

SUBJECT: GAVI 5.0: MEASUREMENT FRAMEWORK

Agenda item: 01g

Category: For Decision

Section A: Executive Summary

Context

Building on discussions at the October 2019, May 2020 and October 2020 Programme and Policy Committee (PPC) and July 2020 Board meetings¹, the Board is requested to approve proposed mission and strategy performance monitoring indicators for the 2021-2025 strategy. An Alliance Technical Working Group (TWG) has advised on the indicators, with many developed jointly with the Immunization Agenda 2030 (IA2030) Monitoring & Evaluation (M&E) Taskforce. An iterative process with consultations to vet indicators has included consultations with countries, partners, Civil Society Organisations and other Alliance stakeholders at the Gavi 5.0 Countries and Partners Retreat.

Questions this paper addresses

What mission and strategy indicators are proposed for monitoring Gavi Alliance performance on the 2021-2025 strategy, and how do they fit within the broader Gavi 5.0 learning system?

Section B: Facts and Data

1. Facts and Data

- 1.1 Proposed Gavi 5.0 mission and strategy performance indicators are intended to measure progress towards the goals and objectives as described in the Gavi 5.0 strategy framework “one-pager” (Annex B), approved by the Board in June 2019. They focus on key portfolio-level impacts, outcomes or outputs, with shared Alliance accountability.
- 1.2 Indicator development emphasised connecting indicators to the design of the Gavi 2021-2025 strategy. The Monitoring & Evaluation (M&E) team has worked with Secretariat programme teams, in consultation with Alliance stakeholders, to think through the Gavi 5.0 Theory of Change (TOC) (Annex E) to identify the outputs or outcomes that must be measured to understand progress towards the Strategy Goals. Consultations during the Gavi 5.0 Countries and Partners Retreat on 25-27 February 2020 provided useful

¹ Doc 06 October 2019 PPC; Doc 07 May 2020 PPC; Doc 05 October 2020 PPC; and Doc 02 July 2020 Board meetings.

guidance. A TWG of M&E specialists, including from Alliance partners, advises the Secretariat. Membership overlap between the TWG and the IA2030 M&E Taskforce ensures alignment with IA2030 indicators. The proposed strategy performance indicators are well aligned with draft IA2030 global or regional indicators, noting the latter were developed for country use as opposed to strategy measurement. Differences are due to the nature of Gavi investments, e.g. tracking Gavi-supported vaccines, co-financing, or innovative products. Nearly all proposed indicators not being considered as IA2030 indicators can be computed from existing global databases and therefore do not add reporting burden to countries. Some proposed IA2030 and Gavi 5.0 strategy indicators are not yet finalised, and therefore operational definitions are not provided in this paper.

- 1.3 The proposed mission and strategy performance indicators are part of the broader Gavi 5.0 Learning System (Appendix 2). Replacing the Gavi 4.0 M&E Framework, the Learning System is driven by the Gavi 5.0 Theory of Change (Annex E) and will provide timely and relevant evidence enabling the Alliance to deliver on its objectives and understand performance. Learning Priorities (Annex E), established upfront, will allow for coordinated learning across the Alliance through monitoring, evaluations, and other activities including the proposed Learning Hubs in select countries (see Doc 05b). For monitoring, the mission and strategy performance indicators are part of an integrated 5.0 measurement framework, inclusive of strategy implementation monitoring with operationally oriented indicators of Alliance activities, risks, assumptions, and country performance.
- 1.4 This paper presents proposed Gavi 5.0 mission and strategy performance indicators for approval. The indicators are summarised in a dashboard in Annex C and tables in Annex D, with details provided in Appendix 1. As mission indicators and performance indicators for Strategy Goals 1 and 4 were previously discussed with the Board, this paper provides more details on indicators for Strategy Goals 2 and 3.
- 1.5 The PPC recommended that the Board approve the proposed mission and strategy indicators at its October 2020 meeting, with the understanding that some indicators within Strategy Goal 2 are under development with a learning period before reporting to the Gavi Board. The PPC was interested in other topics being monitored in Gavi 5.0 and also suggested a pragmatic approach to establishing baselines and targets for Gavi 5.0 given uncertainties due to COVID-19 disruptions.

2. Mission Indicators

- 2.1 Mission indicators measure progress on the overarching goals of the 5.0 strategy, demonstrate Gavi's global impact and enable advocacy. Some are part of commitments in the Gavi 2021-2025 Investment Opportunity.
- 2.2 The six proposed mission indicators are unchanged from what was presented to the Board for Guidance in July 2020. These are: *under-five mortality rate (M1)*, *future deaths (M2)* and *DALYs (M3) averted, reduction*

in the number of zero-dose children (M4), unique children immunised with Gavi support (M5), and economic benefits unlocked (M6).

3. SG 1: Introduce and scale up vaccines

- 3.1 Under Strategy Goal 1 (SG1), the Alliance aims to continue supporting introductions and scale-up of coverage of high-impact vaccines in eligible countries. Measurement towards this goal is structured around indicators of *breadth of protection through routine immunisation (S1.1), reach of preventive campaigns (S1.6) and timeliness of outbreak response (S1.7)*. Four indicators are used to complement monitoring of breadth of protection. These key “drivers” are: *coverage of Gavi-supported vaccines (SDG 3.b.1 indicators) (S1.2); number of new introductions (S1.3); rate of coverage scale up of newly introduced vaccines (S1.4); and country use of robust evidence to inform decisions on vaccine priorities (S1.5)*.
- 3.2 As presented to the PPC, we propose one change to what was previously shared with the Board to align with the IA2030 M&E framework. This would extend the definition of the outbreak response indicator (S1.7) to incorporate outbreak detection and initiation of a vaccination campaign. It would be phrased as follows: *% of measles, meningococcus, yellow fever, cholera and Ebola outbreaks with timely detection and response*. Timeliness targets will be developed by the IA2030 M&E Taskforce.

4. SG2: Strengthen health system to increase equity in immunisation

- 4.1 Strategy Goal 2 (SG2) aims to strengthen health systems to increase equity in immunisation. Measurement of progress on SG2 is linked to the mission indicator on reaching *zero-dose children (M4)* and bringing them sustainably into the routine immunisation system (Strategic Objective 2A) by supporting countries to strengthen subnational efforts to improve equity for both the supply (Strategic Objective 2B) and demand side of immunisation services including addressing gender-related barriers (Strategic Objective 2C). Monitoring of equitable immunisation coverage extends beyond SG2 indicators, including coverage of vaccines consistent with the SDG immunisation indicator (measured within SG1) and the mission indicator on zero-dose children.
- 4.2 Given the breadth of SG2, we propose eight strategy performance indicators, with other indicators included in strategy implementation monitoring (Appendix 2). The indicators are organised as three outcomes and five “drivers” of those outcomes: service availability, supply chain, Expanded Program on Immunization (EPI) management capacity, demand, and gender-related barriers. Indicators will be defined at national level, but where relevant also monitored within targeted areas of Gavi support.
- 4.3 Not all of the proposed indicators are currently measured so a learning period will be required. Additionally, some proposed indicators do not yet have an operational definition, pending finalisation of the IA2030 M&E framework and a learning period.

- 4.4 The overarching indicator for understanding performance on SG2 is the reduction in number of zero-dose children (M4). We also propose three SG2 outcome indicators as follows:
- a) *Geographic equity of DTP3 coverage (S2.1)*, such as DTP3 coverage in the 20% lowest performing districts, with the operational definition pending finalisation in the IA2030 M&E Framework. While interpretation of subnational administrative coverage data for Gavi 4.0 reporting was challenging, the TWG recommends an indicator on geographic equity.
 - b) *DTP drop-out (S2.2)*. This Gavi 4.0 strategy indicator remains relevant for the 2021-2025 strategy, as a measure of whether demand- and supply-side drivers combine to ensure children complete the third dose of DTP-containing vaccine after receiving the first dose. With a focus on reaching zero-dose children, tracking DTP drop-out helps ensure that zero-dose children, once reached, are not left underimmunised.
 - c) *MCV1 coverage (S2.3)*. This Gavi 4.0 strategy indicator also remains relevant for the 2021-2025 strategy, with expanding routine coverage of measles containing vaccine important for sustainable measles control. It also represents the final immunisation touchpoint for infants, and therefore a marker of children being on the pathway to full immunisation.
- 4.5 We propose five “driver” indicators for SG2. They will require a learning period to ensure reliable reporting. Our objective is to measure these at portfolio level, but for some we may start reporting on some countries, or targeted locations within countries. Without data to establish baselines, for accountability purposes we anticipate tracking whether the indicator is improving, as opposed to setting a quantitative target, at least to start.
- a) *Number of immunisation sessions (S2.4)*. Expanding the reach of routine immunisation services to improve equity in immunisation will require an increase in service availability in most Gavi supported countries. To monitor this at the strategy level, we propose to measure whether immunisation sessions increase in aggregate across Gavi countries, with disaggregation by mode of delivery. Many countries monitor this indicator to inform their planning and as part of Reach Every District strategies, but not necessarily in a standardised way or reported upwards as part of annual reporting to WHO/UNICEF. Therefore, this indicator will require a learning period before reporting to the Board. Interpretation of this indicator will be supplemented by monitoring the proportion of planned immunisation sessions that are conducted.
 - b) *Stock availability at facility level (S2.5)*. This indicator has been identified as a key metric for global or regional monitoring in IA2030 that countries need for effectively managing their supply chain. The operational definition is pending finalisation within the IA2030 M&E framework, but will likely focus on the percentage of facilities that had sufficient pentavalent vaccine to cover need for routine service delivery. As with the indicator on immunisation sessions, it will require support and guidance to countries to monitor in a standardised way and a learning

period before reporting to the Board. We will continue to report on Effective Vaccine Management (EVM), and work to track the proportion of countries with stock monitoring in place at all levels.

- c) *EPI management capacity (S2.6)*. This indicator is similar to the composite indicator used for tracking Leadership, Management and Coordination (LMC) in Gavi 4.0 but is defined more narrowly to focus on EPI management capacity and inter-agency coordination mechanisms. It is anticipated that data collection will shift away from Gavi Senior Country Managers to include respondents from across the Alliance, and will be informed by the LMC Evaluation that will conclude in Q1 2021.
- d) *Percentage of countries implementing tailored plans to overcome demand-side barriers in missed communities (S2.7)*. This indicator should align with an IA2030 process indicator to track initial progress on implementation of demand-oriented programming while an outcome-oriented indicator is finalised through the Measuring Behavioural and Social Drivers of Vaccination (BeSD) WHO expert group. BeSD indicators are undergoing field testing and will be reviewed by SAGE in 2021. We anticipate selecting BeSD indicator(s) to monitor via remote data collection of user perspectives at scale; an indicator could be added as a Gavi 5.0 strategy performance indicator at the Board's request.
- e) *Percentage of countries addressing gender-related barriers to immunisation with Gavi support (S2.8)*. The PPC requested an outcome indicator on addressing gender-related barriers. However, in line with the recently approved Gavi Gender Policy M&E Framework and discussions among the TWG, an outcome indicator is not feasible. The proposal remains to track the proportion of countries that conduct analyses to identify gender-related barriers to immunisation and implement plans to address them. As discussed with the ACT in November, a learning agenda is needed for outcome indicators.

5. SG3: Improve sustainability of immunisation programmes

- 5.1 Strategy Goal 3 aims to improve the sustainability of immunisation programmes. This includes strengthening social and political commitment to immunisation (Strategic Objective 3A), promoting domestic public resources for immunisation and primary health care (Strategic Objective 3B), and preparing and engaging self-financing countries to maintain or increase performance (Strategic Objective 3C).
- 5.2 *Co-financing fulfilment (S3.1)*. Co-financing remains a core element to Gavi's model in 5.0, in particular given the increased focus on safeguarding gains made over the last years in political commitment towards domestic financing of vaccines in view of the macro-economic and fiscal impact of COVID-19 on national economies. We propose, therefore, to use the same indicator on co-financing as in Gavi 4.0 to monitor progress on Strategic Objectives 3A and 3B. This is defined as the percentage of countries that fulfil their co-financing commitments by the end of the calendar year (or fiscal year, when agreed so), or which come out of default within 12 months.

- 5.3 *Preventing backsliding in routine immunisation coverage in Gavi-transitioned countries (S3.2).* As part of monitoring progress on preparing and engaging self-financing countries to maintain or increase performance (Strategic Objective 3C), we anticipate an indicator on backsliding of routine coverage in Gavi-transitioned countries measured in terms of DTP3 coverage. This measure of sustainability goes beyond the Gavi 4.0 mission indicator on maintaining vaccines in national schedules, which we will continue to track, by bringing a stronger focus on maintaining programmatic performance after transition. The definition will be finalised in parallel with the Funding Policy Review and informed by Board decisions with respect to the approach to former Gavi-eligible middle-income countries (MICs).
- 5.4 *(If applicable) vaccine introductions (HPV, PCV, Rota) catalysed in Gavi-transitioned and never-Gavi countries (S3.3).* Gavi's potential approach to engaging with former and never Gavi-eligible MICs in Gavi 5.0 is still under development and discussion. Therefore, no indicator is being proposed, however if relevant given Board decisions we will propose an indicator.

6. **SG4: Ensure health markets for vaccines and related products**

- 6.1 Under Strategy Goal 4 (SG4), Gavi aims to continue to ensure healthy markets for vaccines and immunisation-related products. As presented previously, measurement of SG4 focuses on an outcome indicators for each strategic objective: Number of markets exhibiting sufficient supply dynamics (S4.1), Number of innovative products within the pipeline of commercial-scale manufacturers (S4.2), and Number of vaccine and immunisation-related products with improved characteristics procured (S4.3).

7. **Next steps**

- 7.1 The Secretariat will continue consultations on how to and whether to reflect other topics in the 5.0 measurement framework, such as domestic financing of primary health care, integration, collaboration and CSO engagement, along with baselines and targets, for the May 2021 PPC meeting.
- 7.2 The Secretariat will continue to develop and consult on the broader Gavi 5.0 Learning System including the Learning Priorities (Appendix 2).

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board that it **approve** the proposed mission and strategy performance indicators attached as Annex C to Doc 01g, noting that:

- a) Operational definitions for a small number of indicators are pending finalisation within the Immunisation Agenda 2030 M&E Framework, to which the Gavi 5.0 Measurement Framework wishes to align wherever possible; and
- b) Indicators on geographic equity, as well as the five drivers of SG2 will require time to obtain meaningful data to report to the Board at portfolio level.

Annexes

Annex A: Implications/Anticipated impact

Annex B: Gavi 5.0 strategy framework (i.e. 'one-pager')

Annex C: Summary view of Gavi 5.0 strategy performance indicators

Annex D: Summary description of Gavi 5.0 strategy performance indicator definitions and proposed use cases

Annex E: Draft Gavi 5.0 Theory of Change and Learning Priorities

Additional information available on BoardEffect

Appendix 1: Strategy performance indicator reference sheets

Appendix 2: Draft Gavi 5.0 Learning System