

## Gavi Alliance Evaluation Advisory Committee Meeting

18-19 March 2015

Gavi Offices, Geneva, Switzerland

### 1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 09.10 Geneva time on 18 March 2015. Rob Moodie, Evaluation Advisory Committee Chair, chaired the meeting.
- 1.2 The Chair welcomed all participants and in particular Wieneke Vullings, recently appointed to the Gavi Board as alternate member for the Denmark/Netherlands/Norway/Sweden donor constituency, and also to the Evaluation Advisory Committee.
- 1.3 He informed the Committee that three members of the Full Country Evaluations (FCE) team would be joining the meeting for Agenda Item 6, as would a representative from the Bill & Melinda Gates Foundation, which along with UNICEF and WHO, is a member of the Alliance core group for the FCE. Representatives from UNICEF and WHO had also been invited to attend the meeting but had unfortunately been unable to do so.
- 1.4 Standing declarations of interest were tabled to the Committee (Doc 01a).
- 1.5 The Committee noted the minutes of its meeting of 26-27 March 2014 (Doc 01b). These minutes were approved by no objection on 2 June 2014.

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### 2. Update from Secretariat

- 2.1 Robert Newman, Managing Director, Policy & Performance, provided an update to the Evaluation Advisory Committee from the June 2014 and December 2014 Gavi Board meetings. He highlighted work on the Gavi Strategy 2016-2020 and the successful replenishment for the next strategic period. He referred to ongoing work to strengthen Gavi's Grant Application, Monitoring and Review process, to the important review of Gavi's eligibility, graduation and co-financing policies, as well as to work being done in relation to exploring the possibility of ensuring access to appropriate prices for Gavi graduated countries. He informed Committee members that work is also being done to restructure Gavi's business planning process, which will henceforth be known as the Partnership Engagement Framework. He concluded his update with some perspectives on the importance of evaluations for the Alliance.

### *Discussion*

- Committee members welcomed the detailed overview of the work of the Alliance and the priorities for the upcoming years. They welcomed in particular the focus on coverage and equity and one member expressed the importance of ensuring that equity is shown in all areas of the strategy.
- While Evaluation Advisory Committee members noted that the review of the indicators for the Gavi Strategy 2016-2020 falls within the remit of the Programme and Policy Committee they appreciated having received an update on the work being carried out on the development of the indicators. The Secretariat clarified that there will be core and tailored indicators and that with regards to Monitoring & Evaluation (M&E) work is being done to align with country M&E plans and indicators where possible.
- Committee members welcomed the idea of “Performance Framework” which will be developed with the countries, both as a tool to increase accountability and as a learning process for countries themselves.

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### **3. Evaluation Update**

- 3.1 Abdallah Bchir, Head Evaluation, gave an overview of recently completed and ongoing evaluations. He referred to the 2014 Full Country Evaluation annual progress report and annual dissemination report, drafts of which had been received on time and shared with the relevant Partners and Gavi Secretariat teams. Discussions with stakeholders at the country level are ongoing and the reports will be posted on the Gavi web site with the Alliance response in due course. He also referred to the co-financing policy evaluation, the final evaluation of Gavi support to Bosnia & Herzegovina, completed and ongoing health systems strengthening (HSS) grant evaluations, a planned final evaluation of Gavi support to Albania, as well as to the outcomes and impact evaluation of the advance market commitment for pneumococcal vaccines and HSS grant evaluations meta-review, which are to be discussed later during this meeting.

### *Discussion*

- Committee members noted that the Secretariat is constantly applying lessons learned from the different evaluations, both in terms of process and content, to improve the Requests for Proposals going forward (involving partners and country teams in the RFP preparation and Selection Committee) and to ensure better use of the results. Active management is required by the Secretariat and the introduction of a strong inception phase for evaluations has helped to strengthen the focus. The role of the Evaluation Advisory Committee has also been very helpful in ensuring that the evaluations are of sufficiently high quality.

- The Secretariat clarified that priority is given to evaluations which are requested directly by the Gavi Board. There are however limits in terms of budget and resources and potentially could be a need to prioritise further.
- The Secretariat indicated that it is confident that independence is maintained in all Gavi evaluations considering the role of EAC members in approving the evaluations workplan and reviewing the proposed RFP; following the principles of the current Gavi Evaluation Policy and the general professionalisation of the evaluation process which include the existence of Standard Operating Procedures (SOP); the involvement of country partners in the design of the RFP as well as always having an external Adjudication Committee for the proposals received.

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#### **4. Outcomes and impact evaluation of the Advance Market Commitment for pneumococcal vaccines – Request for Proposals**

- 4.1 Abdallah Bchir reminded Committee members that the pilot Advance Market Commitment for pneumococcal vaccines had been launched in 2007 and that in line with the approved M&E framework a process and design evaluation was conducted in 2012. The EAC had recommended that the outcomes and impact evaluation, planned for 2014, be postponed to 2015.
- 4.2 He informed Committee members that the Request for Proposals being considered by them at this meeting had been compiled in consultation with a number of stakeholders, all of whose comments had already been taken into account.

#### *Discussion*

- Committee members agreed that the Request for Proposals is very comprehensive and that it would not be necessary to indicate a proposed budget for the evaluation at this stage.
- Committee members noted that there is an overlap in some of the questions with the AMC process and design evaluation. This should make it possible to ascertain whether or not the bidders propose to use some of the information which is already available and if not they will need to provide a rationale for proposing different approaches.
- The Committee agreed in relation to points 6.1.5 and 6.1.6 on page 11 that it should be made clear that the evaluators are not expected to carry out a whole landscaping exercise but rather to get some initial thoughts on other areas where such an instrument might be appropriate.
- The Committee agreed that the sentence on page 13 reading *“Bidders should explore the potential to conduct cost-benefit analysis of the pilot AMC as part of*

*their proposals” be modified to read “Bidders should explore the potential to conduct an economic evaluation of the pilot AMC as part of their proposals”.*

### **Decision One**

The Gavi Alliance Evaluation Advisory Committee:

- **Approved** the Request for Proposals for the Pilot Pneumococcal Vaccines Advance Market Commitment Outcomes and Impact Evaluation, taking into account changes the Committee made at its meeting.

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### **5. Health system strengthening grant evaluations**

5.1 Abdallah Bchir presented information to the Committee on the HSS grant evaluation work to date and requested guidance from the EAC on the specific objectives and scope considering the timeline and resource implications of the new HSS grant evaluation meta-review to be commissioned in 2015. Four options were presented and discussed.

#### *Discussion*

- Committee members discussed the possible objectives of additional evaluations and agreed that it would be necessary to have further information from the Gavi Board, also on the timeline and resource implications, before then agreeing on which Option would be the most appropriate. The Chair agreed that he would ask the Board for guidance during his report to them at the June 2015 meeting and it was agreed that in order to ensure proper guidance from them it would be important to provide them with information in advance, perhaps during a technical briefing session on the pre-Board meeting day. It was further suggested that the EAC members who are also Board members could brief their constituencies in advance of the Board meeting.
- Committee members noted that the countries listed under all Options were granted support under the first general of HSS guidelines, and that the work entailed for options 2, 3 and 4 would not be completed in time for results and recommendations to inform the 2016 guidelines. The Committee noted that Option 4 would require substantial additional investment in terms of human and financial resources.
- The Secretariat clarified that none of the countries with HSS grants provided under the current guidelines which include the link to immunisation outcomes and Performance Based Funding (PBF) are sufficiently advanced to undergo evaluation at this moment. However, the added value of future HSS grant evaluations was recognised as it is reflected in the workplan and in the IRC recommendations.

- The EAC agreed that pending guidance from the Gavi Board in June 2015 the scope of the review should be limited to Option 1 as described in Doc 05 to the Committee. EAC members did however recognise the value of additional evaluation work following clarification from the Board.

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## **6. Gavi Full Country Evaluations – Preparatory Session & Annual Report**

- 6.1 EAC members had a preliminary discussion on this item before being joined by the evaluation team from IHME/PATH and observers.

### *Discussion*

- Committee members noted that this second annual draft report has much more content, findings and recommendations compared to the first annual report. It was also mentioned by the Secretariat that responses to the report had been more positive for 2014 compared to 2013. At a recent FCE dissemination meeting in Uganda the government representatives had indicated willingness to use the findings to ensure better decision making in country and to improve new applications for Gavi support.
- Committee members noted that there are plans to monitor how countries are using the evaluation findings.
- Committee members noted that some of the challenges include ensuring the engagement of Partners in the Alliance management response not only in country but also at the regional and global levels, as well as delays in implementation due to a number of different factors (such as decisions by national authorities to change the timing of surveys being conducted), and staff turnover in the evaluation country teams.
- Work on the ethics approach has progressed more slowly than had been hoped. Consultations are ongoing and the draft guidance document will be brought to the EAC for review once it is considered final.

### *Overview, Bangladesh 2014 findings and experience*

- 6.2 Steve Lim, IHME, and FCE Principal Investigator, presented an overview of the FCE, information on the Gavi FCE partners, and provided information on the principles of the FCE.
- 6.3 Jasim Uddin, Principal Investigator for the FCE work in Bangladesh, presented the main findings from the work carried out during 2014 in Bangladesh in relation to the Measles-Rubella (MR) campaign, health system strengthening (HSS) support, other funding streams (PCV, IPV and HPV), cross-stream findings and stakeholder engagement and dissemination. He then presented conclusions and recommendations and highlighted some of the lessons learned.

## *Discussion*

- EAC members noted that a number of different tools e.g. administrative reports, pre and post-campaign household surveys including Dried Blood Spot (DBS), were used to establish that the MR post-campaign coverage was 90%, and in particular that this was the first time that biomarker work had been done at this scale.
- One Committee member asked about potential resistance to vaccination and expressed surprise that there had been no reports of Adverse Effects Following Immunisation (AEFI) in relation to the MR campaign and questioned therefore the effectiveness of the AEFI surveillance system.
- The Committee noted that stock-outs of the MR vaccine had occurred at the sub-national level and that in some cases this had been due to the fact that there had not been any micro planning and the estimations for the MR vaccine demand were done based on assumptions.
- EAC members noted that a HSS support quantitative analysis has not been done yet, considering that the HSS grants in the FCE countries are in the first stages of implementation. This analysis was recognised as a critical part of the planned evaluation and it was explained that the preparatory evaluation work has been done and will be developed as soon as the HSS support is further implemented at country level. It was noted that one of the challenges is obtaining the monetary information from the Ministries in particular in the context of a retrospective assessment, and data available indicated a relevant percentage of unspent funds. There will be more opportunity moving forward with the new HSS window to collect such information prospectively.
- EAC members noted that the FCE work in Bangladesh leverages existing tools such as the coverage evaluation survey which is done by the government on an annual basis. Gaps have been identified in the M&E systems in the country and one of the aims of the FCE work would also be to help strengthen that capacity.
- The Committee agreed that the root-cause analysis diagrams in the written report, as well as the information presented on the small area estimates, are clear indications of where some of the bottlenecks are in Bangladesh.

## *FCE Implementation Progress in 2014*

- 6.4 Steve Lim updated the Committee on progress of each evaluation component in 2014 in each of the four countries, namely Mozambique, Uganda, Zambia and Bangladesh. He referred to the process evaluations in each of the four countries, work being done on resource tracking, health facility surveys, household surveys and Dried Blood Spot (DBS) assay development. He referred to studies being carried out to evaluate vaccine effectiveness, the work being done in relation to small area analysis, in relation to dissemination of the evaluation results and capacity strengthening. He also gave a brief overview of the activities planned for

2015. He concluded by highlighting some of the strengths and limitations of the work being done and the overall value of a prospective evaluation.

### *Discussion*

- EAC members noted that this is the first time that DBS assays have been used on that scale in Bangladesh and that this was possible through a choice of equipment which could be used in local laboratories and is therefore a good example of technology transfer within the context of the FCE.
- EAC members noted the challenges in a country like Uganda of calculating coverage when the census data is very old and noted that the evaluation team is working to be able to use innovative analytical techniques to estimate coverage where population distribution is uncertain.
- The Secretariat reminded Committee members that one of the ideas behind the joint appraisals mechanism which has been introduced into Gavi's Grant Application, Monitoring and Review process is to incorporate evidence from the FCE and other evaluations and discuss possible implications for both ongoing and potential future grants. All applications submitted to the Independent Review Committee (IRC) are checked against evaluations that have been carried out in relation to the country.
- EAC members noted that dissemination of the FCE reports is done not only with the individual countries but that they are also shared between the four countries. Work is being carried out for the first time this year to get management responses from the Interagency Coordinating Committees (ICCs) at the country level. Reports are then also of course shared at the regional and global levels.
- EAC members noted that countries have reacted positively to receiving feedback from the evaluation teams as this is being seen by them as a way of improving their work and future applications for support. The teams are cogniscent of the fact that in their communications with countries it is important to find the right balance to ensure that positive and less positive feedback is presented in a fair way.
- EAC members acknowledged that a huge amount of information is being generated as a result of the FCE and suggested that it might be useful to do some more tailored packaging for certain audiences when the report will be final as well as to disseminate cross-cutting country findings. It was felt that there is perhaps a need to invest in more communication around the FCE, in particular at the strategic level. One Committee member suggested that it could be useful to include more information on the Gavi web site and in a format which would enable different stakeholders to have quick access to the information which is of particular interest to them.
- Committee members agreed that finding a way to acknowledge/award/recognise the four countries and some of the key leaders and organisations involved in the FCE would be appropriate and it was suggested that ways to do this might be

explored in the context of the Gavi Partners' Forum in 2016, as well as potentially other forums.

- EAC members noted that, consistent with the prospective evaluation approach, it is planned to track country responses to the recommendations arising.
- It was suggested that it would be helpful to draw a clearer distinction between the analysis plan for assessing the extent to which HSS grants have achieved measurable results, and the implementation challenges that are causing delays in grant implementation at the country level. Results can only be assessed where grant implementation has reached a certain level of maturity. Unfortunately, due to a variety of delays in grant implementation that are captured in the evaluation reports, none of the four countries have yet achieved a level of maturity in the implementation of their HSS grants that enables a meaningful assessment of results. As HSS grant implementation gets on track in these four countries, the results will be rigorously assessed through the evaluation.

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## **7. Chair's Welcome and Overview of Day Two**

- 7.1 The Chair welcomed participants to the second day of the meeting.

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## **6. Gavi Full Country Evaluations – Annual Report (*contd.*)**

- 6.5. Steve Lim and Julie Rajaratnam, PATH, provided an update to Committee members on the cross country findings from the FCE. They addressed findings in relation to new vaccine introductions, health system strengthening, central planning and implementation capacity, partnerships, communication and human papillomavirus (HPV) vaccine.

### *Discussion*

- EAC members noted in relation to PCV stock-outs in Uganda in Q4, 2014, that further work is being carried out to explore how much this was related to stock-outs at district level versus supply at district level and inadequate transport to the facilities. As vaccine output is measured at the facility level it will also be possible to look at the relation between facility output and the characteristics of that facility.
- In relation to the PCV roll out in Zambia it was through the work carried out in the context of the FCE that Gavi was made aware that the vaccine had been introduced in many districts before the official launch date. This was due to the fact that there was insufficient communication between the national, regional and district levels on the postponement of the official launch date and the vaccines were delivered to the districts in advance of this date.

- EAC members noted that lessons learned in Zambia from the PCV roll out were not taken into account for the introduction of rotavirus vaccine, due also to the fact that the time between the two launches and the Post-Introduction Evaluation (PIE) was quite short and even if issues had been identified there may not have been sufficient time to address them.
- EAC members agreed that it would be useful to add a column to the table of recommendations in the report to include information on who the recommendations are for (Gavi Secretariat, partners, country level etc.).
- EAC members noted that in Zambia the same staffs were used for the introduction of both PCV and rota, whereas in Uganda and Mozambique there was no overlap in the central EPI management team.
- In relation to a query from a participant the evaluation team confirmed that they will investigate the possibility of doing a geographical overlay of the coverage levels by sex and wealth quintile in Zambia.
- One participant asked whether the evaluation of health systems strengthening support has been able to look at the interactions between the Ministries of Health and EPI in terms of programming and accessing resources, whether or not there are any tensions there and if so whether this could be contributing to delays around disbursement and programming. The evaluation team confirmed that as it is still early in the implementation phase of the new HSS support there has not yet been an opportunity to observe this.
- EAC members noted that members of the evaluation teams attend the HSS planning and application development meetings and as the support is rolled out will be observing how activities are prioritised in relation to the priorities identified in the bottleneck analysis. It is foreseen that ways of following up on this will be through the key informant (qualitative approach) as well as through household surveys where the idea is to do formal constraints analyses and quantification.
- EAC members noted that it would be important to link the findings on HSS from the FCE with any future HSS evaluation that might take place, as well as to triangulate the findings from different sources of information.
- EAC members agreed on the importance of partnerships at the country level and suggested that it could be interesting in the report if negative relationships within the partnerships could be indicated in some way.
- It was also suggested that the role of Gavi Senior Country Managers (SCMs) needs to be better reflected in the partnerships. The lack of awareness about the Gavi Business Plan at country level was noted.
- EAC members noted that the partnership analysis has not been applied systematically to HSS but that there has been a preliminary look at some of the process findings for HSS to consider how the structure of the partnership might

be a reason for some of the delays. This will be looked at more going forward during the FCE work.

- It was noted that there is a need to improve communication between the Gavi Secretariat, country partners and government, particularly around Gavi Secretariat procedures and guidelines.
- In relation to HPV demonstration projects, it was noted that there is a lack of clarity around the primary purpose of the HPV vaccine demonstration projects as a mechanism for learning and guiding national HPV vaccine introduction and the insufficient technical guidance for countries implementing HPV vaccine demonstration projects.
- EAC members commended the full country evaluation team and the Secretariat for the high quality and innovative work done so far and agreed that one of the challenges now will be to optimise engagement with the findings and dissemination of them to be used to inform guidelines, policy and advocacy, as well as the engagement to design the Alliance management response.
- EAC members also agreed that it would be most useful if one of the pre-Board technical briefing sessions in June 2015 could be dedicated to a presentation on the work being doing within the context of the FCE and the Secretariat agreed to look into this.

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## **8. Gavi Evaluation Workplan 2015 & 2016**

- 8.1 Peter Hansen presented an overview of the evaluation workplan for 2015 and the preliminary evaluation workplan for 2016 and 2017, including continued work on the FCE, evaluation of the Gavi Fragility and Immunisation Policy, evaluation of the Grant Application, Monitoring and Review (GAMR) and an evaluation of the effectiveness and efficiency of support provided by the Alliance to countries. An independent evaluation of Gavi HPV vaccine support is also planned as well as routine final evaluations of Gavi support and HSS grant evaluation meta review.

### *Discussion*

- Committee members noted that while they will be given access to individual HSS grant evaluations they will only be asked to review the meta analysis.
- Pending clarification from the Board on its request to carry out an evaluation of the effectiveness and efficiency of support provided by the Alliance to countries, the EAC will be invited to provide guidance during the scoping phase.
- Committee members noted that the exact timing of the evaluation of Gavi HPV vaccine support is to be confirmed. The original thinking had been to ensure that

the evaluation was not carried out before a minimum number of countries had moved from demonstration projects to national roll out.

- Committee members noted that a specific evaluation of ICCs is not foreseen as such evaluations are included in other evaluations such as HSS evaluations, within the scope of the FCE countries, and will also be a part of the GAMR evaluation.
- It was noted that in the future an evaluation of the Gavi evaluation function could be proposed.
- EAC members reinforced the discussion from the previous day, regarding the relevance of considering the constraints in terms of budget and resources for the Gavi evaluation workplan 2015 & 2016.

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## **9. Review of decisions**

- 9.1 Joanne Goetz, Senior Manager, Governance, reviewed the decision language with the Committee which was approved by them.

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## **10. Any other business**

- 10.1 It was agreed that the 2016 meeting of the Evaluation Advisory Committee should be held in Mozambique, one of the FCE countries, and should be combined with a site visit.
- 10.2 It was agreed that the EAC would hold two teleconferences during 2015, one in July and one in November. During the call in July the Committee would receive a debrief on dissemination country meetings of the FCE, an update on the FCE Alliance management response, on the additional work in relation to ethics and on guidance from the Board in relation to the HSS grant evaluation meta review.
- 10.3 EAC members noted that Robert Newman would be leaving his position at Gavi. They acknowledged his contribution and wished him success in his new role.
- 10.3 After determining there was no further business, the meeting was brought to a close.

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Mrs Joanne Goetz  
Secretary to the Meeting

## Attachment A

### Participants

#### Committee Members

- Rob Moodie, Chair
- Fred Binka
- Gonzalo Hernandez
- Mira Johri
- Naveen Thacker (Day One)
- Wieneke Vullings

#### Regrets

- Angela Santoni
- Samba O. Sow

#### Guests

- Steve Lim (Item 6)
- Julie Rajaratnam (Item 6)
- Jasim Uddin (Item 6)

#### Observers

- Logan Brenzel, BMGF (Item 6, by phone)

#### GAVI

- Abdallah Bchir
- Laura Craw
- Dirk Gehl (Item 6)
- Joanne Goetz
- Peter Hansen
- Hind Khatib-Othman (Item 6)
- Anna-Carin Matterson (Item 5)
- Robert Newman
- David Salinas (Item 6)
- Alba Vilajeliu