
Annual Evaluation Report 2023



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Acronyms

AAR	After action review	IF&S	Immunisation, Financing & Sustainability
AER	Annual Evaluation Report	IRC	Independent Review Committee
AMC	Advance market commitment	iTracker	implementation tracker
AFC	Audit and Financial Committee	KI	Key informant
AVMA	African Vaccine Manufacturer Accelerator	KII	Key informant interview
CCEOP	Cold chain equipment optimisation platform	KPI	Key performance indicator
CCS	Country case study	LMICs	Low- and middle-income countries
CEPI	Coalition for Epidemic Preparedness Innovations	M4H	Mapping for Health
CET	Centralised Evaluation Team	MEL	Measurement, Evaluation and Learning
CPD	Country programme delivery	MICs	Middle-income countries
CSO	Civil society organisations	MOPAN	Multilateral Organisation Performance Assessment Network
CoVDP	COVID-19 Vaccine Delivery Partnership (CoVDP)	M&R&S	Maintain, restore and strengthen
DHI	Digital health information	MTE	Mid-term evaluation
DHIS2	District Health Information Software 2	PEF	Partners' Engagement Framework
DRC	Democratic Republic of the Congo	PHC	Primary healthcare
DSI	Demand-side interventions	PPC	Programme and Policy Committee
EAC	Evaluation Advisory Committee	PPPR	Pandemic prevention, preparedness and response
eIR	electronic Immunisation Registry	PSEA	Private sector engagement approach
eLMIS	electronic logistics management information systems	PST	Programme Support Team
EMR	Evaluation Management Response	RCT	Randomised controlled trial
EOG	Evaluation Operational Guidelines	RFP	Request for proposal
EPI	Essential Programme on Immunization	RI	Routine immunisation
EQ	Evaluation question	R&P	Respond and protect
EvLU	Evaluation and Learning Unit	SC	Steering Committee
EYE	Eliminate Yellow fever Epidemics	SDGs	Sustainable Development Goals
FD&R	Funding Design & Review	SLT	Senior Leadership Team
FER	Fragility, emergencies and refugees	S&P	Supply and procurement
FGHI	Future of Global Health Initiatives	TB	Tuberculosis
FP	Focal point	TCA	Targeted Country Assistance
GFF	Global Financing Facility	ToC	Theory of change
GHI	Global health initiatives	ToR	Terms of reference
HMIS	Health management information system	UFE	Utilisation-focused evaluation
HPV	Human papillomavirus	UHC	Universal health coverage
HSIS	Health System and Immunisation Strengthening	UNEG	United Nations Evaluation Group
HSS	Health System Strengthening	UNICEF	United Nations Children's Fund
HTM	HIV, tuberculosis and malaria	VP	Vaccine Programmes
IA2030	Immunization Agenda 2030	ZD	Zero-dose



Foreword

Credit: Gavi/2023/Kelvin Juma

We are pleased to share Gavi's Annual Evaluation Report (AER) for the year 2023. This report was produced under the 2021 *Evaluation Policy* (1) and is framed against Gavi's strategic plan for 2021–2025 (Gavi 5.0/5.1). The primary audiences for the report are Gavi's Board and governance committees, the Vaccine Alliance and the broader global health community. This report not only serves accountability purposes, but it also aims to contribute to Alliance learning.

Evaluation as a key enabler to informing future pandemic prevention, preparedness and response (PPPR)

[Gavi's Initial Response to COVID-19](#) and the [Formative Review and Baseline Study of the COVAX Facility and COVAX AMC](#)¹ centralised evaluations were published in 2023. These evaluations emphasised the need to ensure that mechanisms are in place for an equitable global vaccine distribution, and coverage of scarce commodities during a pandemic response and the importance of maintaining a focus on routine immunisation (RI). Lessons from both evaluations informed the decisions taken by the Board regarding Gavi's role in PPPR, with significant resources allocated for the African Vaccine

Manufacturer Accelerator (AVMA), Day-Zero Financing,² Coalition Readiness³ and the Big Catch-Up.⁴

In 2023 we also embarked upon the final phase of the COVAX evaluation with Gavi's first joint evaluation across Alliance and COVAX Pillar partners. This phase of the evaluation will explore to what extent the COVAX Facility contributed to intended results, the COVAX Pillar delivery efforts expanded access to COVID-19 vaccines and increased immunisation coverage, and if and how we, as the Gavi Alliance and partner agencies, can strengthen how we work in partnership to deliver. With the commissioning process completed and the independent evaluators selected, this final phase began in February 2024.

Evaluation as a key enabler to operationalising Gavi's 5.0/5.1 strategy (2021–2025) and to inform planning for the next strategic period

This year, we completed the *Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers*. This evaluation offers timely insights, which have informed Gavi's approach to operationalisation of Gavi's next

¹ Advance market commitment.

² At-risk contingency financing, available on day zero of a pandemic to support surge capacity for a coordinated global response.

³ Coalition of partners ready and willing to implement a coordinated response.

⁴ An essential immunisation recovery plan coordinated effort by the World Health Organization (WHO), UNICEF, and Gavi, the Vaccine Alliance, along with the Immunization Agenda 2030 (IA2030) partnership.

strategy (Gavi 6.0) and which are key inputs into the mid-term evaluation of Gavi's 5.0/5.1 strategy, also under way in 2023.

The evidence emerging from this evaluation supports several sub-recommendations of Gavi's Portfolio Management Optimisation (EVOLVE) programme, an ongoing business transformational programme optimising the end-to-end portfolio management processes and enabling technology to ensure that it is fit-for-purpose for delivering Gavi's strategy. The evaluation highlighted the importance of simplifying and streamlining funding levers and related guidance, tools and processes, having an empowered lead entity for coordinating and driving strategy operationalisation with direct accountability to Secretariat senior leadership, as well as the need for a robust and regularly monitored operationalisation plan. Planned actions include engaging the Board on Gavi's operating model in 6.0, delegating grant management decision-making to country-facing leadership levels, and creating a roadmap to guide strategy operationalisation with clearly defined accountability. It is intended for a version of this roadmap to be presented to the Board in June 2024, alongside the approval of Gavi 6.0.

Gavi also completed an independent [evaluation of Gavi's Independent Review Committee](#) (IRC) in 2023 to assess whether the IRC remains fit-for-purpose in the context of Gavi 5.0/5.1, given the significant evolution in Gavi's funding model since the previous evaluation completed in 2010. In response to evaluation recommendations, efforts have already been initiated to tailor review processes according to the different levels of risk and complexity of applications, intended for a more streamlined process for low-risk and low-complexity applications and a more in-depth, iterative review of highly complex applications.

Evaluation as a way to strengthen efforts to reach zero-dose children and missed communities

This year concluded the first year of evaluating Gavi's contribution to reaching zero-dose children and missed communities, offering additional strategic insights to inform Gavi 6.0's development process. One of the key strategic implications that emerged from the first phase of this multi-year evaluation is the need to make

a stronger case for enhancing harmonisation efforts/opportunities with key global partners for Health System Strengthening (HSS), primary healthcare (PHC) and universal health coverage (UHC), e.g. through pooled funding.

Additionally, the evaluation provided insightful recommendations regarding clarifying relationships with and expected outcomes from non-traditional partners and developing a more nuanced approach to difficult resource allocation choices.

Evaluating the effectiveness of digital health information (DHI) interventions to improve immunisation programming and service delivery

Following evaluations conducted in 2021–2022 on the effectiveness of electronic Immunisation Registries (eIRs) and electronic Logistics Management Information Systems (eLMIS) in Pakistan, Guinea, Tanzania and Rwanda, Gavi continues in its endeavour to expand the body of evidence related to information systems and digital health. [An evaluation of the integration of geospatial data into microplanning processes to improve vaccination coverage in the Democratic Republic of the Congo \(DRC\)](#), which was completed in 2023, revealed significant findings that support scaling up and the use of geospatial technology in immunisation programmes. In addition, in 2023, a prospective evaluation of country-specific roadmaps to scale up the use of DHI, as well as a joint evaluation (with the Global Fund⁵), which focuses on the use of DHIS2⁶ and data to enhance the planning and monitoring of programmes related to immunisation, HIV/AIDS, malaria and tuberculosis, were initiated.

Strengthening our evaluation processes to provide timely and credible evidence to support the Alliance's decision-making processes

Gavi is a learning organisation. Therefore, reflecting and strengthening how we work is at the core of our approach. Many important activities were undertaken through 2023 to enhance the credibility, independence and utility of evaluations, drawing from experiences with evaluations in Gavi 4.0 and 5.0/5.1, an internal review of the evaluation function conducted in 2021, and guidance from [Gavi's Evaluation Advisory Committee](#).

⁵The Global Fund to Fight AIDS, Tuberculosis and Malaria

⁶District Health Information Software 2

Key efforts undertaken in 2023 to strengthen Gavi's evaluation function included:

- Enhancing our processes for managing centralised evaluations to strengthen the quality and the utility of our evaluations and to ensure that gender and climate change are systematically considered.
- Ongoing efforts to expand our pool of suppliers towards a greater representation from low- and middle-income countries (LMICs).
- Reinforcing our processes to follow up on the implementation of evaluation recommendations.
- Increasing the visibility of the evidence generated by centralised and decentralised evaluations to further enhance its use in decision-making processes across the Alliance.
- Strengthening our work with partners, building off Future for Global Health Initiatives (FGHI) recommendations, including enhanced engagement with our colleagues at the Global Fund and the Global Financing Facility (GFF).

The forthcoming year will bring further reflection as we embark on a review of Gavi's evaluation and as we prepare for Gavi 6.0.

Gavi's 2023 AER includes the following sections:

01

Section 1 of this report provides general information on Gavi's evaluation function and Gavi's evaluation workplan for the current strategic period.

02

Section 2 includes the AER 2023 dashboard, which offers a high-level overview of centralised⁷ and decentralised⁸ evaluations that were ongoing or completed in 2023, the implementation of Evaluation Management Responses (EMRs)⁹ and evaluation-related reviews and syntheses conducted by the Centralised Evaluation Team (CET) in 2023

03

Section 3 provides some examples of evaluation evidence from centralised and decentralised evaluations completed in 2023 and from previous evaluations related to HSS.

04

Section 4 examines the performance of Gavi's evaluation function. It reports on the progress made over the last year regarding key challenges identified in the 2022 AER.

05

Section 5 looks ahead, presenting the outlook for the evaluation function and highlighting key priority areas of focus to strengthen the function in the coming year.

We hope this report provides a helpful overview of how our evaluations have been instrumental in strengthening the delivery of Gavi's strategies, policies and programmes.

⁷ Centralised evaluations are planned, commissioned and managed by Gavi's CET and are assessed by Gavi's Evaluation Advisory Committee (EAC).

⁸ Decentralised evaluations are typically planned, commissioned, and managed by other Gavi Secretariat teams outside the Evaluation and Learning Unit (EvLU), and these are not assessed by the EAC.

⁹ EMRs are requested following an evaluation to indicate whether management (i.e. relevant business owners) agree, partially agree or disagree with the evaluation recommendations and to indicate actions for each recommendation that is agreed or partially agreed upon.



Section 1

Credit: GAVI/2017/Nguyen Thanh Da

Evaluation practice at Gavi

1.1

Purpose of the evaluation function

Evaluations at Gavi are defined as a systematic and objective effort to determine the relevance, appropriateness, effectiveness, efficiency, impact and sustainability of development efforts based on agreed criteria and benchmarks among key partners and stakeholders (1). Furthermore, evaluations at Gavi are designed and managed to meet the quality standards and requirements aligned with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluation* (2).

The two overall objectives of Gavi's evaluation activities are:

1. to generate learning to support improvements in the performance of Gavi's programmes and policies; and
2. to improve the overall functioning of Gavi and its ability to deliver on its mission. While evaluation also provides a basis for accountability and the achievement of improved outcomes, the main focus of Gavi's evaluation activities is learning (1).

Evaluations should be utilisation-focused, with the intended use and audience for each evaluation considered at all stages of the evaluation process, from selecting topics for evaluation to disseminating evaluation reports (1).

Gavi's evaluation activities aim to contribute to the following types of learning: operational and strategic decision-making in the Gavi Secretariat and the broader Vaccine Alliance and information for the public good and Alliance partners (1). The former is prioritised to ensure there is demonstrable value in evaluation. The *Evaluation Policy*, Evaluation Advisory Committee (EAC) terms of reference (ToR) and the Evaluation Operational Guidelines (EOG) are structured to advance the use and application of evaluation findings (1,3,4).

Gavi's evaluation quality standards are aligned with the international evaluation principles of independence, credibility and utility, in line with the *UNEG Norms and Standards for Evaluation* (1,2). Gavi is also committed to the *Paris Declaration* and other international aid effectiveness norms, including the application of the Development Assistance Committee (DAC) principles for evaluation of development assistance (1,5).

1.2

Types of evaluations

Gavi undertakes centralised and decentralised evaluations. Centralised evaluations are planned, commissioned and managed by Gavi's CET within the Evaluation and Learning Unit (EvLU), and are assessed by the EAC. Decentralised evaluations are those that are planned, commissioned and managed by other units within Gavi, and are not assessed by the EAC (1,6).

The decision as to whether an evaluation is centralised or decentralised is determined through the development of the evaluation work programme, in consultation with Secretariat teams and Gavi's Senior Leadership Team (SLT) and final approval of those selected as centralised evaluations by the EAC.

Both centralised and decentralised evaluations are subject to Gavi's *Evaluation Policy* and can be any of, but not limited to, the following types of evaluations, which correspond to Gavi functions and programmes: strategic evaluations, thematic evaluations and country and programme evaluations¹⁰ (1).



Credit: Gavi/2023/Dominique Fofanah

1.3

Oversight, roles and accountabilities for Gavi's evaluations

Gavi's Evaluation Policy and Evaluation Operational Guidelines (EOGs) detail the oversight, roles and accountabilities for Gavi's evaluations (1,4). Key actors in the process include:

- **Gavi's EvLU:** Reports to the Director of Measurement, Evaluation and Learning (MEL). It is led by the Head of EvLU. EvLU is responsible for leading the development and delivery of the Centralised Evaluation Workplan and providing guidance to evaluation managers in other Gavi teams who have commissioned decentralised evaluations.

- **Gavi's EAC:** supports the Board in fulfilling oversight responsibilities for managing Gavi's evaluation activities. It comprises a majority of independent evaluation experts and a minority of Board members or alternate Board members.
- **Evaluation Steering Committees (SCs):** provide relevant subject matter expertise, contextual and operational information and guidance to evaluation managers and independent evaluators to strengthen quality and engagement through the evaluation process to enhance credibility and improve use of the evidence generated by the evaluation.

For further details on the roles of these actors and other key actors in Gavi's evaluation function, see section 7 of Gavi's Evaluation Policy (1).

¹⁰ For further details on the definitions for each evaluation type, please refer to Gavi's Evaluation Policy.

1.4 Gavi's Centralised Evaluation Workplan for 5.0/5.1

1.4.1. Development of Gavi's 5.0/5.1 Centralised Evaluation Workplan¹¹

A Centralised Evaluation Workplan was developed prior to the beginning of the strategic period and is reviewed biannually with the EAC. The development process commenced in October 2019, when CET and the EAC agreed on the following guiding principles (see Table 1) (7).

Table 1

Principles for developing the 5.0 Centralised Evaluation Workplan

1	Evaluations will be focused on utilisation, generating timely information to support performance management and to inform the development/refinement of the Alliance model.
2	The workplan will focus on areas of high strategic value to Gavi's Board and specific to shifts anticipated in Gavi 5.0 including: <ul style="list-style-type: none"> • New/refined programmes of support, policies and strategies (e.g. funding policies) • End of Gavi support
3	Use of rigorous methods to generate robust learning, using existing information generated through other sources.
4	Equity and sustainability as the organising principles for Gavi 5.0 should be incorporated into evaluations whenever relevant. This includes an equity and/or sustainability lens applied to the engagement of country/regional-level institutions to conduct the commissioned evaluations.
5	The approach to the use of evaluation resources should balance the management of a limited number of centralised evaluations focused on the most important questions while providing enhanced support for the learning generated through decentralised evaluations. This includes prioritising resources to ensure the dissemination of key findings and lessons learned.
6	Support collaboration for joint evaluations and learning where possible. These joint efforts will likely be critical to informing global health action required for delivering on collective efforts towards achievement of the Sustainable Development Goals (SDGs), which Gavi and other partners' support.

¹¹ It is important to note that from 2023, Gavi 5.0 evolved into Gavi 5.1, reflecting recalibrated 5.0 priorities in response to the prolonged impact of the COVID-19 pandemic on global health and immunisation and to integrate COVID-19, COVAX and its learnings into Gavi's core strategy



The development of the content of the workplan (i.e. topics and evaluation questions) was informed by a broader consultative process driven by the Gavi 5.0 strategy and its theory of change (ToC) to identify the critical evidence gaps and learning questions for Gavi for 5.0. This involved a thorough desk review and consultation with the Gavi Secretariat, Alliance partners and governance committees (8). Learning questions were prioritised and grouped thematically. Those potentially requiring a centralised evaluation (informed by considerations like the use case, robustness of data required and timing) were identified and presented to the EAC for guidance. Once the evaluation topic areas were refined and agreed upon, high-level evaluation questions for each evaluation were developed based on the following criteria:

1. directly linked to the Gavi 5.0 ToC;
2. potential to be used for decision-making and action; and
3. address areas where there are evidence gaps.

The EAC provided guidance on the development of the Centralised Evaluation Workplan at three meetings (October 2019, March 2020 and November 2020) before its final approval by the EAC in April 2021 (8–13).

1.4.2. Gavi's 5.0/5.1 Centralised Evaluation Workplan: content and coverage

The EAC reviewed and approved the 5.0/5.1 Centralised Evaluation Workplan for 2023 in September 2022, March 2023 and October 2023. Figure 1 shows the 5.0/5.1 Centralised Evaluation Workplan for 2023.

Gavi's 5.0/5.1 Centralised Evaluation Workplan provides coverage across the strategic goals and the ToC for Gavi's 5.0/5.1 strategy. Figure 2 provides, for example, a visual representation of how the scope of three key centralised evaluations,¹² which were ongoing in 2023, was able to cover Gavi's 5.0/5.1 ToC.

FIGURE 1
Approved Centralised Evaluation Workplan for 5.0/5.1 in 2023

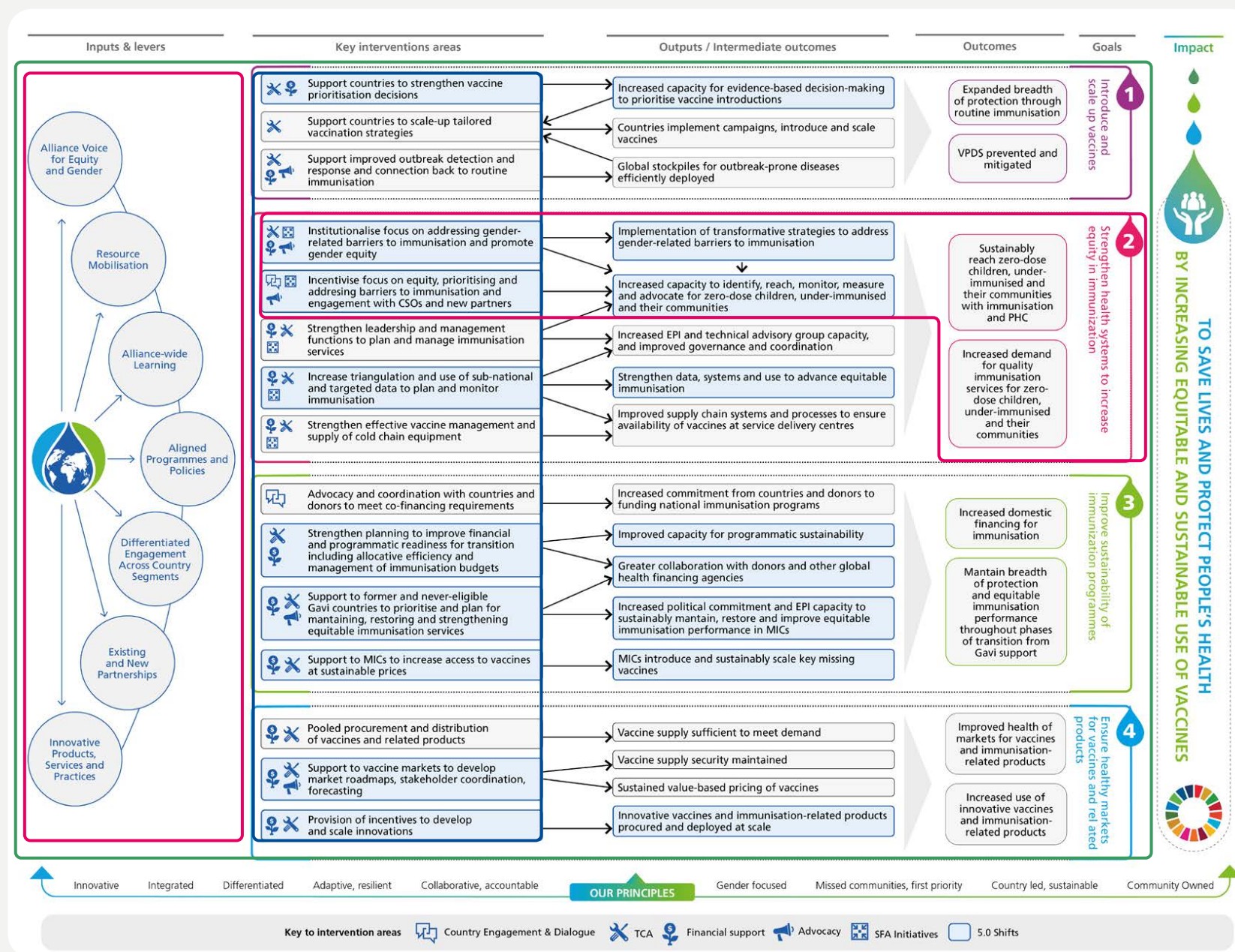
Evaluation	Supplier	2021	2022	2023	2024	2025
Centralised evaluations of high strategic value to the Board to be commissioned in Gavi 5.1						
Evaluation of Gavi's initial response to COVID-19	EHG					
COVAX Facility and COVAX AMC formative and baseline study (COVAX Phase 1)	ITAD					
Mid-term evaluation of Gavi's 2021–2025 Strategy	EHG					
Evaluation Gavi's contribution to reaching zero-dose children and missed communities	IPSOS					
Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers	EHG					
COVAX Facility AMC and COVAX Pillar delivery efforts (COVAX Phase 2, Joint)	RTI					
Gavi's contribution to sustainability of coverage post-transition	TBD					

● Evaluation commissioning period ● Evaluation implementation and delivery period

¹² The evaluation of the COVAX Facility and COVAX AMC and the evaluation of Gavi's initial response to COVID-19 are not represented here as these were not originally captured in the 5.0/5.1 ToC (separate ToCs were developed for these areas of work).

FIGURE 2

Theory of change coverage by the zero-dose, strategy operationalisation and mid-term evaluations (MTEs)



Focus of Strat.Ops

Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic Guidance and use of funding levers (Strat. Ops.)

Strat. Ops. EQs focus on the "gap" (i.e., causal pathways and assumptions) between the "Aligned Programmes and Policies" lever and the "Intervention Areas".

Focus of MTE

Mid-term evaluation of Gavi's 2021–2025 strategy

MTE EQs focus on the alignment/coherence across the ToC, from left to right.

Focus of ZD Eval

Evaluation of Gavi's contribution to reaching zero dose children and missed communities (ZD Eval)

Objective 3 seeks to examine the use of all levers to operationalise the ZD agenda.

Shifts to planned timelines were discussed with Gavi's Senior Leadership Team (SLT) and agreed upon with the EAC in these meetings, given the impact of the pandemic, delays to the operationalisation of 5.0/5.1 and the burden on countries. This included delays to the start dates for the zero dose, strategy operationalisation and contribution to the sustainability of coverage post-transition evaluations.

1.4.3. Evaluation budget

A total of US\$ 2.14 million was spent on centralised evaluations with a further US\$ 300,000 from the centralised evaluation budget spent on decentralised evaluations in 2023 (total US\$ 2.44 million)¹³. As of December 2023, US\$ 2.2 million was planned for 2024 for centralised evaluations.¹⁴

Table 2

Evaluation budget, 2021–2024

Centralised evaluations	2021 planned	2021 actuals	2022 planned	2022 actuals	2023 planned	2023 actuals	2024 planned
Gavi 4.0	US\$ 2.75 million	US\$ 2.04 million	US\$ 1.38 million	US\$ 1.18 million	US\$ 2.44 million	N/A	N/A
Gavi 5.0/5.1		N/A		US\$ 1.3 million		US\$ 2.14 million	US\$ 2.2 million
Total	US\$ 2.75 million	US\$ 2.04 million	US\$ 1.38 million	US\$ 2.48 million	US\$ 2.44 million	US\$ 2.14 million	US\$ 2.2 million



Credit: Gavi/2023/Oriane Zerah

1.5

Use of evidence from evaluations

Many strategies are used to ensure that the evidence generated from evaluations is embedded in Gavi's work for faster course correction, scaling of best practices and innovations and enabling cross-Alliance learning to achieve Gavi's strategy.

1.5.1. Evaluation Management Responses

EMRs are requested following an evaluation to indicate whether management (i.e. relevant business owners) agree, partially agree or disagree with the recommendations of an evaluation and indicate actions to implement for each recommendation that is agreed or partially agreed (1,2,4). Gavi's Evaluation Policy requires that EMRs be produced within 60 working days of completing an evaluation (1). Systematic follow-up on

¹³ The US\$ 300,000 from the centralised evaluation budget that was allocated to decentralised evaluations in 2023 was used to cover the decentralised evaluation of the IRC and some synthesis work on HSS.

¹⁴ There is additional budget spent on Gavi's decentralised evaluations, but this information is not currently consolidated across the organisation.

implementing the actions included in EMRs is done twice yearly using an internal EMR tracker (EMR iTracker). This follow-up is done until all actions have been completed, for a maximum of five years. Actions can be cancelled by the business owners when/if no longer relevant for the context, but justification will need to be provided.

The monitoring of the implementation of EMR actions is coordinated by Gavi's CET. The implementation of EMR actions is reported to the EAC and the Board on a yearly basis.

There is currently no process in place to request EMR and follow up on their implementation for decentralised

evaluations. Setting up a process for decentralised evaluations is an ongoing area of focus to strengthen the evaluation function in 2024.

1.5.2. Other strategies to promote and facilitate the use of evaluation evidence

Gavi deploys a range of other strategies to promote and facilitate the use of evaluation evidence both during the evaluation process and after the publication of the report. These strategies are informed by the 17-step utilisation-focused evaluation (UFE) framework (14). Table 3 below presents examples of key elements integrated into Gavi's approach.

Table 3

Examples of elements integrated into Gavi's approach to promote and facilitate the uptake of evidence

1	Agreeing to a clear use case/s for the evaluation that drives the process with the evaluation questions and timeline set out in the request for proposal informed by this.
2	Undertaking a comprehensive stakeholder analysis upon initiation of the evaluation process.
3	Identifying a focal point (FP) from the SLT for each centralised evaluation of strategic importance to the Board to support implementation and stakeholder engagement through the evaluation process.
4	A tailored stakeholder engagement approach , including, for example, identification of a set of FPs from within the Secretariat comprising key users of the evaluation to engage through the process, i.e. sourcing documents, key informant interviews (KIIs), deliverable review, EMR process, etc.
5	Engagement of a Steering Committee (SC) , including representation of partners and other key stakeholder/expert groups, to support utility.
6	A communication and learning plan informed by the stakeholder analysis and driven by evaluation objectives/use cases and an understanding of Gavi business processes, to ensure evidence is available and accessible for planning/decision-making.
7	Interactive mechanisms for engaging a broader set of stakeholders including sense-making, validation and/or co-creation workshops with specialised facilitators, to obtain feedback on findings/to draft recommendations to refine/strengthen and ensure feasible/actionable.
8	Policy briefs to capture key topics in a concise, tailored and accessible document for decision-makers.
9	Creative and tailored dissemination approaches , including workshops/webinars taking place after the finalisation of the report.
10	Conducting technical briefings for Gavi's Board and Gavi's Policy and Programme Committee (PPC) members, e.g. on the Centralised Evaluation Workplan, and on high-profile evaluations.
11	Including evaluation evidence in governance meeting papers, targeted briefings, etc.

Section 2

Credit: Gavi/2023/Benedikt V. Loebell

Annual Evaluation Report 2023 dashboard

2.1 Evaluations completed or ongoing in 2023

This dashboard section presents an overview of centralised evaluations that were completed or ongoing in 2023.

2.1.1. Centralised evaluations completed or ongoing in 2023

Centralised evaluations **completed**¹⁵ in 2023



[Evaluation of Gavi's initial response to COVID-19](#)

Evaluation timeline:
November 2020–December 2022;
published May 2023

Supplier: Euro Health Group



[COVAX Facility and COVAX Advance Market Commitment \(AMC\) Formative Review and Baseline Study](#)

Evaluation timeline: March 2022–
March 2023; published May 2023

Supplier: Itad, with partner 3ie



[Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance, and use of funding levers](#)

Evaluation timeline: August 2022–
August 2023; published October 2023

Supplier: Euro Health Group

Centralised evaluations **ongoing** in 2023:

[Evaluation of Gavi's contribution to reaching zero-dose children and missed communities](#)

Evaluation timeline:
September 2022–December 2025;
year 1 completed in February 2024

Supplier: Ipsos, with partner Itad

[Mid-Term Evaluation of Gavi's 2021–2025 Strategy](#)

Evaluation timeline:
October 2022–April 2024

Supplier: Euro Health Group

[COVAX Facility and COVAX AMC Phase 2](#)

Evaluation timeline: procurement
process commenced in 2023,
supplier contracted in March 2024

Supplier: Research Triangle Institute

For details on centralised evaluations completed and ongoing in 2023 (e.g. objectives and scope), please consult Annex A.

¹⁵ Centralised evaluations are considered completed when the EMR has been published on Gavi's website.

FIGURE 3

Dashboard of key metrics for centralised evaluations completed or ongoing in 2023

Key informants (KIs) and country case studies (CCS)¹⁶

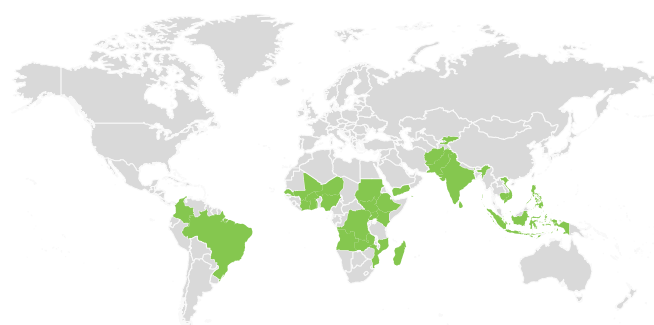
Centralised evaluations	Global-level KIs	Country-level KIs	Number of CCS
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✓ COMPLETED IN 2022

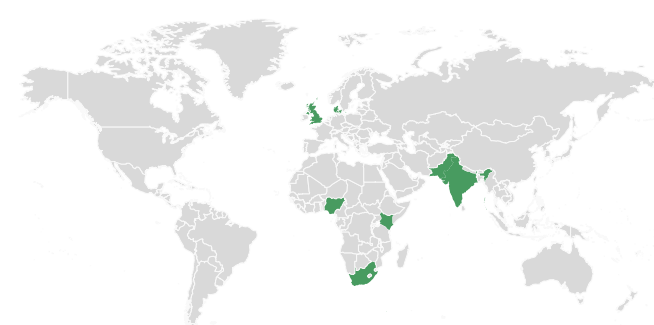
COVID-19 Evaluation of Gavi's initial response to COVID-19	47	143	8
COVAX Phase 1 COVAX Facility and COVAX AMC Formative Review and Baseline Study	76	57	6
Strat.Ops. Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers	78	49	8

🔄 ONGOING IN 2022

ZD – Year 1 Evaluation of Gavi's contribution to reaching zero-dose children and missed communities	56	89	8
MTE Mid-Term Evaluation of Gavi's 2021–2025 Strategy	104	80	7 ¹⁷

Geographical coverage for centralised evaluations (completed and ongoing in 2023)¹⁸

Geographical coverage for centralised evaluations



Geographical coverage of suppliers for centralised evaluations including consortium partners

EAC Quality Assurance rating and Gavi management agreement with recommendations for evaluations completed in 2023

EAC quality assurance (QA) of final evaluation reports (completed evaluations)¹⁹

Evaluations	Evaluation Advisory Committee rated this report as:			
	Fully met or exceeded Gavi quality standards	Met Gavi quality standards with only minor shortcomings	Partially met Gavi quality standards with some shortcomings	Did not meet Gavi quality standards with major shortcomings
COVID-19	✓	○	○	○
COVAX Phase 1	✓	○	○	○
Strat.Ops.	✓	○	○	○

Gavi management agreement with recommendations (completed evaluations)²⁰

Evaluations	Level of management agreement with evaluation recommendations	
	Agree	Partially agree
COVID-19	60%	40%
COVAX Phase 1	69%	31%
Strat.Ops.	71%	29%

Timeliness of completion of the EMR (within 60 working days) (completed evaluations)

EMR was completed and signed off by business owner...



Within 60 days
 After 60 days

→ COVID-19
 → COVAX Phase 1
 → Strat. Ops.

¹⁶ As per the final evaluation report, or latest deliverable available as of February 2024.

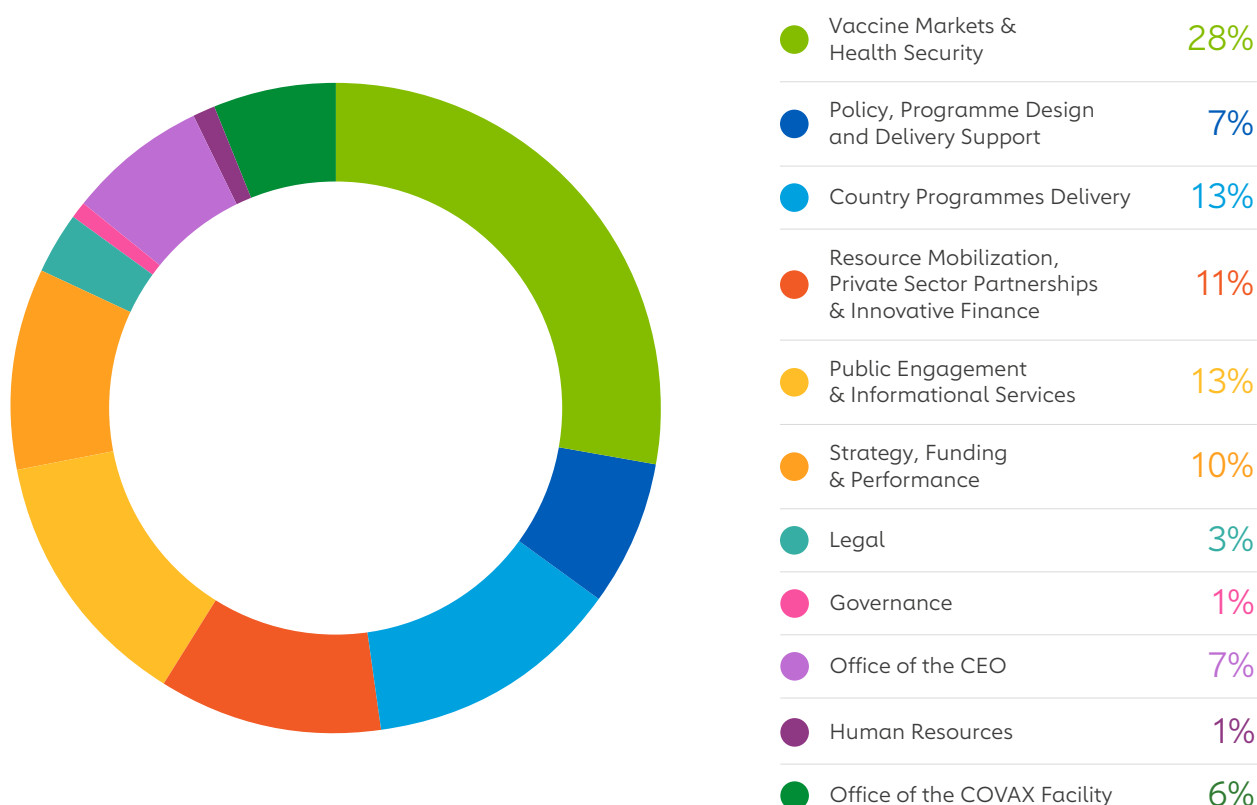
¹⁷ Thematic case studies were conducted for MTE instead of CCS (13 countries were selected for these – see Annex A for more details).

¹⁸ Brazil and Colombia are not Gavi-eligible countries but have been selected for CCS as part of the COVAX Phase 1 evaluation.

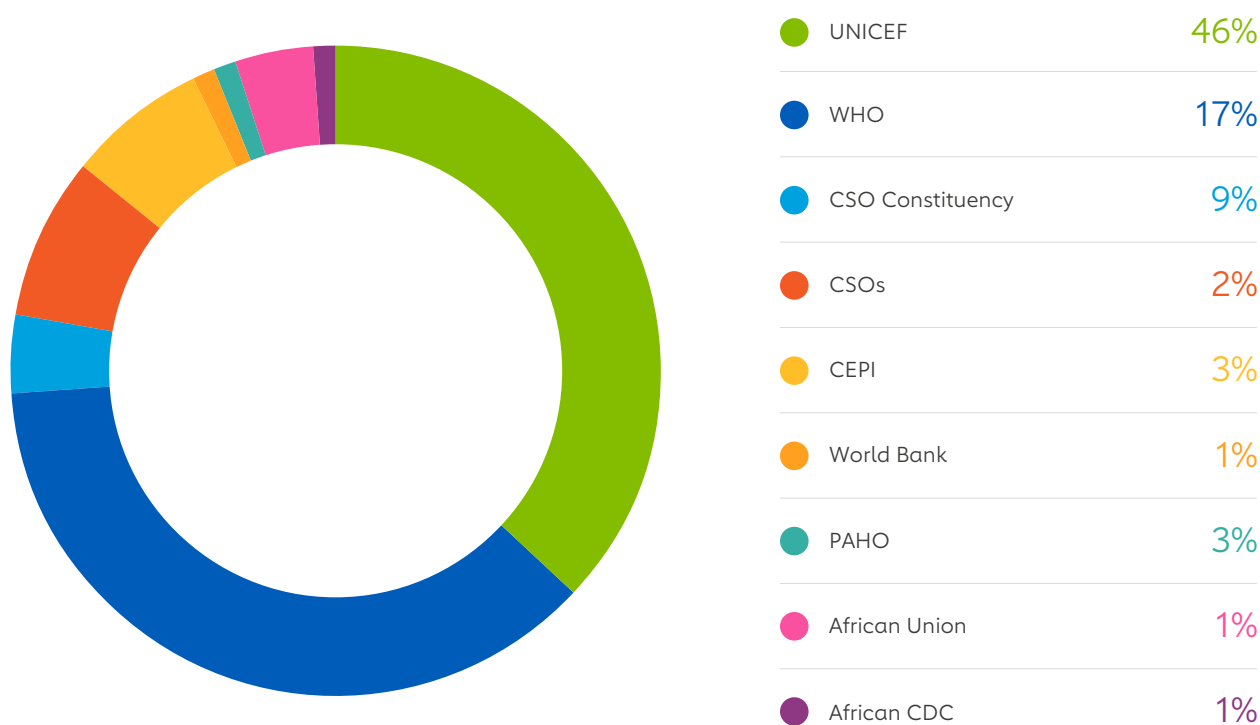
¹⁹ As per EAC Final QA Assessments, published on Gavi's Evaluation Studies webpage.

²⁰ As per EMR Summaries, published on Gavi's Evaluation Studies webpage.

Overview of completed or ongoing centralised evaluations in 2023

Responsibility for EMR actions across the Secretariat for centralised evaluations completed in 2023²¹

Co-responsibility for EMR actions across Alliance partners for centralised evaluations completed in 2023

²¹ As per internal EMRs, available on Gavi's SharePoint.

2.1.2. Decentralised evaluations completed²² or ongoing in 2023

This dashboard section presents an overview of decentralised evaluations that were completed or ongoing in 2023.

Decentralised evaluations **completed** in 2023



Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017–2026

Evaluation timeline:
May 2022–January 2023
Supplier: Euro Health Group



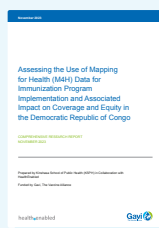
Evaluation of the Independent Review Committee (IRC)

Evaluation timeline:
November 2022–March 2023
Supplier: Boston Consulting Group.



Evaluation Report of the Toyota Vaccine Land Cruiser

Evaluation timeline:
January 2022–June 2023
Supplier: Individuals hired as temporary Gavi consultants



Assessing the use of Mapping for Health (M4H) data

Evaluation timeline:
April 2021–September 2023
Supplier: HealthEnabled, in collaboration with the Kinshasa School of Public Health

Decentralised evaluations **ongoing** in 2023:

Development, implementation, monitoring and evaluation of a national and/or subnational advocacy strategy for increased PHC and immunisation financing

Evaluation timeline: September 2022–December 2025
Supplier: Global Health Advocacy Incubator

Design, implementation, monitoring, evaluation and learning of country-specific demand-side interventions (DSI) for increasing demand for vaccinations, increasing coverage and reducing the number of zero-dose children

Evaluation timeline: July 2023–December 2025
Supplier: Corona Management Systems

Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) country assessments

Evaluation timeline: December 2023–July 2024
Supplier: IOD Parc

Evaluating the effective use of DHIS2 and data to improve planning and monitoring of immunisation, HIV/AIDS, malaria and tuberculosis (TB) programmes: a three-country retrospective study

Evaluation timeline: July 2023–April 2024
Supplier: HealthEnabled and Johns Hopkins Bloomberg School of Public Health

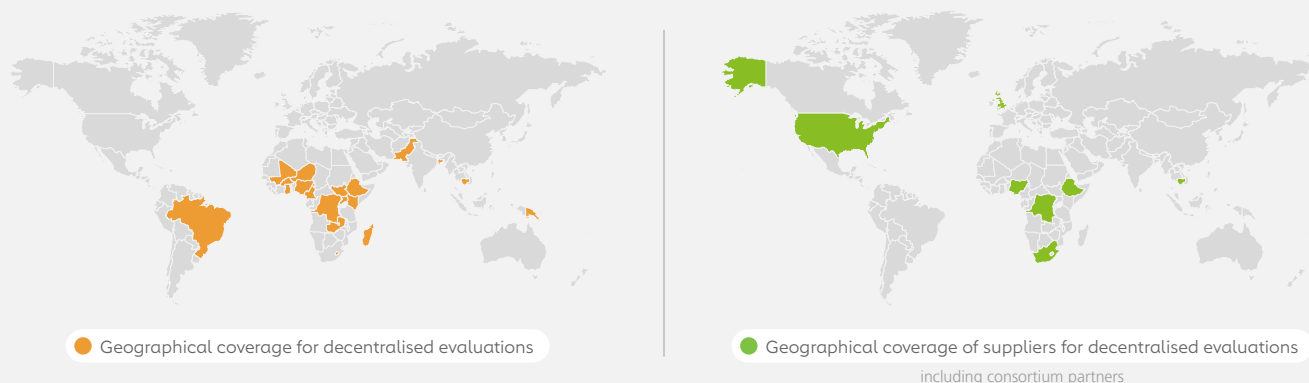
Digital health information (DHI) roadmap assessments (costed DHI roadmap studies)

Evaluation timeline: September 2023–Q3 2025
Supplier: Consortium of suppliers: GDi solutions, HealthEnabled, Itad, Johns Hopkins Bloomberg School of Public Health Center for Global Digital Health Innovations & Gender Equity Unit, University of Gondar eHealth Labs (Ethiopia), National Institute of Public Health (Cambodia)

For details on decentralised evaluations completed and ongoing in 2023 (e.g. objectives and scope), please consult Annex B.

FIGURE 4

Geographical coverage - decentralised evaluations (completed and ongoing in 2023)²³

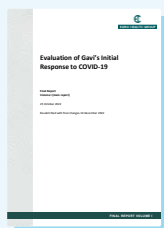


²² Decentralised evaluations are currently considered completed when the evaluation report is finalised, i.e. date indicated on the final evaluation report.

²³ As per the final evaluation report, or information provided by Gavi teams.

2.1.3. Public engagement with evaluation products (evaluations published in 2023)²⁴

Public engagement with evaluation products – centralised evaluations



[Evaluation of Gavi's initial response to COVID-19](#)

Evaluation page views: 400
Final report downloads: 150
Summary EMR downloads: 50
Published in May 2023



[COVAX Facility and COVAX Advance Market Commitment \(AMC\) Formative Review and Baseline Study](#)

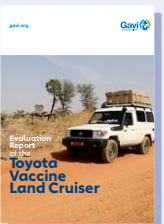
Evaluation page views: 1,500
Final report downloads: 350
Summary EMR downloads: 100
Published in May 2023



[Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers](#)

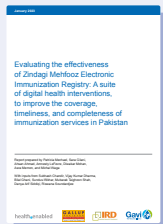
Evaluation page views: 300
Final report downloads: 60
Summary EMR downloads: 40
Published in November 2023

Public engagement with evaluation products – decentralised evaluations



[Evaluation Report of the Toyota Vaccine Land Cruiser](#)

Report downloads: 20
Published in October 2023



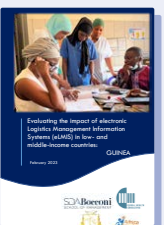
[Evaluating the effectiveness of Zindagi Mehfooz Electronic Immunization Registry](#)

Report downloads: 20
Published in September 2023



[Evaluation of the Independent Review Committee \(IRC\)](#)

Report downloads: 200
Published in July 2023



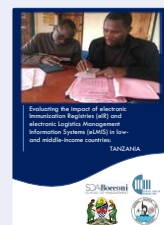
[Evaluating the impact of electronic Logistics Management Information Systems \(eLMIS\) in low- and middle-income countries: Guinea](#)

Report downloads: 20
Published in September 2023



[Evaluating the impact of electronic Immunization Registries \(eIR\) in low- and middle-income countries: Rwanda](#)

Report downloads: 20
Published in September 2023



[Evaluating the impact of electronic Immunization Registries \(eIR\) and electronic Logistics Management Information Systems \(eLMIS\) in low- and middle-income countries: Tanzania](#)

Report downloads: 20
Published in September 2023



[Investigating the use of digital solutions in the COVID-19 pandemic: an exploratory analysis of eIR and eLMIS in Guinea, Honduras, India, Rwanda and Tanzania](#)

Report downloads: 30
Published in September 2023

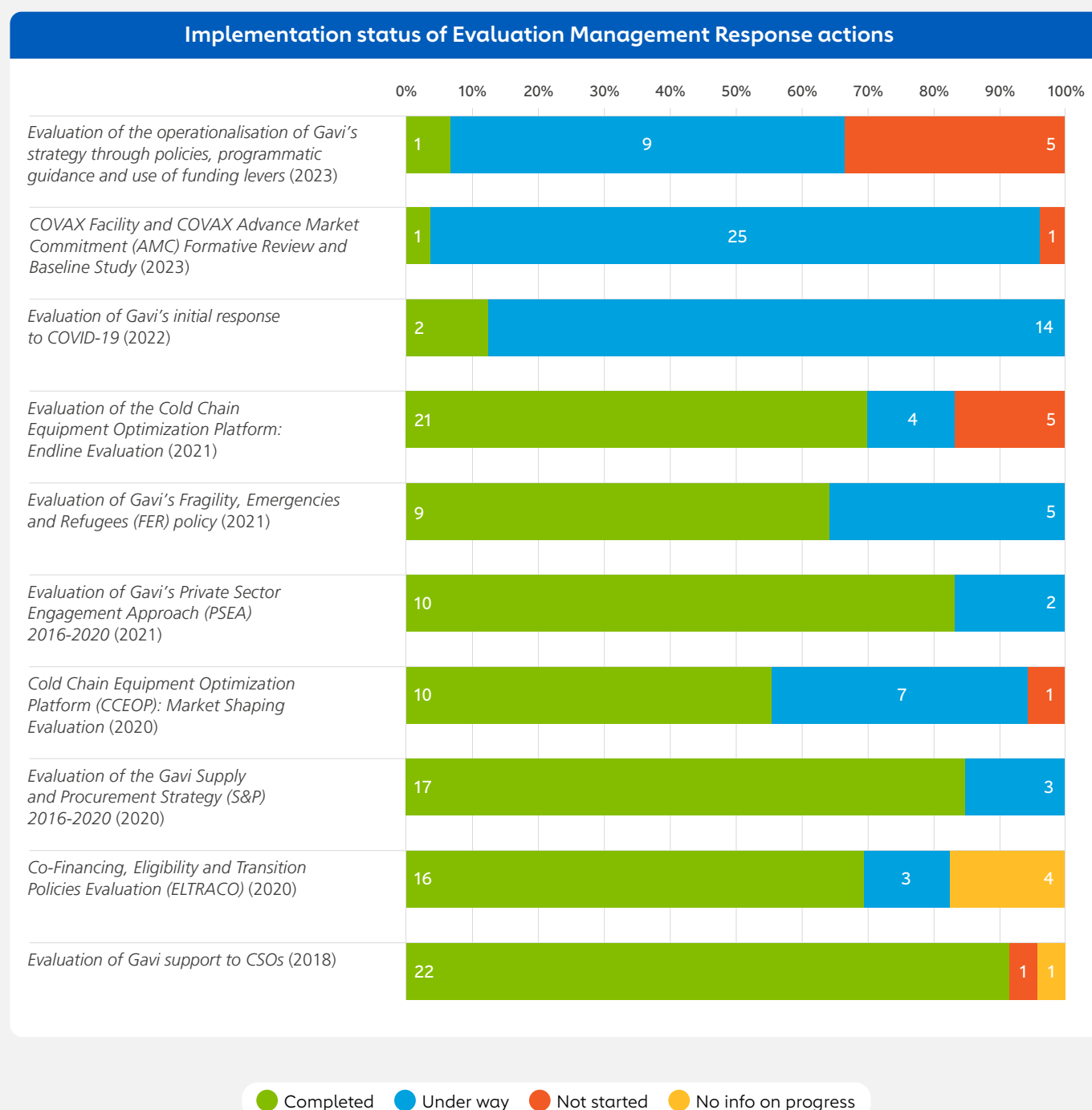
²⁴ These are not exact numbers, but approximate numbers. It is also important to note that Gavi's Communications team migrated their data to a new system, which caused a loss of numbers between March and April 2023.

2.2 Tracking EMR implementation

This section of the dashboard presents an update on the implementation of actions included in all active EMRs,²⁵ i.e. with at least one action that is under way and/or not yet implemented (and that has not reached the five-year tracking limit).

FIGURE 5

Implementation status of actions included in active EMRs – as of January 2024²⁶



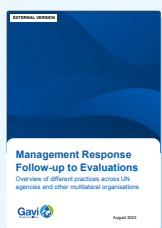
²⁵ Follow-up on the implementation of EMRs is currently only done for centralised evaluations. A process is to be established to request EMRs for decentralised evaluations and to follow-up on their implementation.

²⁶ The years indicated in the table refer to the year indicated on the final evaluation report.

2.3 Evaluation-related reviews and syntheses

This dashboard section presents an overview of evaluation-related reviews and syntheses that were conducted or overseen by the Centralised Evaluation Team (CET) in 2023.

Evaluation-related reviews and syntheses



Management Response Follow-up to Evaluations²⁷

February–August 2023
Produced by the CET team



Report on Gender Mainstreaming in Evaluation [internal document]

July–November 2023
Produced by the CET team



Health Systems Strengthening Evidence: A Rapid Benchmarking Review to Inform Gavi HSS strategy development [internal document]

September–November 2023
Supplier: Itad



Rapid Assessment of Gavi HSIS Support: Strengths and Limitations [internal document]

September–November 2023
Produced by the CET team



Credit: Gavi/2024/Arnauld Yalgwueogo

²⁷ Management Response Follow-Up to Evaluations has two versions: one internal version for Gavi, and an external version meant to be shared with the broader evaluation community and available on Gavi's public website.

Section 3

Credit: GAVI/2013/Adrian Brooks

Use of evidence from previous evaluations

3.1 Examples of the use of evaluation evidence

This section presents examples of evaluation evidence, e.g. used in strategic discussions and/or to support the development of guidelines, policy and programming.

Table 4

Examples of evaluation evidence use – centralised evaluations (completed)

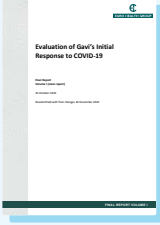


Evaluations	Examples of evaluation evidence use
 <p>Evaluation of Gavi's initial response to COVID-19</p>	<p>The evaluation findings, lessons learned and recommendations have contributed to informing ongoing programmatic initiatives to maintain, restore and strengthen RI and the future direction of Gavi's response to epidemic/pandemic situations.</p> <p>Emerging lessons from this evaluation informed the development of Gavi 5.1, i.e. an update of Gavi's 5.0 strategy to recalibrate priorities in response to the impact of the COVID-19 pandemic on global health and immunisation.</p> <p>One of the recommendations of this evaluation was to develop a clear response plan for the Alliance to support RI in case of a future pandemic with specific additional indicators to monitor, and additional Secretariat and Alliance resourcing required. An initial draft of a decision framework has now been developed and is to be discussed by Gavi's Leadership Team in early 2024.</p> <p>The findings also provided critical evidence for the ongoing Gavi's MTE of Gavi's 2021–2025 strategy.</p>
 <p>COVAX Facility and COVAX Advance Market Commitment (AMC) Formative Review and Baseline Study</p>	<p>Findings and recommendations have informed discussions and decision-making at the PPC and Board level on strengthening COVAX's ongoing operations as well as Gavi's future role in PPPR. For example, one of the recommendations emerging from this evaluation was for Gavi to play a stronger role in expanding global supply through investment to expand vaccine production capacity in preparation for future outbreaks. The AVMA was approved by the Gavi Board in December 2023 and is planned to be launched in mid-2024.</p>
 <p>Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers</p>	<p>The original use case for the evaluation was to inform the Gavi 6.0 design and operationalisation process. For example, one of the recommendations of this evaluation was to create a roadmap to guide strategy operationalisation with clearly defined accountability. It is intended for a version of this roadmap to be presented to the Board in June 2024, alongside the approval of Gavi 6.0.</p>

Table 5

Examples of evaluation evidence use – decentralised evaluations (completed)

Evaluations	Examples of evaluation evidence use
 <p>Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017–2026</p>	<p>Recommendations were reviewed by EYE partners during a workshop in June 2023 (hosted by Gavi) and priority actions were outlined (and reflected in the EMR). Actions were to be included in the workplans from the different governance bodies and assigned to organisations/focal points to take forward. EYE Secretariat is monitoring workplan inputs and tracking progress.</p>
 <p>Evaluation of the Independent Review Committee (IRC)</p>	<p>In response to the evaluation, a high-level implementation roadmap and a change management plan were developed in collaboration with the Funding Design & Review (FD&R) team and other relevant Gavi Secretariat stakeholders. To implement in 2–3 years, which aligns with the second half of the Gavi 5.1 strategic period and the development of Gavi 6.0 (2026–2030).</p> <p>The priorities for 2023 were: (i) to define, through close cross-functional collaboration, a clear differentiation logic for IRC review processes and formats, which will set the baseline for subsequent process streamlining efforts under the EVOLVE project,²⁸ and (ii) to launch a series of targeted actions under the FD&R team to improve the quality of IRC reviews, develop IRC membership and culture, and strengthen IRC learning and mandate.</p> <p>As of February 2024, several workstreams have been initiated, including:</p> <ul style="list-style-type: none"> • Differentiated review criteria with clear thresholds have been established for malaria, human papillomavirus (HPV) and measles applications • Identification of new vice-chairs and a successful IRC leadership workshop • Three-day IRC training workshop to onboard new members • Successful piloting of Secretariat reviews for 10 applications • Development of a 360-degree-peer review feedback process <p>Work will continue to action the recommendations coming from the IRC evaluation during 2024 and to ensure their institutionalisation.</p>

3.2 Overview: key insights from previous HSS evaluations

In September 2023, Gavi undertook an evaluation evidence synthesis drawing on HSS-related evaluations to generate insights to inform Gavi's HSS strategy refresh prior to Gavi 6.0.

A two-pronged rapid review distilled Gavi's learning journey in HSS and benchmarked other key global health agencies' approaches, as well as providing an overview of Gavi's existing evidence on HSS. The internal review

of 18 Gavi-commissioned independent evaluations and Gavi reviews consolidated Gavi's learning on the strengths and limitations of its HSS approach. The benchmarking assessment, conducted by a third party (Itad), offered useful insights about the broader evidence base on HSS. The Health Systems and Immunisation Strengthening (HSIS) team used the review to inform their Board engagement prior to the December 2023 Board meeting in Accra, Ghana.

²⁸ EVOLVE is a transformational project to innovate the way Gavi manages and delivers funds to implementing countries and partners.



Section 4

Credit: GAVI/2017

Strengthening evaluations in Gavi 5.0/5.1

4.1

Measures introduced to enhance the credibility, independence and utility in 2023

Actions were taken to strengthen the evaluation function and enhance the credibility, independence and utility of Gavi's evaluations. These measures were based on feedback from after action reviews (AAR), on experiences with Gavi 4.0 and 5.0/5.1 evaluations, as well as on recommendations from an internal evaluation function review conducted in 2021 and a review conducted in 2022 to identify barriers faced by suppliers from LMICs (15).

A series of measures to strengthen **planning** for evaluations were introduced, including:

- Working with key teams, including the Measurement and Strategic Information (MSI) team, to strengthen the comprehensive mapping of data sources against the evaluation questions (EQ) during the development stage of the request for proposal (RFP) to better assess evaluability upfront.
- Identifying countries for CCS, and their focus prior to issuing the RFP, where feasible.

Actions were taken to expand Gavi's **pool of evaluation suppliers** to have a greater representation of suppliers from LMICs, including:

- Publishing RFPs on diverse platforms and expanding reach to country-specific networks commonly accessed by suppliers in LMICs.
- Extending the bidding period to enable suppliers to negotiate consortia with in-country subcontractors (including research and technical institutions).
- Initiating a review, in collaboration with the Global Fund and the GFF, to generate learnings on how Global Health Initiatives (GHIs) can facilitate greater Southern-led, South-South and triangular learning in commissioned independent evaluations.

Measures were taken to further enhance the **quality** of Gavi's evaluations, including:

- Requiring strengthened justifications by the suppliers in the bid and inception report regarding chosen methods, including why other methods are not suitable to answer evaluation questions.
- Requiring suppliers to provide clearer benchmarking and concrete examples to contextualise findings/conclusions and strengthen recommendations, i.e. in broader literature/sector, based on comparator studies etc.

Additional efforts were undertaken to strengthen stakeholder **engagement** throughout the evaluation process and to ensure the **quality and utility** of Gavi's evaluations, including:

- Identifying a Focal Point (FP) from the SLT for each centralised evaluation, to be engaged throughout the evaluation process (e.g. development of the RFP and EQs, review of the final inception report, review of draft interim deliverables, updates on key emerging findings, etc.).
- Reintroducing post-COVID-19, in-person, lengthier and creatively facilitated recommendation validation workshops with key stakeholders to obtain feedback on draft evaluation recommendations with the intent to increase ownership and actionability of the final recommendations.

Measures were put in place to enhance the **use of evaluation evidence** and implementation of evaluation recommendations, including:

- Conducting a review on how other organisations follow up and report on the implementation of actions included in management responses.
- Establishing a systematic process for tracking the implementation of actions included in EMRs of centralised evaluations on a biannual basis.
- Reporting to the EAC/Board on the implementation of actions included in EMRs, on an annual basis.
- Increasing the visibility of the evidence generated by centralised and decentralised evaluations, such as:

- including an annual update on recent centralised and decentralised evaluations to Gavi's PPC; and
- publishing the annual evaluation report on Gavi's public website.

Efforts were also undertaken to consider **gender and climate change** in our evaluation processes:

- Conducting a review on how other organisations mainstream gender in their evaluation processes and recommending amendments in procurement processes to ensure gender is considered in supplier proposals.
- Initiating a review of the latest guidance to ensure that consideration of environmental sustainability is embedded in evaluation processes.

4.2

Learning from MOPAN assessments

A Multilateral Organisational Performance Assessment Network (MOPAN)²⁹ assessment of Gavi commenced in Q4 2022. Three key performance indicators (KPIs) related to the evaluation function are being assessed: (i) the independence of the evaluation function (KPI 8.1), (ii) evaluation coverage (KPI 8.2), and (iii) evaluation quality (KPI 8.3). The draft report, expected in early 2024, will help to identify further priority areas to strengthen the evaluation function and will inform the external evaluation function review that is planned for 2024.

²⁹ MOPAN is an independent network of 21 member states that assesses the performance of multilateral organisations.



Section 5

Credit: Gavi/2018/Guido Dingemans

Looking to the future

This section provides an overview of the outlook for the evaluation function in 2024 and beyond. This includes aligning the process for developing the Centralised Evaluation Workplan for the Gavi 6.0 strategy, proceeding with an evaluation function review and continuing to implement measures to strengthen the evaluation function.

5.1

Development of the Centralised Evaluation Workplan for Gavi 6.0

In preparation for the next strategic period, Gavi 6.0 (2026–2030), the development process for the Centralised Evaluation Workplan, which was initiated in 2023, will continue. This will build on experiences with Gavi 5.0/5.1 evaluations. At the end of 2023, the CET obtained guidance from the EAC on the workplan's design process, timeline and draft principles. In 2024, the EAC will advise on approaches to engage key stakeholders in developing the workplan and potential evaluation approaches for Gavi 6.0. Input from countries and other key stakeholders remains critical during the development of the Gavi 6.0 evaluation work plan.

5.2

Learning from the upcoming Evaluation Function Review

Gavi's *Evaluation Policy* states that Gavi's evaluation function should be reviewed prior to Gavi's next strategic period (2026–2030) or as and when required (1). The purpose of the evaluation function review is to provide the Gavi Secretariat and the EAC with an assessment of the Gavi evaluation function, including its role, the quality of its work and whether it is fit for purpose (17). Preparation for the upcoming external evaluation function review commenced in 2023. In 2023, CET conducted a preliminary self-assessment to benchmark the evaluation function against the *UNEG Norms and Standards for Evaluation* (the standards identified in Gavi's *Evaluation Policy*). The ToR will be finalised at the end of Q1/beginning of Q2 2024 so that the evaluation function review can start in Q2 for results to be available in Q3/4 (18).

5.3

Strengthening Gavi's Evaluation Function for 6.0

Aside from measures that will be taken in response to findings and recommendations from the 2022–2023 MOPAN Assessment and the 2024 evaluation function review, there are a set of actions that are already planned to strengthen the evaluation function in 2024, such as:

- Updating our evaluation processes to ensure gender and climate change are systematically considered.
- Continuing our collaboration with the Global Fund and the GFF to further enable research and health institutions in LMICs to undertake commissioned independent evaluations.
- Continuing our efforts to engage relevant implementing stakeholders from the Gavi Secretariat and the Alliance (i.e. users of the evidence) throughout the process to determine and discuss the use case, the design, judgment criteria used to answer evaluation questions, emerging findings and draft recommendations.
- Exploring the potential impact and use of artificial intelligence in evaluations, including continuing to engage with the UNEG working group on this topic.
- Continuing to strengthen collaboration with other evaluation offices to keep abreast of good practice and innovation.
- Continuing to enable the use of the evidence emerging from evaluations for decision-making and cross-Alliance learning.



For further information, please consult our webpage:

<https://www.gavi.org/programmes-impact/our-impact/evaluation-studies>.



Credit: Gavi/2024/Jjumba Martin

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8. *04 - Gavi 5.0 Multi-year Evaluation Workplan - EAC Meeting - April 2021* [Internal Document]. Gavi, the Vaccine Alliance, 2021.
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10. *05 - Annex B - Proposed timeline - EAC Meeting - March 2020* [Internal Document]. Gavi, the Vaccine Alliance, 2020.
11. *05 - Evaluation and learning planning for Gavi 5.0 - EAC Meeting - March 2020* [Internal Document]. Gavi, the Vaccine Alliance, 2020.
12. *06 - Multi-year evaluation workplan for Gavi 5.0 - EAC Meeting - November 2020* [Internal Document]. Gavi, the Vaccine Alliance, 2020.
13. *03 - Gavi 5.0 Centralised Evaluation Update and Workplan - EAC Meeting - September 2021* [Internal Document]. Gavi, the Vaccine Alliance, 2021.
14. Patton MQ. *Utilization-Focused Evaluation (U-FE) Checklist*. Evaluation Checklists Project, 2013. https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf
15. *08 - Annex A - Summary of Supplier Review - EAC Meeting - September 2022* [Internal Document]. Gavi, the Vaccine Alliance, 2022.
16. *MOPAN Assessment of Gavi 2015-2016*. Multilateral Organisation Performance, Assessment Network (MOPAN), 2016. <https://www.mopanonline.org/assessments/gavi2015-16/>
17. *08 - Annex D - Evaluation Function Review - Terms of Reference - EAC Meeting - March 2024* [Internal Document]. Gavi, the Vaccine Alliance, 2024.
18. *08 - Annex A Evaluation Function Review and 6.0 Evaluation Workplan Timelines - EAC Meeting - March 2024* [Internal Document]. Gavi, the Vaccine Alliance, 2024.

Annex A: Details of completed or ongoing centralised evaluations in 2023



Centralised evaluations completed in 2023

This section presents further details on the centralised evaluations **completed**³⁰ between January and December 2023, including but not limited to evaluation timelines, supplier commissioned, objectives and scope, data collection, and recommendations and level of management agreement with recommendations.

Evaluation of Gavi's initial response to COVID-19

Requested by: Gavi Board

Supplier	Euro Health Group
Timeline	November 2020–December 2022; published May 2023
Objective(s)	<ul style="list-style-type: none"> To assess the design, implementation process, efficiency and effectiveness of respond and protect (R&P) (i.e. reprogramming up to 10% of existing HSIS grants, PEF, TCA, post-transition support, co-financing waiver and eligibility freezes). To assess the design, implementation process, efficiency and effectiveness of Gavi's maintain, restore and strengthen (M&R&S) in terms of immunisation services at the country level. To assess how effectively countries executed the flexibilities and how Gavi and the Vaccine Alliance mitigated risk (to the extent possible).
Scope	The evaluation covered Gavi's initial response to the COVID-19 pandemic under R&P and the design and roll-out of M&R&S. The evaluation examined M&R&S implementation since the release of the guidance in October 2020. The evaluation was not intended to address questions related to the COVAX Facility and COVAX AMC – these are pursued through a separate evaluation.
KIs	190 (47 global KIs, 143 country KIs)
CCS	8 (Kenya, Mozambique, Niger, Nigeria, Pakistan, Sudan, Togo and Uganda)
Key findings and recommendations	For findings and recommendations, including management's level of agreement with recommendations, please consult the EMR Summary EMR
Quality assurance	Fully met or exceeded Gavi quality standards
Use/expected use	<ul style="list-style-type: none"> To inform programmatic initiatives to maintain, restore and strengthen routine immunisation and the future direction of Gavi's response to epidemic/pandemic situations. To provide critical evidence for the ongoing MTE of Gavi's 2021–2025 strategy.
Final report	Published on Gavi's website:



[Evaluation of Gavi's initial response to COVID-19](#)

³⁰ Centralised evaluations are considered completed when the EMR has been published on Gavi's website

COVAX Facility and COVAX Advance Market Commitment (AMC) formative review and baseline study (COVAX Phase 1)

Requested by: Gavi Board

Supplier	Itad, with partner 3ie
Timeline	March 2022–March 2023; published May 2023
Objective(s)	<ul style="list-style-type: none"> To ensure the successes, challenges and lessons learned from the COVAX Facility and COVAX AMC are independently evaluated and documented – both from a learning and an accountability perspective. To assess what has worked well and less well to date in the design, implementation and results of the COVAX Facility and AMC, albeit less focus on the latter given the implementation time period, from when COVAX was conceptualised in 2020 through to the end of 2021, although it recognises subsequent relevant shifts over Q1–Q2 2022.
Scope	Temporal scope: March 2020–December 2021
Kills	133 (76 global kills, 57 country kills)
CCS	6 (Brazil, Colombia, DRC, India, Senegal and Vietnam)
Key findings and recommendations	For findings and recommendations, including management's level of agreement with recommendations, please consult the EMR.
Quality assurance	Fully met or exceeded Gavi quality standards
Use/expected use	<ul style="list-style-type: none"> To inform discussions and decision-making at the PPC and Board level on strengthening COVAX's ongoing operations as well as Gavi's future role in PPPR.
Final report	Published on Gavi's website:

Summary EMR [↗](#)



[COVAX Facility and COVAX Advance Market Commitment \(AMC\) Formative Review and Baseline Study](#)

Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers

Requested by: Gavi Board

Supplier	Euro Health Group
Timeline	August 2022–August 2023; published October 2023
Objective(s)	<p>The principal objective of this evaluation was to assess the effectiveness of Gavi's strategy operationalisation model. The evidence generated by this evaluation aimed to:</p> <ul style="list-style-type: none"> • support identification of strengths and weaknesses in the strategy operationalisation model; and • generate organisation-level learning on Gavi's strategy operationalisation model. <p>The evaluation's conclusions, lessons learned and recommendations are intended to inform ongoing changes to Gavi's strategy operationalisation model. In addition to other evaluations such as COVAX Facility and COVAX AMC and Gavi's initial response to COVID-19, this evaluation provided critical evidence to inform Gavi's mid-term evaluation to be completed by early 2023.</p>
Scope	<p>The evaluation covered the operationalisation of Gavi's strategy through its programmatic policies, funding levers and the application process since 2015 (the period covered by the Gavi 4.0 and Gavi 5.0/5.1 strategies).</p> <p>The intent was not to assess the contribution and success of individual programmatic policies or other support modalities, but rather to draw on Gavi's experience of designing and translating such policies into action at the country level through the funding levers and application process.</p>
KIIs	Global/regional KIIs: 64 ; country KIIs: 49 ; comparator study KIIs: 14
CCS	<p>8 CCS:</p> <ul style="list-style-type: none"> • In-country: Cambodia • Hybrid: DRC and Nigeria • Desk reviews: South Sudan, Djibouti, Ethiopia, India and Yemen
Key findings and recommendations	<p>For findings and recommendations, including management's level of agreement with recommendations, please consult the EMR.</p>
Quality assurance	Fully met or exceeded Gavi quality standards
Use/expected use	<ul style="list-style-type: none"> • To inform the 6.0 design and operationalisation process. • To provide valuable evidence to feed into the ongoing MTE of Gavi's 2021–2025 strategy (to help explain performance).
Final report	Published on Gavi's website:

Summary EMR 



[Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers](#)



Centralised evaluations ongoing in 2023

This section presents further details on the centralised evaluations that were **ongoing** between January and December 2023, including but not limited to: evaluation timelines, supplier commissioned, objectives and scope, and data collection.³¹

Evaluation of Gavi's contribution to reaching zero-dose children and missed communities

Requested by: Gavi Board

Supplier	Ipsos, with partner Itad
Timeline	September 2022–December 2025 (year 1 to be completed in February 2024)
Objective(s)	<p>The evaluation focuses on the following four key objectives:</p> <ol style="list-style-type: none"> 1. Evaluate the coherence and rationale of Gavi's ZD agenda in terms of the Gavi 5.0/5.1 aim of "leave no one behind with immunisation". 2. Evaluate the plausible contribution of grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities. 3. Assess the operationalisation of the ZD agenda through the Gavi 5.0/5.1 funding levers. 4. Generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy.
Scope	<p>This evaluation is implemented over 2022–2025 (three phases).</p> <p>The 2023 product is intended to meet both learning (Gavi Secretariat, Alliance partners) and early-stage accountability (Gavi Board through the MTE) needs.</p> <p>The 2024 and 2025 products are primarily intended to meet the learning needs of the Gavi Secretariat, Alliance partners and countries and to inform the development of Gavi 6.0</p>
KIIs	145 (56 global KIIs, 89 country KIIs) for year 1
CCS	<ul style="list-style-type: none"> • 8 CCS. • In-country: Cambodia, Côte d'Ivoire, Djibouti, Ethiopia, India and Pakistan • Desk reviews: Afghanistan and South Sudan (for year 1, to reassess for years 2 and 3).
Key findings and recommendations	<p>For findings and recommendations (year 1), including management's level of agreement with recommendations, please consult the EMR.</p> <p>EMR is soon to be published on Gavi's website.</p>

³¹ As per latest information available as of February 2024 i.e., in the latest available deliverable.

Use/expected use	<ul style="list-style-type: none"> To contribute to strategic and programmatic decision-making regarding course correction for Gavi 5.0/5.1 and the development of Gavi 6.0. To feed into the MTE of Gavi's 2021–2025 strategy.
Final report	Report for year 1 is soon to be published on Gavi's website .

Mid-term Evaluation of Gavi's 2021–2025 strategy (MTE)

Requested by: Gavi Board

Supplier	Euro Health Group
Timeline	October 2022–April 2024
Objective(s)	<p>The evaluation focuses on meeting the following three key objectives:</p> <ol style="list-style-type: none"> 1. Evaluating the status of implementation of Gavi's fifth strategy by the end of 2023 and identifying the drivers and barriers that explain that status. 2. Assessing the extent to which implementation of the strategy on its current trajectory will plausibly result in the achievement of the prioritised strategic goals and objectives and identify areas for course correction. 3. Generate a series of findings, conclusions, lessons learned and recommendations that can inform the development of Gavi 6.0 (2026–2030).
Scope	The evaluation has both a summative component (which looks at implementation and progress to date against the Gavi 5.0/5.1 strategic goals and objectives) and a formative component (which focuses on emerging themes which could impact the remainder of Gavi 5.1 and inform Gavi 6.0).
KIs	184 (104 global/regional KIs, 80 country KIs)
CCS	<p>Seven thematic case studies were conducted instead of CCS:</p> <ol style="list-style-type: none"> 1. Sustainability/domestic financing and resource mobilisation: Ghana, Zambia and Ethiopia 2. Innovation: Madagascar 3. Middle-income countries (MICs): Angola, Indonesia Kosovo, Philippines, Sri Lanka 4. Strategic goal 4: no country-level data 5. Horizon scanning: no country-level data 6. Plausibility: Ethiopia, Mali, Burkina Faso, Ghana, Kenya, Madagascar, Zambia and Kyrgyzstan 7. Drivers and incentives of Gavi model: same countries as listed for plausibility study
Key findings and recommendations	<p>For findings and recommendations, including management's level of agreement with recommendations, please consult the EMR.</p> <p>EMR is soon to be published on Gavi's website.</p>
Use/expected use	<ul style="list-style-type: none"> To support course correction in Gavi 5.1 (2023–2025) To inform the development of Gavi 6.0 (2026–2030)
Final report	Soon to be published on Gavi's website .

Evaluation of the COVAX Facility and COVAX AMC (Gavi Secretariat) and COVAX Pillar Delivery Efforts (Joint) (COVAX Phase 2)

Requested by: Gavi Board

Supplier	Research Triangle Institute, contracted in March 2024
Objective(s)	<ol style="list-style-type: none"> 1. Generate evidence and insights to inform: <ol style="list-style-type: none"> a. Gavi Alliance's contribution and support for delivery and rapid introduction/scale-up/ equitable access to vaccines to inform future public health emergencies and pandemics, in the context of the evolving medical countermeasures network and broader PPPR agenda; b. provide insights to the Alliance to help inform future investment areas under 6.0; and c. help countries learn from each other on what worked well and less well to help inform future delivery strategies and future PPPR (learning). 2. Foster greater cross-partner learning and strengthen evidence-based action and decision-making by Gavi. 3. Provide a critical assessment and make evaluative judgements on what worked well, what didn't and why, for both the COVAX Facility and COVAX AMC and across partner delivery efforts. 4. Provide a critical assessment and make evaluative judgements of how well the initiative delivered against commitments made through the COVAX pillar partnership for both global and country levels (accountability). 5. Produce actionable recommendations for Gavi partners to inform approaches going forward as well as pandemic preparedness and response activities relevant for both global and country levels.
Scope	<p>It is envisioned that the evaluation will be comprised of two components:</p> <ul style="list-style-type: none"> • Part A – summative: Focus on the COVAX Facility and COVAX AMC for the period January 2022 through December 2023, focused on evolving implementation and results during this period. • Part B – summative: Focus on COVAX delivery, including evolving modalities – country readiness and delivery (2020) through COVID-19 Vaccine Delivery Partnership (CoVDP) (2022) and post-CoVDP (2023) – and across primary partners for delivery: UNICEF, WHO and Gavi – with Coalition for Epidemic Preparedness Innovations (CEPI) were relevant.
Expected use	To provide an account of Alliance partnership contributions towards expanding access to COVID-19 vaccines and increasing immunisation, in terms of outcomes and achievement of intended results. To foster institutional learning and strengthen evidence-based action and decision-making throughout Gavi and its partner agencies.

Annex B: Details of completed or ongoing decentralised evaluations in 2023



Decentralised evaluations completed in 2023

This section presents further details on the decentralised evaluations that were **completed**³² between January and December 2023, including but not limited to evaluation timelines, supplier commissioned, objectives and scope, and recommendations and use/expected use.

Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE)

Requested by: Who Evaluation Office/UNICEF and Gavi Secretariat (Vaccine Programmes)

Supplier	Euro Health Group
Timeline	May 2022–January 2023
Objective(s)	To assess the progress of the implementation of the Global Strategy to Eliminate Yellow fever Epidemics (EYE) and draw the way forward to ensure that the strategy adapts successfully to emerging developments, incorporating ongoing risk analysis and deprioritising accordingly within and between regions.
Scope/methods	<ul style="list-style-type: none"> • Temporal scope: 2017 to mid-2022 • Geographic scope: global, regional and country levels, i.e. 40 countries identified as high-risk for YF across Africa and the Americas • A mixed methods approach combining qualitative and quantitative methods for data collection and analysis • CCS in Brazil and Ghana
Support by CET	N/A
Key findings and recommendations	For findings and recommendations, please consult the final evaluation report.
Use/expected use	<ul style="list-style-type: none"> • Recommendations were reviewed by EYE partners during a workshop in June 2023 (hosted by Gavi) and priority actions were outlined (and reflected in the EMR). • Actions were to be included in the workplans from the different governance bodies and assigned to organisations/focal points to take forward. • EYE Secretariat is monitoring workplan inputs and tracking progress.
Final report	Published on WHO's website:



[Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics \(EYE\)](#)

³² Decentralised evaluations are currently considered completed when the evaluation report is finalised, i.e. date indicated on the final evaluation report.

Evaluation of the Independent Review Committee (IRC)

Requested by: Gavi Secretariat (Funding Design & Review)

Supplier	Boston Consulting Group
Timeline	November 2022–March 2023
Objective(s)	<ol style="list-style-type: none"> 1. To assess the suitability of the Independent Review Committee (IRC)'s strategic design in the context of Gavi 5.0/5.1. 2. To conduct an impartial assessment of IRC's proposal review process. 3. To collaboratively develop solutions with the concerned teams.
Scope/methods	<ul style="list-style-type: none"> • KIs consisting of 85 interviews with approximately 100 KIs to identify pain points in the IRC review process. • Co-construction workshops (2) to generate recommendations and create a high-level change narrative and implementation plan. • Additional deliverables (e.g. a change management roadmap) were provided by the evaluation team, along with the final evaluation report, to facilitate the use of the evaluation recommendations.
Support by CET	Review of the ToR provided guidance to the independent evaluators on their approach and review of the draft report.
Key findings and recommendations	For findings and recommendations, please consult the final evaluation report.
Use/expected use	<ul style="list-style-type: none"> • A high-level implementation roadmap and a change management plan were developed in collaboration with the Funding Design & Review (FD&R) team and other relevant Gavi Secretariat stakeholders. To implement in 2–3 years, which aligns with the second half of the Gavi 5.1 strategic period and the development of Gavi 6.0 (2026–2030). • The priorities for 2023 were: (i) to define, through close cross-functional collaboration, a clear differentiation logic for IRC review processes and formats, which will set the baseline for subsequent process streamlining efforts under the EVOLVE project,³³ and (ii) to launch a series of targeted actions under the FD&R team to improve the quality of IRC reviews, develop IRC membership and culture, and strengthen IRC learning and mandate. <p>As of February 2024, several workstreams have been initiated, including:</p> <ul style="list-style-type: none"> • Differentiated review criteria with clear thresholds have been established for malaria, HPV and measles applications • Identification of new vice-chairs and a successful IRC leadership workshop • Three-day IRC training workshop to onboard new members • Successful piloting of Secretariat reviews for 10 applications • Development of a 360-peer review feedback process • Work will continue to action the recommendations coming from the IRC evaluation during 2024 and to ensure their institutionalisation
Final report	Published on Gavi's website:



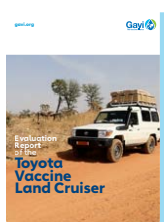
[Evaluation of the Independent Review Committee](#)

³³ EVOLVE is a transformational project to innovate the way Gavi manages and delivers funds to implementing countries and partners.

Evaluation of the Toyota Vaccine Land Cruiser

Requested by: Gavi Secretariat (Private Sector Partnerships and Innovation)

Supplier	Individuals hired as temporary Gavi consultants
Timeline	January 2022–June 2023
Objective(s)	To evaluate the performance of the WHO pre-qualified Vaccine Land Cruiser in selected Gavi countries (Niger, Burkina Faso, Senegal and South Sudan) in enhancing access, efficiency and safety in vaccine distribution.
Scope/methods	<ul style="list-style-type: none"> • Cost-efficiency in reducing the overall cost of vaccine distribution. • Implementation process and lessons learned for optimising performance.
Support by CET	N/A
Key findings and recommendations	For findings and recommendations, please consult the final evaluation report.
Use/expected use	Its widespread application and continuous enhancements are strongly recommended to optimise the immunisation system design.
Final report	Published on Gavi's website:



[Evaluation Report of the Toyota Vaccine Land Cruiser](#)

Assessing the use of the Mapping for Health (M4H) data for immunisation programme implementation and associated impact on coverage and equity in the DRC

Requested by: Gavi Secretariat and INFUSE-PS

Supplier	HealthEnabled, in collaboration with the Kinshasa School of Public Health
Timeline	April 2021–September 2023
Objective(s)	To understand the context and implementation and to identify mechanisms by which the use of geospatial data influences micro-planning and vaccination coverage within the Essential Programme on Immunization (EPI) in three selected provinces (including Haut Lomami, Kasai and Kasai Central) in the DRC.

Scope/methods

- This was a mixed-methods, process evaluation/effectiveness study to assess the impact of geospatial tools on routine immunisation and campaigns.
- Intervention impact was assessed using a pre/post study design, drawing on the 2021 EPI programme immunisation coverage surveys, which were repeated in 2022. Key informant interviews were also conducted to complement the survey findings.

The evaluation was conducted in 113 health facilities across three DRC provinces (Haut Lomami, Kasai and Kasai Central as the control), each selected to represent various health zones.

Support by CET

N/A

Key findings and recommendations

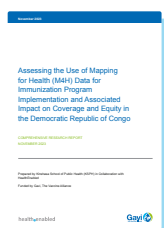
For findings and recommendations, please consult the final evaluation report.

Use/expected use

- To provide insights on impact, remaining challenges and opportunities for donors and country teams.
- To support future decisions on the scale-up of geospatial technology for immunisation.

Final report

Published on Gavi's website:



[Assessing the use of Mapping for Health \(M4H\) data](#)



Decentralised evaluations ongoing in 2023

This section presents further details on the decentralised evaluations that were **ongoing** between January and December 2023, including but not limited to evaluation timelines, supplier commissioned, and objectives and scope.

Development, implementation, monitoring and evaluation of a national and/or subnational advocacy strategy for increased primary healthcare (PHC) and immunisation financing

Requested by: Gavi Secretariat (Immunisation Financing & Sustainability)

Supplier	Global Health Advocacy Incubator
Timeline	1 September 2022–31 December 2025 (implementation phase commencing between in Q1/Q2 2024)
Objective(s)	<p>To understand the context, implementation and impact of CSOs in advocacy for immunisation financing, including:</p> <ul style="list-style-type: none"> • Increase domestic resource mobilisation dedicated to PHC and immunisation service delivery, including vaccine procurement. • Improve execution of domestic funds and enable timely flow of funds to the frontlines. • Increase the transparency and improve the tracking of public expenditure on PHC and immunisation. • Ensure timely payment of Gavi's co-financing obligations. • Ensure new Gavi-supported vaccines are introduced and the country is aware and willing to meet any related increased co-financing obligations. • Strengthen the accountability of national and subnational governments for reducing the number of zero-dose children and increasing immunisation coverage.
Scope/methods	<p>Process evaluation/pre-post assessment of outcome and process indicators, including:</p> <ol style="list-style-type: none"> 1. Increases in the PHC and immunisation budgets at national and subnational levels are greater than what they have been in the past. 2. An improvement in the timely disbursement and use of domestic and Gavi-provided resources. 3. Co-financing obligations (including for newly introduced vaccines) are met in full and on time-based on vaccine needs. 4. The number of zero-dose children is reduced, and coverage rates increase, particularly in under-served areas. 5. The number of articles about immunisation in newspapers (compared to the years before). 6. Social media metrics (number of "followers," likes, retweets, etc.) Amount of discussion on PHC and immunisation in the national and provincial parliamentary meetings/gatherings. 7. Number of interviews given on mass media letters/emails coming from government or elected officials to the CSO. 8. Number of events organised, successful Immunisation champions identified. 9. Geographical scope: Nigeria, Ghana, Madagascar, Kenya, Papua New Guinea and Zambia.

Support by CET	N/A
Expected use	<ul style="list-style-type: none"> To provide insights on impact, remaining challenges and opportunities for governments, donors and country teams. To support future decisions on the launch and scale-up of conditional cash and non-cash transfer programs for immunisation.

Design, implementation, monitoring, evaluation and learning of country-specific demand-side interventions (DSI) for increasing demand for vaccinations, increasing coverage and reducing the number of zero-dose children

Requested by: Gavi Secretariat (Immunisation Financing & Sustainability)

Supplier	Corona Management Systems
Timeline	1 July 2023–31 December 2025 (implementation phase commencing between February and April 2024)
Objective(s)	To understand the context, implementation and impact of conditional cash and non-cash transfer programmes in increasing coverage and reducing the number of zero-dose children in selected provinces in Nigeria, Cameroon, DRC and Lesotho.
Scope/methods	<ul style="list-style-type: none"> Process evaluation/effectiveness study to assess the impact of conditional cash and non-cash transfer programmes on routine immunisation. Geographical scope: selected provinces in Nigeria, Cameroon, DRC and Lesotho. Randomised controlled trial (RCT) to be conducted in Nigeria.
Support by CET	N/A
Expected use	<ul style="list-style-type: none"> To provide insights on impact, remaining challenges and opportunities for governments, donors, and country teams. To support future decisions on the launch and scale-up of conditional cash and non-cash transfer programmes for immunisation.

Evaluating the effective use of DHIS2 and data to improve planning and monitoring of immunisation, HIV and AIDS, malaria, and TB programmes: a three-country retrospective study

Requested by: Gavi Secretariat (Health Systems & Immunisation Strengthening) and The Global Fund to Fight AIDS, Tuberculosis and Malaria

Supplier	HealthEnabled and Johns Hopkins Bloomberg School of Public Health
Timeline	July 2023–April 2024
Objective(s)	The main aim of this study is to assess whether Global Fund and Gavi investments in DHIS2 and in the DHIS2 Tracker have improved data availability, quality, use and analysis, as well as downstream coverage outcomes such as immunisation rates, HIV/TB/ malaria (HTM) case notification, coverage, treatment outcomes and equity.

Scope/methods	<p>Three countries, all of which are using DHIS2 for HTM and immunisation, will be included in this study: Mali, Uganda and Bangladesh.</p> <p>Methods/activities:</p> <ul style="list-style-type: none"> • Convene a one-day workshop in each country with relevant HISP partners and all DHIS2 stakeholders to understand how the DHIS2/HISP model is working. • Conduct key informant interviews with HIS (DHIS2), EPI and HTM programme managers and healthcare providers to understand their experiences of strengths and weaknesses of the DHIS2/HISP model. • Conduct a global desk review and key informant interviews with global experts and partners to understand the global DHIS2/HISP model, strengths and weaknesses and key considerations for sustainability. • Review the completeness and timeliness of DHIS2 data. • Review of dashboard access to gather an understanding of electronic data use associated with DHIS2, DHIS packages and DHIS2 Tracker.
Support by CET	N/A
Expected use	<p>Recommendations for improving DHIS2, DHIS2 package and DHIS2 Tracker use and implementation in the country for improved health system and health outcomes including:</p> <ul style="list-style-type: none"> • HIV and/or TB case surveillance, reporting/monitoring for key populations (KP), adolescent girls and young women (AGYW), and HIV prevention services. • Immunisation and malaria mass campaign management and effectiveness.

Digital health information (DHI) roadmap assessments (costed DHI roadmap studies)

Requested by: Gavi Secretariat (Health Systems & Immunisation Strengthening)

Supplier	Consortium of suppliers: GDi solutions, HealthEnabled, Itad, Johns Hopkins Bloomberg School of Public Health Center for Global Digital Health Innovations & Gender Equity Unit, University of Gondar eHealth Labs (Ethiopia), National Institute of Public Health (Cambodia)
Timeline	September 2023–Q3 2025
Main objectives	<p>To document progress against the costed DHI country roadmaps, including DHI enablers and gender-related activities.</p> <p>The research is intended to assess the extent to which DHI interventions have scaled since the implementation of Costed DHI Country Roadmaps, and how data availability and use have improved.</p> <p>These studies are part of the Gavi DHI Strategy MEL Plan. As part of this strategy, three countries were guided through the development of a costed DHI for immunisation roadmap.</p>
Scope/methods	<ul style="list-style-type: none"> • Qualitative research method and inquiry-based exploration. • Cambodia and Ethiopia: ongoing • Third costed roadmap study: location to be determined
Expected use	These reviews will help to document progress against proposed activities across the six DHI priority areas, enablers and gender-related activities.

Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) country assessments

Requested by: Gavi Secretariat (Programme Support Team)

Supplier	IOD Parc
Timeline	December 2023–July 2024.
Objective(s)	Assess and evaluate how technical assistance is being delivered by partners in selected countries in relation to expectations, as well as provide recommendations as to how the delivery of TCA can be improved.
Scope/methods	<p>Evaluation type: country implementation assessment</p> <p>Time period: December 2023–July 2024</p> <p>Geographical scope: The assessment is being undertaken in Ethiopia, DRC, Nigeria and Pakistan</p> <p>Design/methods:</p> <ul style="list-style-type: none"> • Desk review • Interviews of critical stakeholders • Country visits
Support by CET	N/A
Expected use	<p>How will the results be used?</p> <ul style="list-style-type: none"> • To inform TCA planning and design for Gavi 6.0 • To undertake Course corrections where possible • To drive core and non-core partner accountability for performance <p>By whom?</p> <ul style="list-style-type: none"> • By partners, Country Programme Delivery (CPD) teams and the PEF/PST team managing TCA funds <p>With what outcome or impact?</p> <ul style="list-style-type: none"> • Maximise potential for TCA to achieve intended outcomes • Strengthening quality and sustainability of partner technical assistance for EPI programmes