

Summary of 2014 FCE cross-cutting findings and recommendations					
Stream	Summary of main findings from 2014 FCE Annual Report	Summary of recommendations from 2014 FCE Annual Report	Alliance Response ¹	Responsibility	Timing
New vaccine introductions	<ul style="list-style-type: none"> - Lack of clarity around the primary purpose and implementation of the HPV vaccine demonstration projects as a mechanism for learning and guiding national HPV vaccine introduction - Insufficient and underutilized technical guidance for countries implementing HPV vaccine demonstration projects - Failure of the application process to account for the feasibility, sustainability, and ongoing financial resources required for the chosen and tested HPV vaccine delivery model for national introduction. 	<p>Gavi Secretariat, partners, and country governments:</p> <ol style="list-style-type: none"> 1. Should emphasize learning objectives of demonstration project to inform national introduction (including the selection of demonstration sites), in guidelines, tools, and also in technical assistance. 	<p>Issues were identified by Gavi Secretariat in Q3 2014 and have already been addressed by:</p> <ul style="list-style-type: none"> - Clearer objective-setting communicated in Orientation trainings to new countries, in FAQs and Application guidelines (2015, and 2016 editions) - Information letters to remind approved countries of programme requirements and objectives - Routine briefings to new Senior Country Managers (SCMs) about HPV programme specificities - Quarterly update to SCMs and other Country Programme staff about HPV programme progress and challenges 	Gavi Secretariat – Vaccine Implementation (VI)/ HPV Vaccine team	Mitigation in place and growing since Q1 2015
		<p>Gavi Secretariat and partners:</p> <ol style="list-style-type: none"> 2. Should ensure that sufficient technical guidance (guidelines, tools and technical assistance) specific to HPV demonstration project is available and accessible. 	<ul style="list-style-type: none"> - VI has completed updating guidelines and tools for the 2016 edition, in close collaboration with partners and the A&R team. These include resolving clarifications between 2014 and 2015 editions and new tools from PATH and WHO. - VI has given input to Strategy & Performance (S&P) team regarding specific needs for HPV technical assistance (TA) for Partner Engagement Framework (PEF) priority countries as well as non-priority PEF countries. VI HPV team has provided S&P team with a detailed mapping of TA needs requested by countries and planned activities. - The TA needs identified by the Secretariat teams and by countries through the Joint Appraisal (JA) process will form the basis of funding to core and new partners. 	Gavi Secretariat - VI/HPV, Applications & Review (A&R) team (guidelines accessibility), Strategy & Performance (SRP) team (TA accessibility).	Q3-Q4 2015
		<p>Gavi Secretariat, partners, and country governments:</p> <ol style="list-style-type: none"> 3. Should ensure earlier and more comprehensive assessment (including the review by the IRC) of financial 	<p>This is a complex point: the definition of sustainable is highly dependent on country political will and cost context (eg. Lesotho introduced HPV without Gavi support)</p> <ul style="list-style-type: none"> - VI HPV team has given greater emphasis on sustainability and cost analysis in when developing 2016 	Gavi Secretariat VI/HPV team and WHO/PATH	Q1 2016

¹ actions to be taken to respond to the cross-cutting findings and recommendations

		<p>sustainability of the chosen national HPV delivery model.</p>	<p>guidelines and has briefed WHO and PATH to analyse in-depth recent available data from first HPV demo countries to assess what range of cost is manifested in demos and to identify key drivers of a more sustainable approach (e.g. avoiding additional per diems to health care workers).</p> <ul style="list-style-type: none"> - In addition, WHO will host an HPV Learning workshop in November 2015 to document lessons learned for sustainable delivery models. 		
<p>Health System Strengthening Support</p>	<ul style="list-style-type: none"> - Multiple barriers and slow implementation of HSS support due to: <ul style="list-style-type: none"> - Difficulties in coordinating across multiple stakeholders and other HSS activities - Complexity and diversity range of HSS activities - Delays due to bureaucratic systems for fund disbursement and procurement - It has direct implications on new vaccine introductions 	<p>Gavi Secretariat, partners, and country governments:</p> <ol style="list-style-type: none"> 1. Should enhance coordination of HSS support stream improving communication. 	<ul style="list-style-type: none"> - For the 2016 – 2020 Gavi Strategy, the new PEF process of country driven TA planning aims to improve provision of TA, to countries in line with country plans and country identified needs. TA is provided to support implementation of HSS grants, sustainable approaches, and to include interventions to achieve impact This will allow for better targeted support for implementation of complex and diverse HSS activities and coordination across multiple stakeholders. - Improved grant management with additional SCMs will allow for more regular and systematic engagement with MoH and partners at country level, to adapt Gavi HSS support to changing needs and priorities through a more flexible approach to the use of resources - The JA process now being implemented in all countries, with differentiated levels of intensity will allow for improved communication between country government and partners, and facilitate review and coordination of all Gavi support in country, including HSS grants and vaccine introductions. - Planning of TA to countries has been shifted to country level discussions as part of JA, and the scope of TA for HSS is broadened from a focus on proposal development to grant life cycle support and for support to address barriers to effective immunisation systems. Country assessments of the TA needed to overcome HSS grant implementation bottlenecks was requested through the JA process and form the basis of partner proposals for funding through the PEF. 	<p>Gavi Secretariat</p> <p>Gavi Secretariat</p> <p>Gavi Alliance</p> <p>WHO/UNICEF</p>	<p>Q4 2015 for implementation in 2016</p> <p>Ongoing</p> <p>Ongoing</p> <p>Q4 2015 for implementation in 2016</p>

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		- Alignment of HSS grants with national health plans (NHP) and budgets is critical for reducing implementation delays. Language has been added to the 2016 HSS Application Guidelines to further emphasise this issue and solicit MOF and MOH assurance of HSS grant alignment with priorities, budget and timeline of NHP.	Gavi Alliance	Release of 2016 HSS Guidelines in Q4 2015
Gavi Secretariat:	2. The application and planning process for HSS should more realistically take into account the time required for government systems and needed for reprogramming.	- Independent Review Committee (IRC) review outcomes were revised to approval or resubmission starting in 2014, rather than approval with clarifications that used to cause long delays from requiring an IRC review of more complex country clarifications.	Gavi Secretariat	Implemented starting in 2014
		- Operational guidance has been developed to increase flexibilities and the amount that countries are able to reallocate within their HSS grant, in order to reduce the need for countries to enter lengthy reprogramming processes.	Gavi Secretariat	Implemented starting in 2015
		- Additional information has been included in the 2016 HSS Application Guidelines on the average time between application and disbursement in order for countries to propose a more realistic start date of their HSS grant and prevent workplan delays before the initiation of grant implementation.	Gavi Secretariat	Release of 2016 HSS Guidelines in Q4 2015
Country governments:		3. Should integrate cash-based support into district planning cycles.	- Currently, districts receive funding through national government, and countries sometimes choose to manage Gavi grants separately from other funds. Alliance partners should support countries seeking to improve integration into sub-national processes Alliance partners should support countries seeking to improve integration into sub-national processes. Gavi is exploring with alliance partners how best to support this and what would be the implications for guidelines, requirements and Gavi processes.	WHO/UNICEF/WB/ other partners
Country governments, partners and Gavi Secretariat:	4. Should more carefully consider the implications (including time required) of		- It is critical to have clear rationale if there's a deviation from government based systems. Gavi seeks to align to international principles, and within range of risk tolerance and in accordance with Gavi Financial Management Assessment (FMAs), will adhere to	Gavi Secretariat

		deviations from government-based systems of funding and procurement.	<p>government preference for how funds should be managed. The Program Financial Assessment (PFA) team will continue to screen proposals against the latest findings from FMAs. In addition, the newly formed Programme Finance (PF) team within the Country Programmes department will augment those findings with more recent knowledge of financial management issues derived from its role in more day-to-day grant monitoring.</p> <ul style="list-style-type: none"> - Gavi is also working to align and harmonise HSS support with other programmes and donors like the Global Fund through discussions at various levels. 		
Management: Planning and implementation capacity	<ul style="list-style-type: none"> - Concurrent application and implementation of multiple Gavi support streams - Limited central capacity at the country-level: <ul style="list-style-type: none"> - Staff turnover (Gavi Sec and country level) - Low numbers of central level staff - Limited capacity in terms of experience and familiarity with Gavi processes and systems 	<p>Country governments, partners and Gavi Secretariat:</p> <ol style="list-style-type: none"> 1. Should consider of whether implementing multiple support streams is feasible <hr/> <p>Country governments, partners and Gavi Secretariat:</p> <ol style="list-style-type: none"> 2. Should consider strengthening of central capacity and additional technical support to allow countries to manage and implement multiple support streams. This could be implemented through the existing HSS support stream. This should include alternate designees to limit the problem of staff turnover. 	<ul style="list-style-type: none"> - As parts of its efforts to operationalize the 2016-20 Strategy, the Secretariat has convened a Strategic Focus Area on in-country leadership, management and coordination. The work will define innovative approaches to strengthen the leadership and management capacity of the national EPI teams or departments. The support will be implemented through HSS and the PEF. In addition, Gavi's ongoing policy review of its Direct Financial Support (HSS, VIGS, and Operational Costs for Campaigns) is considering options for consolidation for decision by the Board in June 2016. 	Gavi Alliance	Q4 2015 for implementation in 2016
Partnership / Communication	<ul style="list-style-type: none"> - Relevance of the observed country-level partnerships to adapt with the workload required to apply, plan for, and implement multiple Gavi support streams. 	<p>Gavi Secretariat, partners, and country governments:</p> <ol style="list-style-type: none"> 1. Leverage partnerships (including all relevant partners) to enable countries to better manage implementation of multiple Gavi support streams. 	<ul style="list-style-type: none"> - JA process will address this. In country meetings cross Alliance will strengthen the relationship and foster a more productive working relationship. This is seen in several countries with stronger teams joining JA missions. E.g. in Ethiopia where pentavalent vaccine approval levels which were historically set too high and repeatedly were under supplied, the additional presence of dedicated staff enabled more informed 	Gavi Alliance	Ongoing

	<ul style="list-style-type: none"> - Senior Country Managers (SCM) are not necessarily viewed as a part of the partnership. 	<p>Gavi Secretariat:</p> <ol style="list-style-type: none"> 2. Should reexamine the SCM engagement with country stakeholders, including consideration of how greater in-country presence and/or better collaboration with partners may improve the partnership structure, and thus outcomes. 	<p>decisions being made by country leadership upon review of the data.</p>	
	<ul style="list-style-type: none"> - Barrier to progress: Communication between the Gavi Secretariat, country partners and government, particularly around Gavi Secretariat procedures and guidelines 	<p>Gavi Secretariat, partners, country governments:</p> <ol style="list-style-type: none"> 3. Should consider setting more formalized procedures and guidelines and increase communication (adequate and timely) around: <ul style="list-style-type: none"> - Vaccine Introduction Grants (VIG) disbursement - Subnational level, specifically regarding funds disbursement - Articulation of roles and responsibilities, communication norms, and expectations by jointly developing written and mutually agreed upon terms of references. - Changes to implementation plans after application approval (key roles and fund recipients) 	<ul style="list-style-type: none"> - Increased numbers of SCMs care better able to provide dedicated time and assistance to countries including the JA process. - This will also result in improved communication on guidelines and Secretariat processes to ensure timely and appropriate support and TA, i.e., supply chain and VI expertise leading to better calculated dose requirements (Ethiopia) and more timely disbursement of VIG (Indonesia). - Regional Working Groups with engagement from technical Alliance partners, the Secretariat and expanded partners will be strengthened to improve country-level understanding of Gavi policies and processes. - Lessons learned from streamlined IPV VIG disbursement policies will be explored to determine whether similar actions can be taken for other vaccine support portfolios. 	<p>Gavi Alliance Ongoing</p>