to 65% by 2008, to 90% by 2009 and to 95% by 2010			Both indicators have not been met
1.1	X% of countries receiving ISS support would have increased coverage by at least 5%. Fragile States and CLUCs would have increased coverage by at least 10%: - 50% by 2007, 65% by 2008, 80% by 2009, and 90% by 2010			Output has not been achieved
	% of partner support mechanisms in place in GAVI countries			Indicators are ambiguous, do not
1.2	% of GAVI countries that have been approved for HSS support			have baselines/ targets and there is a lack of evidence
	All countries receiving HSS support for at least two years will have addressed health system constraints as indicated in their original proposal			Assessment on output achievement cannot be made
	Mechanisms for proposed Civil Society window operational by 2007			
	% of total 'Type A' Civil Society funds (Type A)			<ul> <li>Although one indicator has been met, one indicator has not been met, and other indicators do not have baselines/ targets and there is a lack of evidence</li> <li>Assessment on output achievement</li> </ul>
1.3	% of total funds of Civil Society funds (Type B) disbursed (to the 10 pilot countries) - 45% by 2008, 75% by 2009 and 100% by 2010			
	M&E research framework for impact assessment of CSO support developed and lessons learned disseminated and used to inform practice			cannot be made
	Injection safety - X% of countries that have developed and implemented comprehensive policies and strategies on safe injection practices			
	Injection safety - M&E framework developed and implemented			Two indicators have not been met and other indicators do not have     Two allows and the residue to the second secon
1.4	Safe disposal - X% of countries have a policy on safe segregation, treatment and disposal of injection equipment - 60% by 2007, and 90% by 2008	osal		<ul><li>baselines/ targets and there is a lack of evidence</li><li>Since at least one indicator has not been met, output has not been</li></ul>
	Safe disposal - X% of countries with policy, will have implemented the policy - 60% by 2007, and 90% by 2008			achieved

## **Strategic Goal 2**

**New and underused vaccines** 

#### Strategic Goal 2 Overview



#### Output 2.1 Sufficient quantity of safe, effective, appropriate vaccine to meet the demand

Indicator*	Evidence on progress	Ref	BRAG	Comments
2 prequalified rotavirus vaccines are available to the 9 countries that will introduce by 2010	• Two vaccines prequalified (Rotarix 2009; Rotateq 1Q 2010)	19		Indicator should address prequalified vaccines only (country introduction in Output 2.3)     Indicator insufficient to measure output, e.g.:
2 prequalified pneumococcal vaccines are available to the 14 countries that will introduce by 2010	• Two vaccines prequalified (Prevnar7 3Q 2010; Synflorix 4Q 2009)	19		<ul> <li>Indicator should address prequalified vaccines only (country introduction in Output 2.3)</li> <li>Indicator insufficient to measure output, e.g.:         <ul> <li>AMC eligibility uncertainty</li> </ul> </li> </ul>

<sup>\*</sup>Activities subsumed under Output 2.1 do not address underused vaccines as stated in the Outcome (e.g., Yellow Fever, pentavalent) and are either redundant to the two major indicators (both of the activities labeled 2.2.1), are not directly related to the two major indicators, or are not a direct measure of Output 2.1; unclear how all activities will be measured (e.g., 2.1.4); two activities labeled 2.2.1, 2.1.3, and 2.1.4

## Output 2.2 Countries make well-informed decisions on introduction of the vaccine

Indicator*	Evidence on progress	Ref	BRAG	Comments
50 % of eligible GAVI countries have been supported to make a decision on introducing rotavirus and/or pneumococcal vaccines by 2010	• In 2009, 41 countries (57%) were supported by WHO with decision-making, application and introduction of new (Hib, rota, pneumo) vaccines (against a target of 36 countries by 2010)	18		Evidence based on GAVI Alliance self-assessment     Unclear how many were Hib (underused vaccine) vs. pneumococcal and rotavirus (new vaccine)     If majority of countries supported for Hib vaccine introduction decision, then this indicator has likely not been met     Unclear how to measure 'well-informed'

<sup>\*</sup>Activities subsumed under Output 2.2 do not address underused vaccines as stated in the Outcome (e.g., pentavalent) and some activities are either redundant (2.2.3, the second of the two activities labeled 2.2.4) or are not clear (both 2.2.5's); two activities labeled 2.2.1, 2.2.3, 2.2.4, 2.2.5, and 2.2.6

#### **Output 2.3** Country introduction of the vaccine

Indicator*	Evidence on progress	Ref	BRAG	Comments
9 countries introduce rotavirus vaccine by 2010	Only four Latin American countries introduced a rotavirus vaccine by July 2010	22		Introduction into 9 countries by 2010 not likely to be met due to:  No introductions have yet to occur through the first half of 2010  No pending GAVI applications for introductions prior to 2011  No UNICEF tender in place, not yet available for countries outside of Latin America (PAHO market)  PAHO dispute with suppliers ongoing  No negotiated price for UNICEF / GAVI market
14 countries introduce pneumococcal vaccine by 2010	Only two countries have introduced a pneumococcal vaccine by July 2010	22		Introduction into 14 countries by 2010 not likely to be met due to:  No introductions have yet to occur through the first half of 2010  GAVI's financing gap  AMC eligibility uncertainty and recent changes in GAVI eligibility likely to impact demand  Manufacturing time required to produce significant quantities of vaccine supply after resolution of the current challenges

<sup>\*</sup>Activities subsumed under Output 2.3 do not address underused vaccines as stated in the Outcome (e.g., pentavalent); some activities subsumed under Output 2.3 are not defined clearly (2.3.3, 2.3.5); three activities are labeled 2.3.2 and two labeled 2.3.4

#### Output 2.4 Platform for sustained use of the vaccine established

Indicator	Evidence on progress	Ref	BRAG	Comments
Introduction for all new vaccines coordinated				<ul> <li>Unclear what "Platform" means in the Output statement</li> <li>Unclear what "coordinated" means in the Indicator and how to measure it</li> <li>Indicator does not measure sustainability         <ul> <li>Does not include a measure of vaccine price which will be a major driver of vaccination sustainability</li> </ul> </li> </ul>

<sup>\*</sup> Activities subsumed under Output 2.4 do not address underused vaccines as stated in the Outcome (e.g., pentavalent); some activities subsumed under Output 2.4 are not clear (2.4.4 and both activities listed as 2.4.5) ;unclear how all activities will be measured (e.g., 2.4.6); two activities labeled 2.4.1 and 2.4.5

#### Output 2.5 A healthy vaccine market established for all GAVI sponsored vaccines

Indicator	Evidence on progress	Ref	BRAG	Comments
Expanded number of vaccine companies supplying vaccine to GAVI	Increased number of prequalified suppliers and vaccines	19		<ul> <li>Unclear how "healthy" is being measured in Output statement</li> <li>Number of prequalified suppliers or vaccines does not measure a "healthy" vaccine market (e.g., YF)</li> <li>Unclear if this is for all vaccines, if so, should have separate measures for each</li> </ul>
GAVI policies that affect supply, demand and procurement reviewed and adjusted as needed	<ul> <li>No comprehensive supply strategy in place but development in progress</li> <li>Have not established a 'healthy market' because of recent changes in GAVI eligibility which will significantly reduce the market size by 2020</li> </ul>	21		Indicator difficult to measure given no repository or tracking mechanism for GAVI policies except through reading Board documents

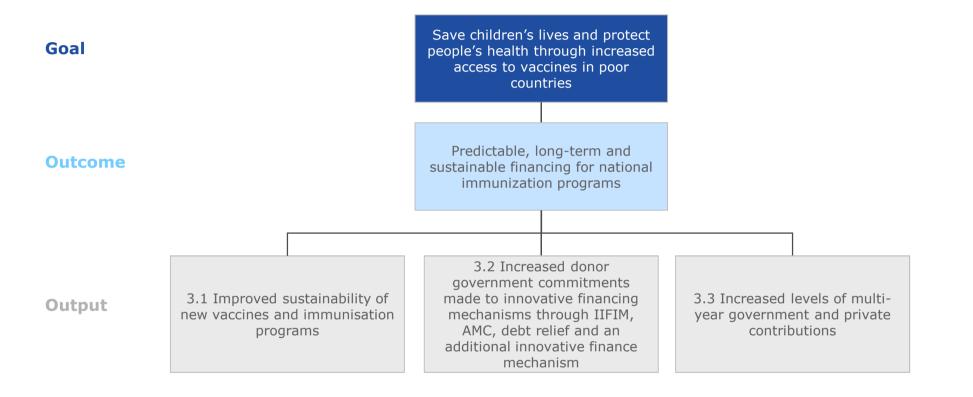
## **Strategic Goal 2** Summary

Output	Indicator	Indic. BRAG	Outp. BRAG	Comments
2.1	2 prequalified rotavirus vaccines are available to the 9 countries that will introduce by 2010			Indicator insufficient to measure
2.1	2 prequalified pneumococcal vaccines are available to the 14 countries that will introduce by 2010			output
2.2	50 % of eligible GAVI countries have been supported to make a decision on introducing rotavirus and/or pneumoccal vaccines by 2010			Could be improved with clearer definition of "well-informed" in the Output statement and "supported" in the indicator
	9 countries introduce rotavirus vaccine by 2010			Output statement does not support Outcome statement of
2.3	14 countries introduce pneumococcal vaccine by 2010			"accelerating" introduction of underused and new vaccines
2.4	Introduction for all new vaccines coordinated			Output statement not clear or measurable     Does not include underused vaccines     Unclear what "coordinated" means or how to measure
	Expanded number of vaccine companies supplying vaccine to GAVI			Unclear how "healthy" is being measured in Output statement
2.5	GAVI policies that affect supply, demand and procurement reviewed and adjusted as needed			<ul> <li>Number of prequalified suppliers or vaccines does not measure a "healthy" vaccine market (e.g., YF)</li> <li>Unclear if this is for all vaccines, if so, should have separate measures for each</li> <li>Indicator difficult to measure given no repository or tracking mechanism for GAVI policies except through reading through Board documents</li> </ul>

## **Strategic Goal 3**

**Innovative Financing** 

#### **Strategic Goal 3** Innovative Financing Overview



#### Output 3.1 Improved sustainability of new vaccines and immunisation programs

Indicator	Evidence on progress	Ref	BRAG	Comments
	<ul> <li>Planned govt. finance per infant for new vaccines in cMYPs projected to increase from average of \$0.40 in the baseline Year 1 to \$1.14 in Year 6</li> <li>However, given the fast pace of growth of new vaccine expenditure, this actually represents a small fall in the proportion of expenditure financed by governments, from 13% to 12%</li> </ul>	17		GAVI does not track this indicator Based on our evaluation work, we have included information related to these indicators from the cMYPs – however as the data included in
	• 85% of GAVI countries with cMYPs, meeting 2008 target of 85% (2008)	1		the cMYPs is forecast data only (i.e. not outturn data), the information is also not
Increased and sustained allocation of government resources to new vaccines	<ul> <li>100% of countries developed cMYPs or equivalent strategic immunisation plans (2009)</li> <li>85% countries had budget lines for vaccines, an increase from 2000 of 68% (2009)</li> <li>Financial sustainability strategy implementation workshop held with 16 GAVI-eligible countries attending (2009)</li> </ul>	4		<ul> <li>sufficient to assess progress.</li> <li>Indicator looks at a subset of the output for government resources and new vaccines, but does not measure allocation of government resources to immunisation programs.</li> <li>The output does not specify increased resources but the indicator does.</li> </ul>
	Co-financing policy operationalised (2008)	1		There is no baseline/target or time limit, which renders the indicator weak, as any degree of increase would imply the indicator has been met.
	• 32 countries co-financed under new policy (2008)	12		
Increased and sustained allocation of all other sources of financing to immunisation programs	<ul> <li>Non-government finance per infant for immunisation programs (including finance for vaccines, injection supplies and systems) projected to increase from \$7.60 to \$12.40</li> <li>However, excluding GAVI finance, all other nongovernment finance per infant for immunisation programs is projected to fall from \$5.04 to \$4.70.</li> </ul>	17		<ul> <li>GAVI does not track this indicator Based on our evaluation work, we have included information related to these indicators from the cMYPs – however as the data included in the cMYPs is forecast data only (i.e. not outturn data), the information is also not sufficient to assess progress.</li> <li>The output does not specify increased resources but the indicator does.</li> <li>There is no baseline/target or time limit, which renders the indicator weak, as any degree of increase would imply the indicator has been met.</li> <li>The indicator is not clear in terms of what sources of finance are to be considered in measuring progress.</li> </ul>

# **Output 3.2** Increased donor government commitments made to innovative financing mechanisms through IFFIM, AMC, debt relief and an additional innovative finance mechanism

Indicator	Evidence on progress	Ref	BRAG	Comments
Government commitments to IFFIM of: - US\$3.5bn by 2007 - US\$3.7bn by 2008 - US\$3.85bn by 2009 - US\$4bn by 2010	<ul> <li>US\$90m committed (2006-07)</li> <li>US\$2.27bn committed (2006-08)</li> <li>US\$3.80bn committed (2006-09)</li> <li>US\$5.59bn committed (2006-10)</li> </ul>	10		<ul> <li>Indicator directly measures and quantifies first aspect of output, in increased commitment to IIFIM.</li> <li>Indicator met - intermediate indicator targets not met but indicator is cumulative and ultimate target met and exceeded by 40%.</li> </ul>
AMC - US\$1.5bn committed by donors				Not clear if this refers to the original contribution from donors for the AMC, or the additional funds that have to be raised to GAVI to honour its commitments. Hence it is not possible to assess if this indicator has been met.
AMC - Pneumococcal vaccines eligible for AMC funding are developed	• Long-terms agreements finalised and contracts entered into with two companies to supply vaccines. One vaccine approved by IAC in May 2010	7		<ul> <li>Indicator considers second aspect of output, in increased commitment to AMC via vaccine development.</li> <li>Indicator specifically refers to development, hence even though only one vaccine has been approved, the indicator has been met.</li> </ul>
	AMC pilot operational	1		
AMC - GAVI countries introduce AMC pneumococcal vaccines	• First vaccine approved in May 2010, hence no vaccines have been delivered to countries through the AMC to date. It is estimated that the first in-country delivery will take place in the third quarter of 2010	7, 8		• Indicator considers second aspect of output (AMC).
AMC - Donor briefings/visits	No evidence of briefings/visits	NA		<ul> <li>Indicator considers second aspect of output, in increased commitment to AMC via donor briefings and visits.</li> <li>An assessment cannot be made due to the lack of information.</li> </ul>

# **Output 3.2** Increased donor government commitments made to innovative financing mechanisms through IFFIM, AMC, debt relief and an additional innovative finance mechanism (continued)

Indicator	Evidence on progress	Ref	BRAG	Comments	
AMC - Confirmed donor lead group	No evidence of donor lead group confirmation	NA		<ul> <li>It is not clear from the indicator (or otherwise) what the donor lead group is.</li> <li>An assessment cannot be made due to indicator ambiguity.</li> </ul>	
AMC - Consensus on a second AMC vaccine	• In original recommendations, the IAC advised a second demonstration AMC, recognising a malaria vaccine with 80% or greater efficacy against severe disease would be the best candidate for the demonstration AMC, though no consensus has been reached to date	11		<ul> <li>Indicator considers second aspect of output, in increased commitment to AMC via reaching agreement on second vaccine.</li> <li>Indicator rated `R' given no consensus reached to date and no evidence of progress</li> </ul>	
	No evidence on meetings/discussions on second AMC vaccine	NA		to determine it is likely to be met during the horizon of the strategy (up to 2010).	
Debt relief funds used to finance immunisation and/or HSS	Not currently being monitored by GAVI or Evaluation	NA			
An additional financing	• Innovative Financing Think Tank established (2008)	1		Although some progress made, there is insufficient information to assess whether the	
mechanism explored	No evidence of meetings/discussions	NA		indicator has been met.	

## Output 3.3 Increased levels of multi-year government and private contributions

Indicator	Evidence on progress	Ref	BRAG	Comments	
Achievement of funding targets: - US\$330m by 2007 (from traditional sources only) - US\$625m by 2008 (inc IFFIm proceeds and private funds)	US\$282m of direct government funding (2007)			Indicator directly measures and quantifies	
	<ul> <li>US\$624m of direct, IFFIm proceeds and private funding (2008)</li> <li>US\$354m of IFFIm proceeds and private funding only (2008)</li> </ul>	10		output - contributions from both government and private sources. We assume that the indicator for 2008 includes traditional sources, although the wording is not explicit.  • The targets for both 2007 and 2008 have not been met (and 2009 if Work Plan target	
- 2009, 2010 TBD	• In 2009, direct contributions amounted to US\$337.9m (against a target of US\$400m)	18		taken into account) hence the indicator has not been met.	
Proportion of donor funding which are multi-year (3 years or more) – 75% by 2010	<ul> <li>If only bilateral agreements are considered, proportion of donor funding which are multi-year (3 years or more) are as follows: 2008: 56% (5 out of 9 donors); 2009: 33% (3 out of 9 donors); 2010: 67% (2 out of 3 confirmed donors as of 2009).</li> <li>If Gates and the EC is also included, the numbers are as follows: 55% (6 out of 11) in 2008; 36% (4 out of 11) in 2009; 75% (3 out of 4) in 2010.</li> </ul>	10		<ul> <li>Indicator directly measures and quantifies first aspect of output – levels of multi-year government contributions.</li> <li>It is not clear which type of donors are to be counted under this indicator i.e. bilateral agreements only or other agreements as well such as private sector (i.e. Gates) agreements, etc.</li> </ul>	
	Three of nine (33%) direct government donors have multi-year agreements of at least three years (2009)	18		Based on the latest information with multi- year agreements defined as at least three years, the indicator has not been met. The 2009 figure of 33% constitutes less than half of the target of 75%, hence the indicator is also not on track to be met.	
Achievement of private fundraising targets - US\$8m by 2008 - US\$10m by 2009 - US\$12m by 2010	<ul> <li>US\$6.5m raised through private philanthropy (2008)</li> <li>US\$6.0m raised through private philanthropy in (2009)</li> </ul>	1		Different evidence sources are not consistent, this is likely to be as a result of the ambiguity of the indicator.	
	• Private philanthropic contributions amounted to US\$1m (exc. La Caixa grant US\$5.9m) (2009)	18		Based on latest information and interpreting the indicator in line with the Work Plan, the indicator has not been met.	

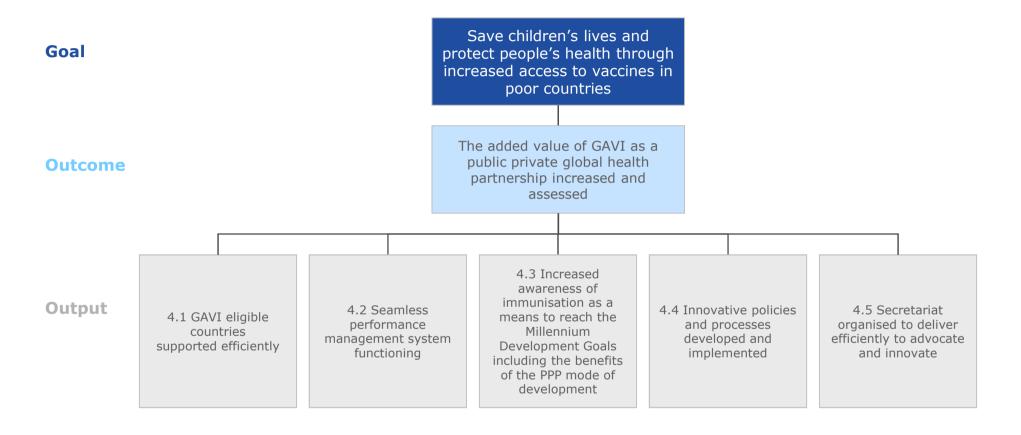
## **Strategic Goal 3** Summary

Output	Indicator	Indic. BRAG	Outp. BRAG	Comments	
3.1	Increased and sustained allocation of government resources to new vaccines			It is not possible to assess progress	
3.1	Increased and sustained allocation of all other sources of financing to immunisation programs			against these indicators due to the absence of data/ information	
	Government commitments to IFFIM of: - US\$3.5bn by 2007, US\$3.7bn by 2008, US\$3.85bn by 2009 and US\$4bn by 2010			Although some indicators have	
	- US\$1.5bn committed by donors			been met, one indicator is unlikely to be met and other indicators are	
	AMC - Pneumococcal vaccines eligible for AMC funding are developed			ambiguous, there is a lack of evidence or they are simply irrelevant to output  • Overall there is insufficient	
3.2	AMC - GAVI countries introduce AMC pneumococcal vaccines				
3.2	AMC - Donor briefings/visits			evidence to assess progress  • With many different indicator	
	AMC - Confirmed donor lead group			targets some kind of weighting system is needed to assess overall	
	AMC - Consensus on a second AMC vaccine			progress for this output. Although one indicator is unlikely to be met,	
	Debt relief funds used to finance immunisation and/or HSS			the most relevant indicators have been met.	
	An additional financing mechanism explored				
	Achievement of funding targets: - US\$330m by 2007 (from traditional sources only) and US\$625m by 2008 (inc IFFIm proceeds and private funds). 2009, 2010 TBD			No indicators have been met, although the multi-year donor	
3.3	Proportion of donor funding which are multi-year (3 years or more) – 75% by 2010			funding indicator is on track to be met.	
	Achievement of private fundraising targets - US\$8m by 2008, US\$10m by 2009, and US\$12m by 2010			Output has not been achieved	

## **Strategic Goal 4**

**GAVI** as a PPP

#### Strategic Goal 4 GAVI as a PPP



## **Output 4.1** GAVI eligible countries supported efficiently

Indicator	Evidence on progress	Ref	BRAG	Comments
Transaction efficiency - Average time between an approval of	• In 2008, 60% (21) countries received funds within 90 days and 35 received funds after 90 days of approval	6		Indicator directly measures and quantifies one aspect of efficiency – transaction
GAVI support and the disbursement of funds reduced by - 90 days in 2007 - 60 days in 2008 - 45 days in 2009 - 30 days in 2010	• Previous strategic objective 1.4.1 (By 2007, the average time between an approval of GAVI support and the disbursements of funds, in form of cash, to the country will be 90 days), was reported as 'on-track' (2007)	16		<ul> <li>efficiency.</li> <li>Evidence available is not 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>
Transparency and Accountability Policy (TAP) Approved by Board (June) and communicated by 2008	TAP approved by board and communicated (June 2008)	15		<ul> <li>Indicator indirectly measures efficiency as a TAP is a driver of efficiency</li> <li>Indicator met</li> </ul>
TAP implemented by 2009	• TAP implemented (2008)	1		<ul> <li>Indicator indirectly measures efficiency as a TAP is a driver of efficiency</li> <li>Indicator met</li> </ul>
Paris Declaration Principles (PDPs) - Baseline against which to measure progress on the Paris declaration principles using indicators relevant to GAVI will have been established	Previous strategic objective 4.2 (By 2007 establish baseline against which to measure progress on the Paris Declaration principles using indicators relevant to GAVI) reported as being 'on-track' (2007)	16		<ul> <li>The PDP survey allows GAVI to monitor its progress over time. Creating an additional baseline would allow for further benchmarking and monitoring.</li> <li>No recent progress evidence on GAVI relevant PDP baseline being established</li> <li>An assessment cannot be made due to the lack of information.</li> </ul>
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	No evidence for GAVI being recognised as representing good practice	NA		<ul> <li>Indicator aims to measure GAVI efficiency but is open to interpretation and subjective as it could be met based on the opinion/comment of one individual.</li> <li>An assessment cannot be made due to the lack of information.</li> </ul>

## **Output 4.1** GAVI eligible countries supported efficiently (continued)

Indicator	Evidence on progress	Ref	BRAG	Comments
PDPs - GAVI improves significantly on 2007 baseline by 2009	No evidence on PDP baseline improvement by 2009 as survey results have not yet been published	NA		<ul> <li>Indicator based in comprehensive and internationally agreed standards of aid efficiency and effectiveness.</li> <li>An assessment cannot be made at this stage.</li> </ul>
PDPs - GAVI will be among the top three Global Health Partnership as measured by the OECD/DAC questionnaire by 2010	No evidence for reference to GAVI as among top three Global Health Partnership	NA		<ul> <li>There are very few global health partnerships surveyed hence this indicator is unlikely to add much value at output level.</li> <li>Indicator does not define criteria on how to determine 'top 3' hence even though survey data is available, ranking is unavailable.</li> <li>An assessment cannot be made at this stage.</li> </ul>
Technical Assistance - New technical assistance model developed and approved by Board (October) by 2008	• Technical assistance model approved (2008)	1		<ul> <li>A new technical assistance model will enable GAVI to stimulate new ways of providing choice, quality, and sustainability of technical support to countries and improve efficiency.</li> <li>Indicator met</li> </ul>
Technical Assistance - Technical support model implemented	No evidence for implementation of technical support mode	NA		<ul> <li>Indicator does not specify when the model should be implemented</li> <li>An assessment cannot be made due to the lack of information.</li> </ul>
Regional Working Groups (RWGs) - Supported and strengthened on a continuous basis to facilitate effective implementation of GAVI policies at regional and country level	• 4 RWGs and 5 sub-RWGs held (2009)	4		Indicator is unclear `supported',     `strengthened' and `continuous' are open interpretation.     Indicator met
Interagency Coordinating Committees (ICCs) or other in- country mechanisms	12 national ICC meetings held across 3 regions (2009)     8 countries expanded their national ICC to include HSS representation (2009)	4		<ul> <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>

## Output 4.2 Seamless performance management system functioning

Indicator	Evidence on progress	Ref	BRAG	Comments
	M&E framework developed	1		• Indicator does not specify in sufficient detail
M&E framework approved by Board (June) by 2008	<ul> <li>Monitoring framework and strategy developed</li> <li>Work will continue in 2010 to implement framework</li> </ul>	18		<ul> <li>what the framework would monitor and evaluate</li> <li>Information suggests implementation is underway hence the framework and strategy must have been approved, and the indicator has been 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	• Evaluation studies conducted	1		<ul> <li>As per evaluation policy, evaluation studies are systematic and objective assessments on projects/programs, policies and GAVI as an alliance. Two of the criteria are efficiency and effectiveness, which would help to assess the performance management system.</li> <li>The information available does not 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 fedback.</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- 2015) by 2010	• External evaluation of progress in the four strategic goals conducted by CEPA, due for completion in July 2010. Horizon of evaluation from inception to date, with a focus on 2006 to date	NA		<ul> <li>Indicator measures one form of specific evaluation study and is a subset of the previous indicator</li> <li>Given external evaluation is underway and expected to be completed by 2010, the indicator is on track to be met.</li> </ul>
Independent Review Committee (IRC) recommendations followed-up	Board agreed to delay decision on IRC recommendations at November board meeting	14		<ul> <li>Follow-up of IRC recommendations would support progress to improve the performance management system. Indicator does not specify which recommendations (i.e. channel/dates) or deadline for follow up</li> <li>Indicator not likely to be met as board have not decided on actioning recommendations, which would be the first step to addressing recommendations</li> </ul>

# **Output 4.3** Increased awareness of immunisation as a means to reach the MDGs including the benefits of the PPP mode of development

Indicator	Evidence on progress	Ref	BRAG	Comments
Comprehensive advocacy strategy approved by Board (October) by 2008 and initiated by 2009	Advocacy strategy developed and discussed at board meeting (June 2009)	1		Indicator considers existence and initiation (but not full adoption) of an advocacy
	Advocacy strategy approved	14		strategy, which is a driver for increased awareness.  • Indicator met.
	Website updated	1		Indicator directly measures positive press
Increased positive GAVI related global press coverage	Articles related to GAVI in 'The Lancet' have increased     Articles related to GAVI archived on the GAVI website have increased	14		<ul> <li>coverage which is a driver for increased awareness.</li> <li>Since there is no baseline/target, any assessment is subjective and not robust.</li> <li>Absence of both data and baseline imply an assessment cannot be made.</li> </ul>
Number of immunization	Partners' meeting held in Vietnam in November 2009	14		Indicator directly measures the number of immunisation focused events, which are channels to increase awareness.
focused events organised	In addition to the event in Vietnam with 400 participants, a number of satellite events were also convened.	18		Although progress has been made, absence of both data and baseline imply an assessment cannot be made.

#### Output 4.4 Innovative policies and processes developed and implemented

Indicator	Evidence on progress	Ref	BRAG	Comments
	CSO representation strengthened (2008)	1		Indicator does not measure innovative
Civil Society Organisations (CSOs) - CSO representation strengthened at regional and global levels (2008-10)	• Type A support has increased and coordinated involvement of CSOs in public immunisation/ health programs by increasing participation of CSO representatives in health coordination bodies in the country and a better government understanding of CSO activities in the immunisation and broader health sector	9		<ul> <li>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	Gender policy approved by board and communicated (June 2008)	15		<ul> <li>Indicator measures policy development for one policy area – gender, but does not include innovation.</li> <li>Indicator met.</li> </ul>
Condon policy Dolicy	Gender policy implemented (2008)	1		Indicator measures policy implementation for one policy area - gender but does not include innovation.
Gender policy - Policy implemented by 2009	Gender implementation plan developed (2009)	18		<ul> <li>Data presents conflicting evidence on implementation dates.</li> <li>Indicator met.</li> </ul>
	• GAVI committed to gender equity in the gender policy and also commitments to exercising leadership, raising awareness and promoting country-level and global efforts towards gender equality in health (2008)	15		
Gender policy - GAVI able to demonstrate its commitment to and impact on gender equity by 2010	• Activities conducted to date include a review of the evidence base on gender and immunisation (in collaboration with WHO and PATH), revision of the annual progress report to include a gender component), and inclusion of gender in key documents and outreach. The Secretariat has also reviewed and adjusted its Human Resources manual and is supporting the governance committee in their efforts regarding gender balance in the board.	18		<ul> <li>Indicator measures policy impact which is not covered in output.</li> <li>Indicator not relevant to output therefore not assessed.</li> </ul>
	No evidence of impact on gender equity	NA		

## Output 4.5 Secretariat organised to deliver efficiently to advocate and innovate

Indicator	Evidence on progress	Ref	BRAG	Comments	
Streamlined model for governance will be approved and implemented by 2007	Streamlined model for governance implemented	1		<ul> <li>Indicator measures the approval and implementation of a streamlined model for governance – a driver of efficient delivery.</li> <li>Indicator met.</li> </ul>	
Governance structure reviewed in line with GAVI strategic direction by 2010	Due to delayed implementation of governance structure, the review is unlikely to be conducted in 2010			<ul> <li>Indicator measures the review of the governance structure to ensure it is in line with GAVI strategic direction as this evolves – a driver of efficient delivery.</li> <li>Indicator unlikely to be met in 2010 due to delays.</li> </ul>	
	No evidence on whether governance indicators have been established	NA		A baseline on indicators of effective governance would allow GAVI to effectively assess the whether the secretariat is	
Baseline established on indicators of effective governance by 2007	The Governance Committee determined that a self-assessment through a streamlined and simple learning tool would help the board members determine how well the Board and committees were functioning. The Audit and Finance Committee and the Programme and Policy Committee undertook the exercise in the second half of 2009 and the full Board and other committees will follow during the first half of 2010.	18		organised to deliver efficiently and monitor and improve the governance structure to ensure it does deliver efficiently.  • Progress has been made, but not within the timescales specified in the indicator, therefore the indicator has not been (strictly) met.	

## **Strategic Goal 4** Summary

Output	Indicator	Indic. BRAG	Outp. BRAG	Comments	
4.1	Transaction efficiency - Average time between an approval of GAVI support and the disbursement of funds reduced by - 90 days in 2007, 60 days in 2008, 45 days in 2009 and 30 days in 2010				
	Transparency and Accountability Policy (TAP) Approved by Board (June) and communicated by 2008				
	TAP implemented by 2009				
	Paris Declaration Principles (PDPs) - Baseline against which to measure progress on the Paris declaration principles using indicators relevant to GAVI will have been established			<ul> <li>Although a number of indicators have been met, other indicators are ambiguous, there is a lack of evidence or there are not targets/baselines to measure from</li> <li>Assessment on output achievement cannot be made</li> </ul>	
	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				
	PDPs - GAVI improves significantly on 2007 baseline by 2009				
	PDPs - GAVI will be among the top three Global Health Partnership as measured by the OECD/DAC questionnaire by 2010			cannot be made	
	Technical Assistance - New technical assistance model developed and approved by Board (October) by 2008				
	Technical Assistance - Technical support model implemented  Regional Working Groups (RWGs) - Supported and strengthened on a continuous basis to facilitate effective implementation of GAVI policies at regional and country level  Interagency Coordinating Committees (ICCs) or other in-country mechanisms				

## **Strategic Goal 4** Summary (continued)

Output	Indicator	Indic. BRAG	Outp. BRAG	Comments	
4.2	M&E framework approved by Board (June) by 2008			<ul> <li>Although one indicator has been met and one is on-track to be met, another is unlikely to be met and there is a lack of evidence remaining indicators</li> <li>Since it is likely that at least one indicator will not be met, it is likely that output will not be achieved</li> </ul>	
	Planned evaluation studies will be conducted as per the policy and framework and lessons learned will feed into GAVI policy and practice				
	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- 2015) by 2010				
	Independent Review Committee (IRC) recommendations followed-up				
4.3	Comprehensive advocacy strategy approved by Board (October) by 2008 and initiated by 2009			Two indicators have been met, but one indicators has no targets/ baselines to measure from Assessment on output achievement cannot be made	
	Increased positive GAVI related global press coverage				
	Number of immunization focused events organised				
4.4	CSOs - CSO representation strengthened at regional and global levels (2008-10)			Two indicators have been met. The remaining two indicators have not been assessed as they are not	
	Gender policy - Approved by Board (June), communicated to all GAVI stakeholders by 2008				
	Gender policy - Policy implemented by 2009			deemed relevant to output  Output has been achieved	
	Gender policy - GAVI able to demonstrate its commitment to and impact on gender equity by $2010$				
4.5	Streamlined model for governance will be approved and implemented by 2007		Although one indicator has been met, another is unlikely to be met and the remaining indicator cannot be assessed due to lack of evidence		
	Governance structure reviewed in line with GAVI strategic direction by 2010				
	Baseline established on indicators of effective governance by 2007			Since it is likely that at least one indicator will not be met, it is likely that output will not be achieved	

## **Annex**

#### **Information Sources**

1.	2008 progress and achievements, GAVI Alliance 2009-10 Work Plan and 2009 Admin Budget	29-30 October 2008
2.	GAVI Alliance Strategy (revised)	29-30 October 2008
3.	World Bank report, 2009 Partner Work Plan Report	18-19 May 2010
4.	WHO report, 2009 Partner Work Plan Report	18-19 May 2010
5.	UNICEF Bank report, 2009 Partner Work Plan Report	18-19 May 2010
6.	Dashboard Indicators	24 March 2010
7.	AMC annual report	12 June 09 – 31 March 2010
8.	AMC website latest news: 'GSK vaccine receives AMC approval by Independent Assessment Committee'	7 May 2010
9.	SG1 evaluation report	2 July 2010
10.	Financial data from GAVI Secretariat	As at end of 2009
11.	Independent Expert Committee Recommendation for AMC Pilot, Executive Summary	27-28 February 2006
12.	GAVI update on co-financing policy	30 September 2009
13.	WHO-UNICEF coverage estimates for DTP3	7 October 2009
14.	SG4 evaluation report	2 July 2010
15.	GAVI website strategy and policy section	
16.	GAVI Joint Executive Committee meeting, 2007 Work Plan update	25 September 2007
17.	cMYP	plans for 2005-08 based on 2004-06 data
18.	2009 Work Plan Information / Update at Board meeting	16-17 June 2010
19.	WHO Prequalification website	
20.	GAVI Alliance Board Meeting, Document 04	16-17 June 2010
21.	Revision of GAVI's Vaccine Supply Strategy: Proposed Project Plan, Doc 04	17-18 February 2010
22.	WHO vaccine introduction database	February 2010