

GUIDELINES ON REPORTING AND RENEWAL OF GAVI SUPPORT



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Guidelines on Reporting and Renewal of Gavi support

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Executive summary

Gavi typically approves its funding for vaccine support (NVS), health system strengthening (HSS) support and cold chain equipment optimisation platform (CCEOP) support covering a three to five year period, usually aligned with the duration of the country's multi-year plan for immunisation or the national health plan, and subject to an annual performance assessment and renewal decision. In Gavi terms, "renewal" describes the process in which Gavi reviews the progress and performance of its past support to a country, and determines the vaccines to be provided and funds available for disbursement for the next period.

These guidelines are intended to provide to countries an overview of the reporting requirements for Gavi support, as well as a description of the annual performance assessment and renewal process.

Key highlights for 2019:

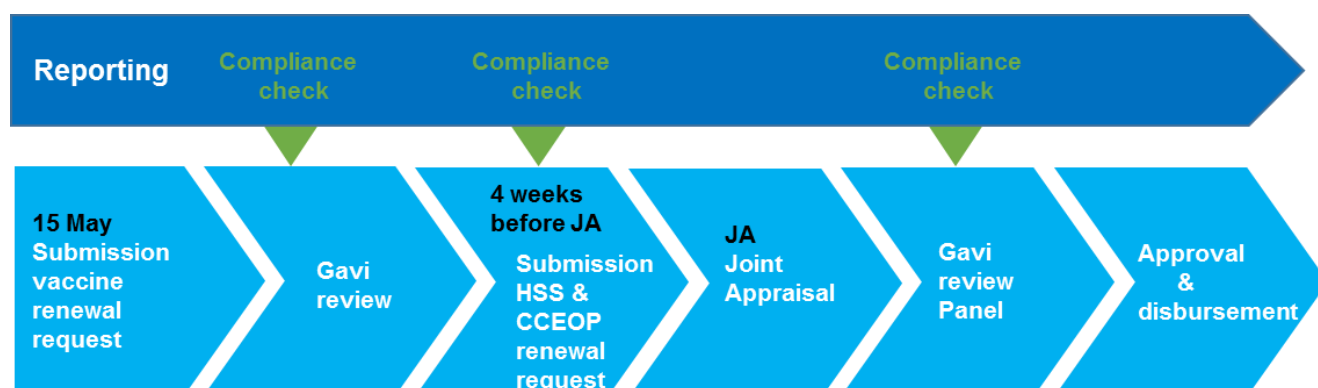
- Countries are requested to provide the end of year stock reporting by 31 March 2019. Countries are expected to provide stock data below the central level. The deadline of 15 May for the submission of the vaccine renewal requests remains unchanged.
- Gavi upgraded the user interface on the country portal for vaccine renewals; the information requested remains largely unchanged.

Gavi reporting requirements and cycles vary depending on the type of support a country is receiving, as well as its fiscal year.

- Reporting required for renewal purposes includes the update of the grant performance framework (GPF), financial and audit reports, campaign reporting (if applicable) and end of year stock level reporting.
- Other required reporting can either be support-specific, such as a cold chain equipment inventory report, or relate to the sharing of general programme and country information, such as immunisation financing and expenditure information, data quality information and progress updates on Effective vaccine management (EVM) improvement plans.

Gavi renewal requirements

Gavi renews its support annually, subject to an annual performance assessment. The renewal process thus entails the review of the implementation progress and performance, and the contribution to improved immunisation outcomes, of past Gavi's support to the country, as well as planned Gavi support for the next period, with a vision to enhance its impact in line with Gavi's mission and strategy. This entails the submission by the country of the renewal request, a joint appraisal of the progress achieved, and a review by a dedicated Gavi panel.



The renewal process can be broken down into the following key steps:

- By 31 March the country submits its end of year stock data via the country portal. Countries are expected to provide stock data below the central level.
- By 15 May the country submits its vaccine renewal request via the country portal; through the subsequent review by Gavi a country's "vaccine allocation" is determined (including the number of doses and supplies to be approved).
- At a date agreed between the country and Gavi, the country submits a renewal request for health system strengthening (HSS) support which includes the updated HSS budget, and cold chain equipment optimisation platform (CCEOP) support, and ensures that all required reporting has been provided.
- Four weeks later, a Joint Appraisal is conducted, discussing past performance and key actions to enhance the impact of Gavi support.
- A dedicated Gavi panel will subsequently review the information provided from the country, in order to make a renewal recommendation.
- The renewal decision is formally captured in a Decision Letter, which is followed by the shipment of vaccines and disbursements.

Countries conducting a full portfolio planning process (FPP) and developing their Programme Support Rationale (PSR), similar to all other countries need to provide their reporting, vaccine and CCEOP renewal requests on the country portal within the stipulated timelines. However, the PSR incorporates the Joint Appraisal in the year of its development and review.

1. Introduction

Gavi's mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries.

New vaccine support (NVS), health system strengthening (HSS) and cold chain equipment optimisation platform (CCEOP) support is usually approved by Gavi for a three to five year period, aligned with the duration of the national health plan or multi-year plan for immunisation (e.g. cMYP). Gavi support is subject to an annual performance assessment and renewal decision.

These guidelines are intended to provide guidance to countries on the performance assessment and renewal decision by providing an overview of the reporting requirements for Gavi support, as well as a description of the annual performance review and renewal process.

During grant implementation, countries are expected to regularly report to Gavi on the progress and performance of Gavi support (**reporting**).

As part of the ongoing grant cycle, countries annually request the continuation of Gavi support, and based on the reported progress and renewal request, Gavi reviews and renews its support to the country (**renewal**).

The **Joint Appraisal** is a key element of the annual performance review and renewal process. It is an annual, country-led, multi-stakeholder review of the implementation progress and performance of Gavi's support to the country, and its contribution to improved immunisation outcomes. The outcomes of the Joint Appraisal serve to inform the renewal of Gavi support for a further year. The Joint Appraisal also informs the focus of technical assistance provided by Gavi Alliance partners.

If the period for which Gavi had approved a country's vaccine support is coming to an end and the country is still eligible for Gavi support, Gavi may extend its support (**extension**). This is usually done for another period of 3-5 years in line with a country's multi-year plan. The extension is processed essentially in the same way as the annual renewal of vaccine support.¹

Gavi has a dedicated **Country Portal** for countries to provide reports and renewal requests (<https://portal.gavi.org/>). The Country Portal is structured into three sections: Apply - Report - Renew. All reporting and renewal related documentation is expected to be submitted through the Country Portal.

¹ The process for health system strengthening support is notably different, as it requires a country to submit a new request for support when the grant is coming to an end and the countries wishes further support from Gavi. For further information on this, please refer to the Gavi website or contact your Gavi Senior Country Manager.

2. Reporting

During grant implementation, countries are expected to regularly report to Gavi.

Gavi supports aid effectiveness principles, and aims to contribute to the strengthening of country systems and minimise the reporting burden for countries. As such, many of Gavi's reporting requirements build upon aspects that countries already monitor to ensure effective immunisation and health systems (e.g. effective vaccine management (EVM) assessments, immunisation data quality assessments). Further, Gavi directly accesses data from publicly available sources, where possible, such as the WHO-UNICEF Joint Reporting Forms (JRF), and uses standard indicator definitions and reporting formats. In addition, there are some Gavi-specific reporting requirements that aim to measure appropriate use of its grants and their results.

Gavi reporting requirements entail

- (1) specific reporting on the support provided by Gavi, which includes the programmatic reporting i.e. reporting related to the activities and results of the Gavi-supported programmes in countries (for example the GPF, campaign reporting, stock level reporting, etc.); and the financial reporting against all forms of direct financial support provided by Gavi to countries (including health system strengthening (HSS) grants, vaccine introduction grants (VIGs), operational support for campaigns, product switch grants, etc.);
- (2) country and general programme documents, which countries use to monitor and manage programmes. Countries are encouraged to share with Gavi any additional documents, reviews and assessments that may support a more comprehensive understanding and assessment of a country's immunisation and health system performance.

Reporting on Gavi support	Country / programme documents
<ul style="list-style-type: none">• GPF reporting• Financial reporting• Stock reporting• Campaign reporting• Immunisation financing <p data-bbox="341 1626 687 1659">See sections 2.1 to 2.5</p>	<ul style="list-style-type: none">• Data and survey documents• EVM assessment, improvement plan & updates• Other available documents, such as multi-year national immunisation plan, annual operation plans or PIE reports• Programme-specific reporting, e.g. for MR, HSS, HPV <p data-bbox="959 1626 1193 1659">See section 2.6</p>

The exact reporting requirements and timelines vary depending on the type of support a country is receiving as well as its fiscal and other cycles.

Reports need to be prepared in accordance with the terms set out in the Partnership Framework Agreement signed between Gavi and a country, and as may have been amended in any subsequent

addendum.² When a new proposal or renewal request for funding is approved, a Decision Letter confirms the decision and the terms and conditions of the support, such as grant length, budget and activities being funded.

The following required reports are essential for the renewal of existing support:

- Update of the grant performance framework (GPF) for indicators which are due (for all support)
- Periodic financial reports, annual financial statements and audit reports which are due (for all types of direct financial support received)
- End of year stock reporting
- Campaign reports (if applicable)

Other critical reporting information include:

- Immunisation financing and expenditure information
- Data and survey information (including annual data quality desk review, progress report on the implementation of data improvement plans, and immunisation coverage survey)
- Annual progress update on the effective vaccine management (EVM) improvement plan
- Human papillomavirus vaccine specific reporting (if a country is receiving Gavi support for HPV)
- HSS end of grant evaluation (if applicable)
- Post introduction evaluation (PIE) reports (if applicable)
- Expanded programme on immunisation (EPI) reviews (if available)

In the case that a country is found to be non-compliant with key reporting requirements the country's HSS grant will not be renewed. Upon receipt of missing report(s), the HSS grant may be reviewed for renewal at a subsequent panel meeting.

All reporting is expected to be submitted through the Country Portal (<https://portal.gavi.org/>). Previously provided reports (e.g. in the case of multi-year plans) are not required to be resubmitted.

The following pages provide an overview on standard reporting requirements.

Failure to comply with reporting requirements will impact the decision by Gavi to renew its support, including a postponement, and/or decision not to renew or disburse support.

² Partnership Framework Agreements <http://www.gavi.org/support/process/apply> can be found on the country hub on Gavi's website here: <http://www.gavi.org/country/>

2.1. Grant performance framework (GPF) reporting

Reporting on the grant performance framework is due as per an agreed reporting schedule; this is because not all metrics can be completed at the same time owing to the availability of data sources. Therefore, it is particularly **important that all due metrics are completed in the grant performance framework at least four weeks before the scheduled date for the annual Joint Appraisal**. Failure to comply with reporting requirements may impact the decision by Gavi to renew its support.

For detailed information on the grant performance framework, including guidance documents and tutorials, refer to the Gavi website: <http://www.gavi.org/support/process/performance-frameworks/>

Gavi's grant performance framework is an upfront agreement between a country and Gavi on the key indicators used to report on and monitor grant performance during implementation. Indicators in the grant performance framework include agreed baselines, targets, data sources and a reporting schedule. It is one of the main elements of the routine programmatic reporting that is expected of countries.

There is one grant performance framework covering all Gavi grants active in a country (vaccine support, health system strengthening support, cold chain equipment optimisation platform support, vaccine introduction grants, campaign support, etc.). It reflects the intended result chains for all Gavi grants – tracking key inputs, key activities, intermediate results (mostly for health system strengthening) and intended outcomes (especially vaccine coverage and equity).

The grant performance framework contains a combination of core and tailored indicators.

- Core indicators: they are mandatory and have been chosen because of their centrality to Gavi's mission and decision-making criteria. They are based on standard definitions and are already, in almost every case, being monitored by countries – particularly through the Joint Reporting Form (JRF) which countries submit to WHO and UNICEF annually.
- Tailored indicators: In order to ensure that the grant performance framework provides a complete overview of the support provided by Gavi grants, additional tailored indicators may be agreed between the country and Gavi.

Gavi will automatically populate the majority of core indicators in the grant performance framework, using the WHO / UNICEF Joint Reporting Form on vaccine preventable diseases, household surveys and campaign reports that are publicly available or previously submitted by countries. To avoid discrepancies between the finalised WHO / UNICEF Joint Reporting Form on vaccine preventable diseases and the grant performance framework, countries are not able to amend this data, but have an opportunity to comment on the data to complete Gavi's understanding on progress. **Countries are expected to input results into the grant performance framework for all remaining indicators.**

Whilst the grant performance framework largely focuses on quantitative data, countries are strongly encouraged to add a brief narrative to support the understanding of results in the portal. This is particularly relevant if targets are not met.

From time to time, a country's grant performance framework may be revised. Three situations may lead to this:

1. Addition of a new grant to the portfolio of Gavi support to a country;

2. Revision of targets and/or tailored indicators based on sound justification and rationale, particularly improved availability or quality of data, change of data source or because previously set targets were not established at appropriate levels (i.e. too low or too high), change in the HSIS work plans or measurement-related challenges which have led to incomplete reporting (e.g. because the data source is no longer available); or
3. Closure of an existing grant.

2.2. Financial reporting

Countries are required to submit the following reports:

- **periodic financial reports, due 45 days after the end of the period reported on³,**
- **annual financial statements, due three months after the end of the fiscal year,**
- **audit reports, due six months after the end of the fiscal year.**

Using Gavi's financial reporting template is mandatory for periodic and annual financial reports, for grants starting 2017 onwards.

It is particularly important to verify that financial reporting is up-to-date and compliant four weeks before the annual Joint Appraisal takes place. In case of failure to comply with financial reporting requirements Gavi may decide not to renew its financial support.

For detailed guidelines on financial management and audit requirements, as well as the recommended format for financial reporting, see: www.gavi.org/support/process/apply/report-renew/

In accordance with the IHP+ principles of national ownership, countries are encouraged to manage Gavi funds using their own country systems. However, Gavi has adopted a set of high-level principles under which funds should be managed, known as the Transparency and Accountability Policy (TAP). Furthermore, Gavi has developed a number of additional operational level financial management guidelines.

Countries receiving Gavi cash based support must provide grant-specific periodic financial reports, annual financial statements and audit reports (when applicable). This requirement applies to all cash-based support, such as health system strengthening grants, vaccine introduction grants, operational support for campaigns, product switch grants, etc.⁴

Financial reporting timelines should be aligned to the country's fiscal cycle.

The financial reporting requirements differ for countries based on various factors. In all cases, reports need to be prepared in accordance with the terms set out in the Partnership Framework Agreement (PFA) signed between Gavi and the country⁵, and any subsequent formal amendments.

³ The reporting frequency is by default six monthly, but may also be quarterly or annually.

⁴ It also applies for support no longer open to new applications: Civil society organisation (CSO) support, Injection Safety Support (INS) and Immunisation Services Support (ISS). It also includes support for human papillomavirus vaccine (HPV) demonstration projects and Ebola recovery, as well as support for operational costs of outbreak response campaigns.

⁵ Unless subject to a superseding legal agreement such as in the cases of Pooled Funds or grant implementation by WHO/UNICEF or any other Partners.

A financial reporting template and user guide are available on the Gavi website.⁶ The reporting tool was developed by Gavi in the context of the Health Systems and Immunisation Strengthening (HSIS) Framework⁷. The objective of the HSIS Framework is to improve the effectiveness and efficiency of HSIS support through the promotion of holistic budgeting, planning and reporting, greater responsiveness to new evidence and better tracking and utilisation of savings across funding types.

The requirement to report in line with the Gavi cost framework is mandatory, to facilitate better tracking of where funds are being spent. Countries are encouraged to adopt the new financial reporting template as soon as possible. Specific guidance is provided for countries that are in the middle of grants under the previous cost framework (see financial reporting and annual re-budgeting guidelines⁸). Once adopted it will apply to both periodic and annual reporting.

Gavi's standard financial reporting requirements

Requirement	Frequency	Key terms
Periodic Financial Report	<ul style="list-style-type: none"> Periodic financial report – by default every 6 months⁹, due 45 days after the end of the period reported on 	<ul style="list-style-type: none"> Needs to be prepared for each cash grant for the period of reporting according to the provisions of the PFA as amended by the GMR
Annual Financial Statements	<ul style="list-style-type: none"> Due 3 months after end of fiscal year (i.e. by 31 March for countries with a January to December fiscal year) 	<ul style="list-style-type: none"> Needs to be prepared for each cash grant for the period of reporting
Audit Report	<ul style="list-style-type: none"> Due 6 months after end of fiscal year¹⁰ 	<ul style="list-style-type: none"> Each audit to cover one fiscal year of the country relating to Gavi cash grants according to the provisions of the PFA as amended by the GMR. Refer to guidelines as set out in Gavi's Financial Management and Audit Requirements and its associated Annex 4 – Guidelines on external audit for Gavi cash-based support.

2.3. Stock reporting

End of year stock level reports **must be provided by 31 March** at the latest. Failure to comply with reporting requirements may impact the decision by Gavi to renew its support.

All countries receiving vaccine support must report at least once a year on stock levels. This entails information on doses received and stock held at different levels. Gavi expects countries to include information from central to district level. End of year stock reports must be provided to facilitate the

⁶ <http://www.gavi.org/support/process/apply/additional-guidance/#financial>

⁷ Available here: <http://www.gavi.org/support/hss/>

⁸ <http://www.gavi.org/support/process/apply/additional-guidance/#financial>

⁹ Six monthly is set as the default, but the frequency of this report may also be quarterly or annually.

¹⁰ The Partnership Framework Agreement defines the deadlines for the audit reports and in the case of any conflict between the Partnership Framework Agreement and these guidelines, the guidance in the Partnership Framework Agreement shall prevail.

vaccine allocations required for the following year, as part of the annual vaccine support renewal process.

Stock reporting is captured in the dedicated section on the Gavi country portal, which allows the submission of multiple stock reports/updates throughout a year.

All countries are required to submit at least the end of year stock levels by 31 March, with two additional aspects to be noted:

- While a mid-year report is not routinely required, the High Level Review Panel (HLRP) / Gavi may request a stock report in July/August (possibly up to district level) if there are large differences between data sources and additional information is required to reach a decision on an appropriate renewal dose allocation.
- More frequent stock reporting might be requested to support grant management, for example for larger countries.

2.4. Campaign reporting

Post-campaign/SIA technical reports are due **three months after the completion of a campaign**.

Campaign coverage surveys should be completed within 1-3 months after the SIA and the reports shared as soon as available.

The Supplementary Immunisation Activity (SIA) readiness assessment (for measles and measles-rubella campaigns only) is due during the campaign preparations.

When a country is receiving Gavi support to conduct vaccination campaigns, specific reporting requirements apply. In order to monitor implementation and outcomes of Gavi-supported campaigns, countries are required to share with Gavi the following reports for each campaign supported:

During the preparation phase of measles and measles-rubella campaigns:

- WHO Supplementary Immunisation Activity (SIA) readiness assessment tool: to be provided at the recommended time points preceding the campaign (15 months, 12 months, 9 months, 6 months, 4 months, 3 months, 2 months, 1 months, 2 weeks, 1 week). These working documents do not necessarily need to be uploaded on the country portal.

After any type of Supplementary Immunisation Activity (SIA) / campaign was conducted:

- Supplementary Immunisation Activity (SIA) technical reports: to be provided within 3 months of the completion of each campaign phase.
- Campaign coverage survey report: following each Gavi-supported campaign: to be provided as soon as available (survey to be completed within 1-3 months after the completion of each campaign phase).
- WHO-UNICEF annual technical reports (for Meningococcal A Conjugate Vaccine (MenA) and Yellow Fever (YF) Vaccine only): available annually by 30 March and submitted by Gavi Partners.

For the requirements on the financial reporting for operational support for campaign, please refer to section 2.2. on financial reporting.

2.5. Immunisation financing and expenditure information

The information on immunisation financing and expenditure must be provided **not later than four weeks before the annual Joint Appraisal** takes place.

Countries are required to report annually on budgets, expenditures and sources of financing for immunisation in the previous year. These figures should include recurrent immunisation-specific expenditures for routine immunisation (including vaccines) financed by the government in addition to any external financial support. The reported figures should be entered in US dollars, and should not include any shared costs. This figure should primarily come from documents that provide actual immunisation-specific expenditures; for example, Ministry of Health and EPI budgets and execution reports. The information is used to allow further analysis of country financing in addition to the broad trends in immunisation programme expenditures and financial flows, and to guide Gavi policies.

2.6. Programme specific and country reporting

General programme information should be provided as soon as it becomes available. However, it must be provided **not later than four weeks before the annual Joint Appraisal** takes place.

Information requested in terms of general programme and country reporting comprises data and reports that countries routinely prepare in monitoring their national immunisation and health programmes. A number of the below listed reviews are conducted in larger intervals (for example every five years). It is thus expected that a country would share the initial review, assessment or survey, and any subsequent annual updates. The information will be captured in a document library, with a vision of having it accessible at multiple points during a grant life cycle.

a. Data and survey information

Quality and timely immunisation coverage data are essential for programme planning and monitoring. Establishing routine mechanisms for assessing, monitoring and strengthening the availability, quality and use of immunisation coverage data should be an ongoing institutionalised process. It should be accompanied by the development and monitoring of costed improvement plans, incorporating activities addressing all administrative levels and promoting capacity-building in data collection, analysis and use, with timely and appropriate feedback mechanisms.

Gavi requires that countries provide the following reports on routine monitoring and strategic planning of immunisation coverage data for strengthened programme management and accountability:

1. Current immunisation data improvement plan;
2. Progress report on implementation of data improvement plan
3. Final report from the most recently conducted desk review of immunisation data quality;
4. Final report from the most recently conducted in-depth data quality evaluation including immunisation;
5. Final report from the most recently conducted national survey containing immunisation coverage indicators.

A more detailed explanation on the Gavi Alliance data and survey requirements is available here: <http://www.gavi.org/support/process/apply/additional-guidance/#data>

b. Effective vaccine management (EVM)

A recent effective vaccine management (EVM) assessment report is routinely submitted as part of a country's application to Gavi. Countries must provide an annual progress update against the assessment findings and improvement plan.

c. Post introduction evaluation (PIE)

If available, following the introduction of a new vaccine with Gavi support, countries are expected to share the report of the subsequent Post Introduction Evaluation, for example following the introduction of a second dose of a measles-containing vaccine in the second year of life.

d. Expanded programme on immunisation (EPI) reviews

Countries receiving Gavi support regularly conduct reviews of the expanded program on immunisation (EPI), supported by Gavi Alliance partners. Expanded program on immunisation review reports should be shared with the Gavi Secretariat.

e. Measles and rubella situation analysis and 5 year plan

Gavi's strategy on measles and rubella envisages a more comprehensive and long-term approach towards the control of measles and rubella. Strong emphasis should be placed on routine immunisation strengthening activities (holistically across all Gavi support) with a particular focus on targeting un-/under-served communities/populations and reaching zero dose children.

Countries receiving Gavi support for measles or measles-rubella vaccine should annually update their situation analysis and 5 year plan for measles and rubella activities at the time of the Joint Appraisal, with detailed planning of all measles and rubella activities for the first 12-18 months and a summary of indicative activities planned for the coming five years. This comprehensive situation analysis and 5 year plan should build on existing data and national plans (e.g. annual expanded program on immunisation plan, comprehensive multi-year plan for immunisation, campaign reports, surveillance bulletins, Joint Reporting Form and/or national strategic plan for measles and rubella elimination) and include information outlined in <http://www.gavi.org/library/gavi-documents/guidelines-and-forms/m-r-situation-analysis-and-5-year-plan-for-cmyp/>.

f. Health system strengthening reporting

Countries receiving HSS support from Gavi must report progress and results in the GPF, as described in section 2.1, and submit their financial reports, as described in section 2.2.

Implementation progress and challenges related to health system strengthening support should be discussed and reflected as part of the Joint Appraisal process (see guidance contained in the JA template). In order to respond to implementation bottlenecks and/or learn from best practices, changes may be proposed to the health system strengthening budget and workplan (see Section 3.2 for additional detail).

Gavi's health system strengthening support should be reflected in a country's **Operational Plan for the Immunisation Program** and the plan should be shared with the Gavi Secretariat. If available, countries should also share their **Operational Plan for the Health Sector**.

In order to provide an assessment of achievements and challenges, as well as lessons learned from health system strengthening grants, countries have the option to conduct an **independent health**

system strengthening midterm or end of grant evaluation. The decision to undertake an evaluation should consider the feasibility and relevance of conducting the evaluation and use of the findings (i.e. will the country be applying for another health system strengthening grant). Countries should align the evaluation with existing in-country assessments such as the annual health sector reviews and mid-term review of the national health plans.

Countries are also requested to share in a timely manner additional assessments and relevant documentation, such as coverage and equity assessments that are conducted in a number of countries to inform the programming of additional HSS funding.

g. Human papillomavirus vaccine (HPV) reporting

Gavi previously required countries to conduct and report on a demonstration programme before a national introduction. This is no longer a requirement.

However, some countries are still in the process of conducting, and are thus expected to report on HPV demonstration programmes.

Gavi's support for human papillomavirus vaccine demonstration programmes has specific reporting requirements with the aim to assess feasibility, acceptability, sustainability and integration opportunities of the human papillomavirus vaccine delivery strategy.

The following reports need to be provided at the end of year one of the demonstration programme:

1. Community-based human papillomavirus vaccine coverage survey
2. Micro-costing analysis
3. Post introduction evaluation report
4. If applicable, a report of the assessment of adolescent health interventions, with conclusions about what interventions would be feasible for integration in year two.
5. A summary of the activities completed and progress towards development of a national cervical cancer prevention and control strategy.

At the end of year two of the human papillomavirus vaccine demonstration programme, items one and two above should also be provided if there has been a change in the delivery strategy. Further, a final report on item five is required at the end of year two.

h. Cold chain equipment optimisation platform reporting: updated cold chain equipment inventory

Countries receiving cold chain equipment optimisation platform (CCEOP) support from Gavi must report progress and results on the GPF, as described in section 2.1.

They must also provide annually an updated cold chain equipment inventory. The inventory must be provided together with the CCEOP renewal request, not later than four weeks before the annual Joint Appraisal takes place.

2.7. Particular circumstances

a. Reporting in the case of pooled funding

Gavi accepts pooled funding in general and understands that it represents a special case with specific considerations for budgeting, reporting and assurance¹¹. Reporting requirements and arrangements will be agreed on a case by case basis, depending in particular on the pooled funding arrangement. In any case, both annual financial reporting and programmatic reporting is expected, and similar to all other support mechanisms, the performance and challenges of support channelled through a pooled fund arrangement should be discussed during the Joint Appraisal and subsequent renewals requested.

b. Reporting for self-procuring countries

Information on Gavi's policy for self-procurement is available at:

www.gavi.org/about/governance/programme-policies/self-procurement-policy/

In cases where a country is self-procuring vaccines with Gavi support, it is required to submit satisfactory evidence of purchase of vaccine doses (including the co-financed portion) and related supplies communicated in the relevant Decision Letter, by submitting purchase orders, invoices and receipts.

Any balance of Gavi funds disbursed in support of country self-procurement should be reported to Gavi together with satisfactory evidence that the non-utilised funds have been used within the immunisation programme.

c. Transition plan

Information on Gavi's approach to sustainability and its transition policy is available at:

<http://www.gavi.org/support/sustainability/>

<http://www.gavi.org/about/governance/programme-policies/eligibility-and-transition/>

Gavi support is aimed at lower-income countries, it is time-limited and directly linked to the governments' ability to pay for vaccines, depending on which phase of the Gavi transition process a country has reached. As countries prepare to enter the accelerated transition phase, countries develop a transition plan, which is a government-led plan to address key bottlenecks and leverage opportunities towards successful transition. Depending on needs, Gavi may provide additional support through partners, particularly for technical assistance, to assist countries in the transition process.

Countries should provide an update on the implementation progress of planned transition activities as part of the annual Joint Appraisal, explaining bottlenecks and corrective actions, and indicate whether any significant changes are proposed to activities funded by Gavi through the transition grant (e.g., dropping an activity, adding a new activity or changing the content/budget of an activity).

¹¹ For additional requirements and considerations refer to the guidelines on financial management and audit requirements on www.gavi.org/support/renew

3. Renewal

As part of the ongoing grant cycle, **Gavi reviews and renews its support to the country annually**. This is a pre-requisite for vaccine delivery, cold chain equipment optimisation platform support and/or HSS disbursement for the next year.

Failure to comply with reporting requirements, as described in section 2, as well as **low performance** may impact the decision by Gavi to renew its support, particularly for HSS support, including a possible postponement, and/or **decision not to renew or disburse support**.

While Gavi approves support for multiple years, a country is required to request the renewal of all types of Gavi support annually. The renewal process has several components, with distinctive timelines.

- Submission and processing of vaccine renewal request (and/or extension request, which follows the same process) and subsequent determination of vaccine allocations (see section 3.1)
- Submission of health system strengthening (HSS) and cold chain equipment optimisation platform (CCEOP) renewal requests (see sections 3.2 and 3.3)
- Joint Appraisal of Gavi support (see section 3.4)
- Review by Gavi and subsequent renewal decisions (see section 3.5)

During the renewal process, results for the previous year are reviewed, and the decision is made for renewal of support for the following year, covering vaccines and cash based support. For example, during a renewal process taking place in 2019, results achieved in 2018 (and reported in 2019 per requirements set out in previous section) will be reviewed, and grant renewals will be processed for Gavi support for 2020.

In addition to that, Gavi triangulates the submitted data against shipments and other sources of coverage and population (UN-pop, WUENIC, surveys, etc.)

The graph below shows a sample renewal timeline:

	2018	2019	2020
Country programme implementation	 From January to December		
Country reporting and submission of NVS/HSS renewal requests to Gavi		<ul style="list-style-type: none"> 31 March: End year stock reporting 15 May: NVS renewal request 4 weeks prior to JA: HSS renewal request 	
Gavi's review of country's progress, with decisions on renewals of Gavi support		<ul style="list-style-type: none"> June July Aug October 	 From January to December
Validity of Gavi's renewal of support			

By 31 March countries must submit the end of year stock information, and by 15 May the rest of the information required for the renewal of vaccine support. The vaccine renewal request contains the indicative calculation of required co-financing from the country and must be signed by the Minister of Health and the Minister of Finance.

The timing of the other renewal components – the submission of the health system strengthening and cold chain equipment optimisation platform renewal request and Joint Appraisal – will be agreed between the country and the Gavi Secretariat upfront, taking into consideration the fiscal year, the country timeline for data collection and report completion, other scheduled reviews and assessments, such as an expanded programme on immunisation review, as well as the timelines for Gavi's renewal process.

Health system strengthening and cold chain equipment optimisation platform renewal requests must be submitted four weeks before the Joint Appraisal takes place.

Countries conducting a full portfolio planning process (FPP) and developing their Programme Support Rationale (PSR), similar to all other countries need to provide their vaccine and CCEOP renewal requests on the country portal within the stipulated timelines.

A designated Gavi panel reviews countries' renewal requests, several times a year. Gavi will initially review the vaccine requests with supporting information. The timing of the review of a country's HSS and CCEOP renewal requests depends on the reporting cycles, and timing of the Joint Appraisal. The panel will review the HSS and CCEOP renewal requests together with the Joint Appraisal report, taking into consideration the reporting compliance, reported results and projected needs and plans for the following year. The review body makes recommendations on continued funding as well as suggestions to strengthen grant performance and accountability.

Grant renewals are ultimately approved by the Gavi Chief Executive Officer.

During the process of grant implementation, certain modifications to the original approved application may be required. These should be discussed during the Joint Appraisal, need to be reviewed and endorsed by the relevant national Coordination Forum (Inter-agency Coordinating Committee, Health Systems Coordinating Committee or equivalent body), and included as part of the Joint Appraisal report for approval by Gavi. If these modifications are of a more urgent nature, the country should contact the Gavi Secretariat and the local WHO/UNICEF office.

3.1. Renewal of vaccine support

Renewal requests for vaccine support (NVS) must be submitted by 15 May, with end of year stocks reported by 31 March.

Overview

Requests for renewal of vaccine support (referred to as NVS renewal requests or vaccine renewal requests) must be made on an annual basis and follow specified timelines linked to Gavi Alliance's vaccine procurement, which is conducted globally. Specifically, all countries receiving Gavi vaccine support must submit the required information for vaccine renewal via the country portal. End of year stock information must be reported by 31 March; all other information must be submitted by 15 May of each year.

The vaccine renewal request comprises information on end of year vaccine stock levels, targets for the upcoming year, wastage rates, requests to switch vaccine presentation, indicative calculation of monetary value of the requested Gavi support and the required co-financing from the country. The vaccine renewal request must be signed by the Minister of Health and Minister of Finance.

It is important that required renewal information, as well as stock reports due on 31 March, are submitted on the country portal to allow the processing of the renewal request. For example, the target population to be vaccinated and end of year stock level reporting is imperative for determining the vaccine allocations described below.

Following the online submission by all countries of their vaccine renewal request by 15 May, the Gavi Secretariat reviews the validity and consistency of the information provided. Based on several considerations, including historical performance and future targets, Gavi will communicate to each country the suggested vaccine allocations for all existing vaccine programmes and any pending clarifications. Countries should review the suggested amendments and provide any clarification in a timely fashion, to allow for the finalisation of vaccine allocations. A country's final vaccine allocation is reviewed by the High Level Review Panel (HLRP), or an appropriate Secretariat body, and ultimately Gavi's Chief Executive Officer. This process, including timelines, is presented in the figure below.

Countries affected by emergencies, or hosting refugees may request certain flexibilities as part of their renewal request, as further described in section 3.6.

Extension requests

Usually, Gavi approves vaccine support for the duration of the national multi-year plan, such as the comprehensive multi-year plan for immunisation (cMYP). When a country's vaccine support is coming to an end and the country is still eligible for Gavi support, it may submit a request to extend the support (extension).

The extension request is processed in the same way and as part of the annual review of vaccine support.

When a country requests an extension, it must provide to Gavi the most recent multi-year plan for immunisation. The extension can be requested for a maximum of the duration of the new/updated multi-year plan for immunisation. If a country does not have a valid comprehensive multi-year plan for immunisation, Gavi may exceptionally extend the vaccine support for up to one year. However countries must submit the new/updated comprehensive multi-year plan for immunisation by the end of that calendar year. After the new/updated multi-year plan for immunisation has been submitted, the country will need to request an extension the following year for the remaining years of the new/updated comprehensive multi-year plan for immunisation.

Renewal of phased campaign support

In cases where a country is receiving support for multi-year phased campaign support, the campaign-related vaccine information and requirements, such as stock levels, updated target population to be vaccinated etc., should be included in the annual renewal request of vaccine support.

Changes to vaccine introduction and/or coverage plans

Countries are required to communicate to the Gavi Secretariat and partners (UNICEF Supply Division, WHO) if there are any changes in introduction and/or coverage plans (e.g. accelerated or delayed introduction or increases or decreases in vaccine use). Any changes must be endorsed by the Inter-agency Coordinating Committee or equivalent governance body. Revised introduction and/or coverage plans should be communicated to Gavi, discussed during the Joint Appraisal and included as part of the Joint Appraisal report for review and approval by Gavi. However, in urgent situations, especially those impacting vaccine requirements or shipments, changes should be brought to the immediate attention of the Gavi Secretariat and the local WHO and UNICEF offices.

Significant changes, for example significant increases in target population, expansion into additional parts of the country and/or where the strategy has changed, will require to be reviewed by the Independent Review Committee.

Product, presentation or use switch

Please refer to annex C of this document to more detailed guidance for product, presentation or use switches.

Available vaccine presentations are described in the detailed product profiles, available on the Gavi website: <https://www.gavi.org/about/market-shaping/detailed-product-profiles/>

Countries may request to switch from the currently approved vaccine product, presentation or use to a new vaccine product, presentation, or use containing the same antigen.

A product, presentation or use switch impacts programme implementation, financing requirements, and supply management. It may also send signals that have implications for market shaping, and indirectly affect vaccine choices available to other countries, through their positive or negative impact on the health of a vaccine market.

Countries must submit a formal request for a product, presentations or use switch and are encouraged to do so through Gavi's country portal as part of the annual vaccine renewal request, due by 15 May. A country can request a switch any other time during the year, by submitting a standard switch request form to Gavi's Secretariat. The switch form is vaccine-specific and used to collect essential information for the implementation of the switch and is necessary also when switches are not initiated by countries, for example in the case of supply disruption.

Gavi may provide support, in the form of a "switch grant" to facilitate the safe and effective transition to a new product, presentation, or use, and intends to cover a portion of the one-time investments associated with a switch (e.g., training, document production and printing, procurement of cold boxes, stock monitoring, and retrieval of stock).

For more detailed information, please refer to Annex C.

3.2. Renewal of health system strengthening support

Overview

Renewal requests for health system strengthening support must be submitted at least four weeks before the Joint Appraisal takes place, including a budget for the period for which the renewal is

requested. Gavi will not renew an HSS grant without submission of the up-to-date budget, in the Gavi budget template, as part of the HSS renewal request.

Gavi may not renew or disburse health system strengthening support in cases of non-compliance with reporting requirements or low performance.

Gavi commits to Health System Strengthening grants up to a five year period, with the first one or two tranches usually approved with the approval of the proposal.

In subsequent years, countries must submit a renewal request in order to request the next health system strengthening (HSS) funding tranche. Funds can only be disbursed if the renewal and next tranche of HSS support were approved.

With the health system strengthening renewal request the country communicates whether it requires the **next funding tranche**, confirms the amount it requests for the upcoming year, and submits an **updated budget**, reflecting relevant budget reallocations as may be applicable. The annual review to renew health system strengthening support also serves to establish whether a country may obtain a **performance payment** (described further below).

The renewal request for health system strengthening support must be submitted at least four weeks before the Joint Appraisal takes place. At that time, the country must also ensure that reporting requirements, as described in section 2 of these guidelines, have been fulfilled.

As part of the Joint Appraisal, countries must report on the implementation progress of the HSS support, including progress against objectives and budget, including key successes and outcomes and significant changes from plans (e.g. implementation delays for certain objectives, low expenditure rates, etc.). As part of the renewal process adjustments may be made to ensure the support continues to be well aligned with needs. This includes updates of operational budgets and work plans, budget reallocations or reprogramming, as described further below.

Even if a country is not requesting the next tranche of health system strengthening funds (e.g. has funds remaining from the previous Gavi disbursement or has already received all health system strengthening grant commitments), it must still report on the implementation progress and utilisation of funds from the previous year. The renewal request section of the country portal would simply not include a request for the next funding tranche.

Certain flexibilities to Gavi's HSS support and/or processes may be granted to countries classified as facing fragility, affected by emergencies, or hosting refugees, in line with Gavi's policy ([link](#)) to better meet the country's specific needs. More information can be found in section 3.6. These requests may be reviewed as part of the country's request for renewal and should be discussed ahead with your Senior Country Manager (SCM).

Performance payment

Health system strengthening support is structured as performance-based funding and countries may be eligible for a performance payment starting from the second year of grant implementation, based on performance in the previous year in improving and/or maintaining equitable immunisation coverage.

Data verification options for calculating performance based funding payments are captured at the time of a country's health system strengthening support application. The grant performance framework tracks the key indicators to determine country eligibility for a performance payment. A

country's eligibility for a performance payment should be discussed during the Joint Appraisal especially if all relevant data are available, and will be reviewed by Gavi's dedicated renewal panel. Following the review and the decision made by the High Level Review Panel, or the appropriate Secretariat body, countries are notified of their eligibility for the performance payment.

Countries must submit a budget to the Gavi Secretariat **within three months** of being communicated the performance payment amount for which they are eligible. This deadline will be communicated along with the performance payment eligibility, amount and timeline, either in the Decision Letter or Management Letter following the Gavi review.

Countries are encouraged to update their existing health system strengthening grant budget with the additional performance payment amount, in order to ensure integration of additional activities with existing support, reduce potential duplication and facilitate annual reporting. Countries should clearly demonstrate how the performance payment was allocated (e.g. increase in existing budget lines or creation of new budget lines).

Performance payments should be used solely for activities that contribute to immunisation outcomes, and cannot be used for Gavi's co-financing requirement. Performance payments are subject to GAVI's transparency and accountability policy, as well as reporting requirements. The country must report against the budget and workplan to show progress against implementation of activities as planned. Additional performance payment amounts should be included within this budget as and when they are rewarded.

Updates of operational budgets and work plans, budget reallocations and reprogramming

Gavi encourages countries to conduct integrated budget planning processes for all health system and immunisation strengthening support, which includes health system strengthening grants and associated performance payments, vaccine introduction grants, product or presentation switch grants, Transition Grants, Operational Support for Outbreak Response Campaigns, and operational support for campaigns, with annual reviews.

Gavi recognises that health system needs evolve over time. Countries are encouraged to update the detailed operational budget and work plans regularly (e.g. every 1-2 years) to proactively respond to new evidence (e.g. from program reviews and assessments), new risks identified, implementation to date, and progress towards the agreed targets. As further described below, Gavi makes a distinction, based on the magnitude of the budget amendments, between reallocation and reprogramming. By default a full re-budgeting exercise is required on a biennial basis. Countries may also budget on an annual basis if preferred and in some cases Gavi may require annual re-budgeting. The annual re-budgeting process is performed using the Gavi budgeting template and therefore applies the same cost framework as was used in the original budget. For detailed guidelines on re-budgeting process, see: www.gavi.org/support/process/apply/report-renew - Annex 3 Guidelines on Financial reporting and annual re-budgeting.

The integrated budget planning together with the regular review are expected to foster continued alignment with country operational budgets, identification of synergies across Gavi grants, as well as the identification of possible savings from Gavi cash grants. Residual funding from a Gavi cash grant (e.g. a vaccine introduction grant or operational support for a campaign) may be reallocated towards health system strengthening grant investments.

The integrated budget planning should be done as part of the existing HSS renewal and Joint Appraisal process, to track progress and results, consider how new data could inform revisions to operational plans and budgets, identify best practices and joint learning, and identify potential synergies across Gavi investments.

Modifications to the Gavi HSS budget and work plans should be discussed during the Joint Appraisal, endorsed by the Inter-agency Coordinating Committee or equivalent, and submitted to Gavi for approval (normally at the time of the health system strengthening grant renewal request or possibly when submitting the Joint Appraisal report).

The country should provide to Gavi (1) the revised budget and workplan (using the Gavi budget template) and updates to the grant performance framework, annotating the changes (if applicable), and (2) minutes of the meeting of the national coordination forum (Health Systems Coordinating Committee or Inter-agency Coordinating Committee) endorsing the modification.

Updated operational budgets and work plans must in principal be in line with the agreed long-term priorities for HSIS support. Gavi makes a distinction between reallocation and reprogramming of a health system strengthening grant based on the extent of changes proposed:

Reallocation refers to the case where the original health system strengthening grant objectives are not changed and new/revised activities do not create significant changes to the approved budget (up to an indicative amount of 25% of the originally-approved total health system strengthening budget or a maximum of US\$10 million, whichever is lower).

Budget reallocations should be incorporated into the health system strengthening renewal request and Joint Appraisal discussion. Budget reallocations should reflect implementation to date and possible adjustments required to complete grant objectives and activities within the original timeframe, as well as continued alignment with national plans and priorities.

Reprogramming is a more significant modification of the health system strengthening grant, with new or substantially revised objectives or activities being proposed, and/or significant changes to the budget (indicatively 25% or more of the total budget, or over US\$10 million). Reprogramming requires a formal request from the country, using the relevant forms and guidelines for this purpose, and must be endorsed by the national Coordination Forum (ICC, HSCC or equivalent body). A reprogramming request is reviewed by the Independent Review Committee.

Reprogramming may be conducted only once during the lifetime of a grant. The reprogramming request must be submitted for all the remaining years of the grant and include a revised workplan and budget (which should be aligned with the national health plan / national multi-year immunisation plan), an updated performance framework, as well as a revised timeline for implementation. A country considering to submit a reprogramming request should as part of the planning and decision process liaise with the Gavi Senior Country Manager.

No-cost extensions and grant closure

When a country comes to the end of the approved health system strengthening grant timeline, the grant is closed out unless, in exceptional circumstances, a no-cost extension is approved. A no-cost extension may be requested when implementation has been delayed, and planned activities remain largely unchanged.

A no-cost extension request needs to be communicated to the Gavi Secretariat prior to renewal of the last approved year of the health system strengthening grant. It may be requested only once during the life of a grant and for maximum a one year duration at the end of the total grant period.

The Health Systems Coordinating Committee, Inter-agency Coordinating Committee or equivalent governance body needs to endorse a no-cost extension request and the country is required to submit to Gavi an updated workplan (linked to a revised grant performance framework) showing the implementation plan for the remaining activities and funds, adjusted over the proposed no-cost extension period.

3.3. Renewal of cold chain equipment optimisation platform support

Renewal requests for cold chain equipment optimisation platform support must be submitted at least four weeks before the Joint Appraisal takes place.

Countries receiving cold chain equipment optimisation platform (CCEOP) support must submit an annual renewal request, communicating any changes from the initial request for the upcoming year, as may be applicable. The country will also reconfirm the country joint investment, through country, partner or Gavi health system strengthening grant resources. A revised cold chain equipment inventory must be provided, as a reporting requirement for CCEOP support.

The timing of the submission of the renewal request for cold chain equipment optimisation platform support should be identical with the timeline for submitting the country's health system strengthening support renewal request. Both requests must be submitted at least four weeks before the Joint Appraisal takes place.

3.4. Joint Appraisal

Overview

The Joint Appraisal (JA) is a key element of Gavi's grant management and renewal processes. It is an in-country, multi-stakeholder review of the implementation progress and performance of Gavi's support to the country, and of its contribution to improved immunisation outcomes.

The primary objective of a Joint Appraisal is for all relevant stakeholders to jointly review grant performance, to achieve a common understanding of persistent challenges impeding progress, to highlight areas where greater efforts and national investments, as well as technical support, are needed, to enable consideration of how to optimise Gavi's support to help improve immunisation outcomes, and to inform the decision on the renewal of grants.

The multi-stakeholder nature of the Joint Appraisal aims to foster stronger collaboration between government, partners, other in-country and Gavi stakeholders, and achieve a common understanding of opportunities, challenges and critical needs for support and technical assistance related to Gavi's support and its core priority of sustainable enhancements to immunisation coverage and equity.

The Joint Appraisals should, where possible, be planned to align with a country's annual planning processes, fiscal cycles, or with relevant in-country multi-partner reviews or activities. The timing of the Joint Appraisal should also take into account major steps in the cycle of Gavi support.

Renewal requests: It is critical that all renewal requests, including an up-to-date HSS budget in the case an HSS renewal is requested, are submitted on the country portal four weeks before the Joint Appraisal meeting.

Reporting requirements: It is important to ensure that reporting requirements, as described in section 2 of these guidelines, have been fulfilled at least four weeks before the Joint Appraisal takes place. Failure to do so may impact the decision by Gavi to renew its support.

The following reports are required for the renewal of existing support:

- Update of the grant performance framework (GPF) for indicators which are due (for all support received, including HSS, CCEOP and vaccine)
- Grant-specific periodic financial reports, annual financial statements and audit reports (when applicable), for all types of direct financial support received (with specific submission deadlines depending on a country's fiscal year and other factors)
- End of year stock reporting, due 31 March
- Campaign reports (if applicable), including the Supplementary Immunisation Activity (SIA) technical report and financial reports

Other critical information to be posted on the Country Portal four weeks prior to the Joint Appraisal include:

- Immunisation financing and expenditure information
- Data and survey information
- Annual progress update on the Effective Vaccine Management (EVM) improvement plan
- Human papillomavirus vaccine specific reporting (if applicable)
- HSS end of grant evaluation (if applicable)
- Post introduction evaluation (PIE) reports (if applicable)
- Expanded programme on immunisation (EPI) reviews (if applicable)
- Gavi transition plans and/or polio transition plans or asset mapping information (if applicable)

Other information that will inform the Joint Appraisal discussion include:

- Report by WHO, UNICEF and expanded partners on their technical assistance milestones funded through the Partners' Engagement Framework (PEF)
- Analysis on coverage and equity and other relevant programme aspects, as informed by the Joint Appraisal Analysis Guidance Full Country Evaluation report (Annex B)
- Full Country Evaluation, Programme Audit, Programme Capacity Assessment reports (if applicable)
- Minutes from NITAG meetings that have taken place since the previous Joint Appraisal
- Other evaluations and risk assessments of Gavi programmes

Joint appraisal design principles: Some key design principles are important to keep in mind to ensure the quality of the Joint Appraisal and its outcomes. The Joint Appraisal should:

- Be co-convened by the Ministry of Health (MOH) and Gavi Secretariat
- Be inclusive of relevant national and international stakeholders
- Enable unbiased, evidence-based discussions
- Build on existing country processes and results of other reviews
- Be conducted in-country at a suitable time agreed between the country and Gavi Secretariat
- Identify actionable recommendations

- Document the process, findings and recommendations in a report that is endorsed by the national coordination forum (Inter-agency Coordinating Committee, Health Systems Coordinating Committee or equivalent). The targets, reported performance of the grants and the request for continued HSS and CCEOP funding are also to be endorsed at this time.
- Be supported through intensive engagement by the Gavi Secretariat

Participants: The following stakeholders typically participate in a Joint Appraisal:

- Relevant staff from the Ministry of Health and Ministry of Finance (including e.g. from planning department)
- Members of the Inter-agency Coordinating Committee (ICC), Health Systems Coordinating Committee (HSCC) or equivalent
- Staff from Alliance partner organisations
- Other relevant stakeholders (including civil society organisations, and partner organisations)
- Relevant Gavi Secretariat staff.

Differentiation options

As per Gavi policies, some countries are allowed to conduct a lighter process if they meet certain criteria. The decision whether a full Joint Appraisal or a Joint Appraisal update is conducted in a given year, is usually part of the regular grant management exchanges between the country and the Gavi Senior Country Manager.

Considerations taken into account on whether a full joint appraisal or update is conducted, include: when the country last underwent a full Joint Appraisal, level of investment and complexity of Gavi support, dynamic situations requiring assessment and possible readjustment of operational plans; performance trends indicating that operational plans might not be working well, possibly not responding to country needs or not leading to coverage and equity improvements.

Full Joint Appraisals are conducted in-country, using the dedicated comprehensive template, and with full engagement of key stakeholders and by Alliance partners.

Joint Appraisal Updates are a lighter version of the Joint Appraisal, with greater flexibility in terms of appraisal modalities and participation, as well as a simplified appraisal report. For a Joint Appraisal update countries are invited to focus primarily on the progress and performance of Gavi support, and thematic areas most relevant from a performance perspective. Joint Appraisal updates are normally conducted with a more limited participation of stakeholders. As a minimum, country representatives and the Gavi Secretariat (Senior Country Manager) must participate. A Joint Appraisal update can be organised in-country or with some participants contributing remotely; the exact modalities are to be agreed between the key stakeholders.

Both full Joint Appraisals and Joint Appraisal updates should be discussed and endorsed by the national coordination forum (ICC, HSCC or equivalent); and are reviewed by Gavi as part of the annual renewal process.

Characteristics	Full Joint Appraisal	Joint Appraisal update
Process lead	Process co-convened by the Ministry of Health and Gavi Secretariat	
Purpose	A multi-stakeholder review of the implementation progress and performance of Gavi's support and its contribution to improving	A compact report, focused on the performance of Gavi support, based on discussions between the Ministry of Health and Gavi

	immunisation outcomes and to strengthening the capacities of countries to sustain their immunisation programmes.	Alliance on routine monitoring and documents
Location	In-country	In-country or remotely
Basis of discussion	Build on previous Joint Appraisal outcomes and focus on progress to date or changes in country situation Refer to existing country processes and results of other reviews	
Participation	Be co-convened by the Ministry of Health (MOH) and Gavi Secretariat Be inclusive of relevant national and international stakeholders (e.g. WHO and UNICEF) Be supported through intensive engagement by the Secretariat in-person	Be co-convened by the Ministry of Health (MOH) and Gavi Secretariat Be inclusive of relevant in-country partners (e.g. WHO and UNICEF) Less emphasis on participation by international partners Be supported through intensive engagement by the Gavi Secretariat
Template	Joint Appraisal report template, available on http://www.gavi.org/support/process/apply/report-renew/	Simplified report, available on http://www.gavi.org/support/process/apply/report-renew/ .
Report content	Comprehensive report on analysis of performance; identification of actionable recommendations	Shorter report on performance and update of actionable recommendations (what has been achieved and what remains or is needed to improve outcomes)
Endorsement	Endorsed by the ICC/HSCC or equivalent	

Preparation of the Joint Appraisal and pre-Joint Appraisal data analysis

The Joint Appraisal analysis guidance (Annex B to these reporting and renewal guidelines and available on <http://www.gavi.org/support/process/apply/report-renew/>) outlines the suggested minimum set of data and analyses to be available to inform full Joint Appraisal discussions and provides country examples previously found to be particularly effective (in terms of presentation or level of disaggregation). The minimum set of data and analyses can be supplemented with additional information where deemed relevant by the country. The resulting coverage and equity analysis should be provided as an annex to the Joint Appraisal report.

The planning and preparation process ahead of the Joint Appraisal meeting is critical in the perceived value of the Joint Appraisal.

It is important to coordinate the Joint Appraisal planning across country, Alliance partners and in-country stakeholders as early as possible. A country may decide to convene a small “organising team” comprising members from the government, alliance partners WHO, UNICEF or others, and the Gavi Secretariat to coordinate and oversee the planning, implementation and follow-up of the Joint Appraisal.

A key aspect of preparation for the Joint Appraisal is to review relevant data and analyses to understand the progress against grant performance targets and to inform discussions around possible bottlenecks to grant performance (e.g. delayed reporting, unavailable data, key barriers to

achieving expected results, etc.), including coverage and equity, to enable prioritisation of targeted support as part of the Joint Appraisal recommendations. This is particularly important when a country is undertaking a full Joint Appraisal.

Wherever possible, data and analyses to inform Joint Appraisal discussions should use analyses and reports already available and routinely generated in countries (for example: data and analyses drawn from expanded programme on immunisation reviews, annual desk reviews, data in joint reporting forms already compiled for routine reports such as WHO UNICEF Joint Reporting Form, routine programme monitoring metrics integrated into HMIS / DHIS2 / EPI or supply chain dashboards or alternates, equity analyses, coverage evaluation and KAP surveys). Gavi does not require data and analyses to be generated solely for the purpose of the Joint Appraisal. The necessary information is generally part of a country's routine EPI data and annual desk reviews. However, advance preparation may be required.

Joint Appraisal report

Countries are requested to use the Joint Appraisal report template for a full Joint Appraisal¹². The report structure will help ensure completeness as well as a consistent presentation. It will also help regional and global partners identify common issues across countries and inform how to best provide support.

Countries conducting a Joint Appraisal update should use the alternative report format.

Guidance on each Joint Appraisal section is incorporated in the template itself. The Joint Appraisal report contains a summary of the renewal requests, recent changes in country context and potential risks, a performance analysis of the immunisation programme general and Gavi support in particular, and a summary of key activities and prioritised actions for the next year.

The Joint Appraisal discussion and analysis will draw from the earlier programmatic and financial reporting provided by the country to Gavi – to be submitted at the latest four weeks ahead of the Joint Appraisal meeting –, as well as other country information, data and analysis.

The Joint Appraisal is not a review of a country's immunisation system. Instead, the emphasis is on the analytical review of existing information and data, and the subsequent activities to optimize Gavi's support to help improve immunisation outcomes and sustainable enhancement of immunisation coverage and equity.

3.5. Renewal decision

Several times a year, a designated Gavi panel reviews countries' renewal requests and Joint Appraisal reports, taking into consideration the reported results and projected needs and plans for the next year. The review can be conducted either by the High Level Review Panel (HLRP), or another internal Secretariat body. The review panel makes recommendations on continued funding, as well as suggestions to strengthen grant performance and accountability.

In order to determine a recommendation for renewal of existing support, Gavi takes into account:

¹² The template can either be accessed by contacting your Gavi Senior Country Manager or on the Gavi website <http://www.gavi.org/support/process/apply/report-renew/>

The vaccine renewal and extension request and final vaccine allocation;
The HSS renewal request and CCEOP renewal request (if any);
Reporting compliance (with reporting requirements explained in these guidelines); and
Reported progress and results;
The Joint Appraisal report.

The review outcomes for countries may be (a) approval of the renewal; (b) determination of insufficient information (wherein the country is required to provide additional information or complete certain actions before approval); or (c) support is not renewed.

Grant renewal recommendations are ultimately approved by the Gavi Chief Executive Officer.

After the review meeting, countries will be informed by the Gavi Secretariat of the renewal recommendation, and any pending issue will be communicated that may require to be resolved before a formal Decision Letter is issued.

The renewal decision is formalised through a Decision Letter.

Consequences of low reporting compliance or performance

As part of the deliberations on the renewal of support, and in particular HSS support, Gavi will take into considerations compliance with reporting requirements, as well as performance.

To be considered compliant with key reporting requirements, countries must at minimum have provided with the following reporting:

- GPF: (1) ≥80% of targets filled in for all indicators; AND (2) ≥80% of results reported for country-reported indicators;
- End-of-year stock report was submitted by 31 March;
- Submission of the HSS financial and audit reports for the reporting period (based on country fiscal year) to an acceptable quality.
- For countries that benefit from a campaign support, submission of the SIA Technical Report.
- Where relevant, submission of operational cost and vaccine introduction grant financial reports for grants.

In the case that a country is found to be non-compliant with key reporting requirements the country's HSS grant will not be renewed. Upon receipt of missing report(s), the HSS grant may be reviewed for renewal at a subsequent panel meeting.

The performance review takes into consideration both financial and/or programmatic performance. Poor financial performance is linked to poor fund utilisation in HSS grants, without appropriate justification. Poor programmatic performance of HSS Grants is defined as less than 80% of targets for tailored indicators have been met without appropriate justification.

As a consequence of poor performance, the panel may either decide not to renew the HSS support, or making the disbursement of HSS funds conditional on a number of aspects, such as an updated financial report demonstrating increased absorption rates, and/or a revised budget, work plan and indicators.

3.6. Particular circumstances

Renewal process for countries in full portfolio planning process

As described in Gavi's application guidelines¹³, countries will build a portfolio view for the upcoming 3-5 years across all types of existing and new support provided by Gavi when requesting new health system strengthening support. This is referred to as full portfolio planning. The full portfolio planning is documented through a Programme Support Rationale (PSR).

Countries developing their Programme Support Rationale need to provide reporting, as well as submit their vaccine renewal requests and/or CCEOP renewal request (if applicable) on the Gavi Country Portal. As is the case for all countries, the vaccine renewal request must be submitted between late March and 15 May.

The Programme Support Rationale incorporates the Joint Appraisal in the year of its development and review. Therefore, no separate Joint Appraisal report is required for renewal purposes in that year.

The review of the renewal requests will normally be conducted as part of the Programme Support Rationale review. Countries should discuss with the Senior Country Manager the renewal timelines when elaborating timelines for the development and review of the Programme Support Rationale.

Countries affected by emergencies, facing fragility and/or hosting refugees

In 2017, the Gavi Board approved a revised fragility, emergencies and refugees policy¹⁴. The policy identifies a sub-set of countries most affected by fragility, and allows Gavi to adjust its support and processes to better meet each country's specific needs.

All requests for flexibilities must be documented, which can be done by including the request for flexibilities in the Joint Appraisal report.

Depending on the flexibility requested, a review by the IRC, HLRP or other reviewing bodies might be required. For countries facing fragility who are in the accelerated transition phase, the same process applies for granting flexibilities.

The policy also allows for flexibilities to be extended to Gavi-supported countries facing emergencies or hosting refugees. Countries affected by emergencies and/or hosting refugees may initiate a request for flexibility at any time during the grant cycle, including as part of the renewal process. The approval mechanism will depend on the type of flexibility requested, and the timeline for approval may vary according to the emergency of the situation.

Countries affected by an emergency and/or listed as facing fragility, and/or hosting refugees may request approval for additional doses to cover a broader age range or to cover an increased number of people following a refugee influx. Whenever feasible, these requests should be included in the vaccine renewal request, and the request should be documented in the JA report. A request of additional doses is reviewed by the IRC or HLRP or other reviewing bodies, as may be so empowered by the Board, for recommendation to the CEO.

¹³ Available on Gavi's website: <http://www.gavi.org/support/process/apply/hss/>

¹⁴ For more information, please see <http://www.gavi.org/about/programme-policies/fragility-emergencies-and-refugees-policy/>

Transitioning countries renewing IPV support

In line with a Gavi Board decision, all Gavi countries, including transitioning countries can request support for IPV up to 2020, subject to the availability of funds.

Transitioning countries who are eligible to receive IPV should provide through the country portal their IPV vaccine needs. As long as IPV is the only vaccine support requested by the country and as long as the country chooses not to co-finance IPV, Gavi will exceptionally not require/insist on the Ministers' sign-off on the vaccine (NVS) renewal submission. This exception does not apply to situations in which a country is required to submit a vaccine renewal request for multiple vaccines incurring a co-financing obligation.

Annexes

Annex A - Considerations for deciding the timing of the Joint Appraisal

Certain factors should be discussed by country stakeholders to ensure a suitable time for the Joint Appraisal process:

- Timing of other planning or review cycles and related activities in country (e.g. fiscal cycle, annual work planning/reviews/evaluation). Ideally the Joint Appraisal would be timed to coincide with the end of the country's fiscal cycle and on the back of a review where key stakeholders would already be present in the country. This would allow the outcomes of the review to inform the appraisal discussion.
- Timing of other competing activities in country where key stakeholders may not be available to participate (e.g. elections, vaccine introductions, World Immunisation Week, etc.).
- The need (urgency) for disbursement of the next tranche of health system strengthening support or other cash grant.
- The availability of key data sources that inform the appraisal, such as, reports from household and facility surveys and other relevant assessments (e.g. data quality assessments), WHO/UNICEF Joint Reporting Form (JRF) .
- The time required to finalise the Joint Appraisal report, which must be submitted to the Gavi Secretariat in advance of the meeting of Gavi's renewal panel.

Annex B - Joint Appraisal analysis guidance

The Joint Appraisal analysis guidance is available on the Gavi website at <http://www.gavi.org/support/process/apply/report-renew/>

Annex C – Guidance for product, presentation, or use switches

Context and scope

After a country has introduced a vaccine, it may request to switch from the currently approved vaccine product, presentation or use to a new vaccine product, presentation, or use containing the same antigen.

- Example of a vaccine product switch: changing between PCV10 and PCV13
- Example of a vaccine presentation switch: changing from PCV10 in 2 dose vials to PCV10 in 4 dose vials.
- Example of a vaccine use switch: from IPV intramuscular injection of full dose to IPV intradermal injection of fractional dose

Typically, switches are driven by one of two situations:

1. Supply of the current vaccine is disrupted due to permanent discontinuation or a temporary discontinuation [for example, production is insufficient to fully meet Gavi countries demand for the year]. The country may need to permanently switch to another product or presentation procured by Gavi. This situation is out of the country's control.
2. Country's own voluntary choice, which might occur because:
 - A new Gavi-supported vaccine is available: as manufacturers are continuously developing new products and presentations, Gavi may offer a new product or presentation on its "menu"

([Detailed product profiles](#)), supplied either by a new manufacturer or by an existing manufacturer, which may offer advantages over existing options.

- Changes in the current vaccines profiles (e.g. a price reduction, a VVM type change)
- Changes in country needs (for example new epidemiology data, increased price sensitivity)
- Changes in vaccines availability (the country has been unable to use its preferred vaccine or presentation before due to a supply constraint)

A product, presentation or use switch impacts programme implementation, financing requirements, and supply management. It may also send signals that have implications for market shaping, and indirectly affect vaccine choices available to other countries, through their positive or negative impact on the health of a vaccine market.

Whenever a switch occurs, it is relevant to understand what rationale drives a country's specific choice of a preferred vaccine product, presentation, or use. Gavi will track this information. Reasons typically include one or a combination of the following:

Cost-driving considerations (for example: wastage rate, price, price commitments)

Vaccine's clinical profile (for example: country-specific data, safety profile)

Logistic considerations (for example: VVM type, size of cartons)

Vaccine programmatic suitability (for example: dose schedule, ease of administration)

Strategic/epidemiological reasons (for example. tOPV/bOPV switch)

Guiding principles

These guidelines aim to strike a balance between being responsive to countries preferences, providing assurance that the inherent risks of a switch are sufficiently addressed, and keeping the request and review processes lean. As such the following principles are to be considered by countries, partners and Gavi's Secretariat:

- Voluntary switches are expected to result in a net benefit for the beneficiaries, and/or the sustainability and efficiency of the system (for example: higher cost-effectiveness, better match with epidemiology, lower cold chain footprint).
- The switch choice should be underpinned by a brief financial, cold-chain and programmatic analysis, for which technical assistance from WHO, UNICEF SD, and extended partners can be requested, preferably in the year prior to the switch decision making.
- Countries can choose to add one presentation type of the same vaccine product used in routine, if they can provide a valid reason for it. For example, a country can request a single-dose presentation to use in peripheral sites with low population density while keeping a 4-dose vial presentation for high-density areas.
- To mitigate the risk of stock out, wastage rate assumptions for the first year should be conservative and align to WHO estimates reflected in Gavi's detailed product profiles, until proven otherwise by country experience.
- Switch requests should be justified by a clear rationale, and not cause unnecessary disruption. Therefore, a maximum of three requests for voluntary switches for the same antigen can be submitted in a period of five years, with a recommended interval of minimum 12 months between actual introduction or switch dates.
- Requests for two switches of different antigens to happen at the same time are acceptable and expected to generate synergies.

Country requirements¹⁵ to submit a switch request

1. Country choices are expected to align with product availability and prioritise rapid implementation over 'waiting for the ideal product' to minimise the number of children left behind.
2. Country choices need to be endorsed by the ICC (must have) and recommended by the NITAG (where NITAGs are present).
3. The switch request form needs to be signed by the Ministry of Health.
4. Countries are expected to assess the costs and benefits of the switch in comparison to the existing product, presentation or use. If the switch increases countries' financial costs (for example the co-financing amount), then the switch request form needs to be signed by a representative of the Ministry of Finance, too.
5. Country choices of vaccine product or presentation need to meet countries' available or planned cold chain infrastructure. For example, a country with limited negative temperature capacity should not choose a frozen vaccine unless it's the only option.
6. Countries are expected to identify the most suitable time to switch based on programmatic assessment, stock level and utilisation of the old product or presentation, and specific training needs. For available presentations, it is recommended to submit the request at least 6-8 months ahead of the planned switch date. Presentations that are not yet available may take longer.
7. Countries are required to report the actual switch date in the first renewal request following the actual implementation.
8. Countries should switch to different vaccine products, presentations, or use in a timely fashion, within two years of switch approval.

Switch grant

Gavi may provide support, in the form of a "switch grant" as specified in the [Health System and Immunisation Strengthening \(HSIS\) Support Framework](#). This support facilitates the safe and effective transition to a new product, presentation, or use, and intends to cover a portion of the one-time investments associated with a switch (e.g., training of health workers on administration of the new product or presentation, document production and distribution, limited cold chain expansion such as procurement of cold boxes, stock monitoring, and retrieval of stock), with the remainder being covered by the government and partners, if necessary.

- The switch grant is not intended for investments that take longer than approximately six months to implement, such as large-scale cold chain investments. These should be planned as part of an HSS or CCEOP grant.
- Activities funded through a switch grant should be leveraged for strengthening the routine immunisation system where possible.
- For eligible countries, the ceiling for a switch grant is US\$ 0.25 per infant in the birth cohort or a lump sum of \$30,000, whichever is higher. For eligible countries switching product or presentation of the HPV vaccine, Gavi provides \$0.80 per girl in the birth cohort or a lump sum of \$30,000, whichever is higher.
- In the case of a delayed introduction due to supply scarcity, the switch grant will be limited to unrecoverable expenses from the Vaccine Introduction Grant. For example, if a country has printed training materials for one presentation that has become unavailable, the country may access a switch grant to finance printing of materials for the new vaccine presentation.

¹⁵ Extraordinary events, such as unexpected supply scarcity, can trigger a temporary waiver of country requirements 4-6 to favour speed of action and ensure that replacement vaccines can be available in country as soon as possible.

Switch request process

Countries must submit a formal request for a product, presentations or use switch and are encouraged to do so through Gavi's country portal as part of the annual vaccine renewal request, due by 15 May. A country can request a switch any other time during the year, by submitting a **standard switch request form** to Gavi's Secretariat. The switch form is vaccine-specific and used to collect essential information for the implementation of the switch and is necessary also when switches are not initiated by countries, for example in the case of supply disruption.

All switch requests must be submitted either via the Gavi Country Portal or via the vaccine-specific switch request form and include the following information:

- Reason for requesting the switch including, if applicable, any relevant evidence to justify the switch (e.g., surveillance data with serotype burden, expected reduction of the co-financing requirements). A list of reasons is suggested in the switch form, and multiple options can be selected.
- Product information: details of the new product, presentation, or use preference.
- Desired timing of the switch.
- Number of children targeted with the first dose.
- Stock levels of current product at the national and sub-national level.
- Confirmation that the new request fits with the country's cold chain capacity and dry storage capacity for devices.

Documentation:

- ICC (and NITAG, if applicable) endorsement and meeting minutes.
- If the country is eligible and requests a switch grant, the country must submit a budget in the standard [Gavi budgeting and planning template](#). Of note: not all switches qualify for a switch grant. If the 'new' product has been used before (e.g. prior to a previous switch or as part of campaigns) it should be made clear why the current switch requires additional investments.
- Additional documentation may be requested for certain vaccines and will be listed in the vaccine-specific switch form.

Once submitted, a switch request is binding, and can only be amended in response to reviewers' comments. The implementation timeline and the target population estimate may be revised only up to four (4) months prior to the requested vaccine shipment date, by submitting a revised switch form.

Countries' switch requests submitted outside of Gavi's renewal process will be reviewed by the Gavi Secretariat, in consultation with technical partners, within two months of receipt. The country will be informed of the outcome by an information letter outlining Gavi's ability to meet the switch request and timelines for supply availability. In addition, if vaccines are procured through UNICEF, the country will be notified of the updated dose calculations and eligible grant amounts through the Decision Letter for the next year of support.

Available vaccine presentations are described in the detailed product profiles, available on the Gavi website: <http://www.gavi.org/support/process/apply/vaccine/>.