

Annex C: Partnerships Accountability Framework (PAF) – country foundations component

1. Purpose and objectives of the PAF

The Partnerships Accountability Framework (PAF) allows countries to hold partners¹ accountable at an institutional level for the support they provide in achieving Gavi's strategic goals and priorities. It is anchored in functions the partners carry out at country, regional and global levels and includes areas of work and indicators to track progress for each of these functions. This document focuses on the foundational functions, areas of work and indicators at the **country level**. The global and regional components will be finalised in the second half of 2025.

The purpose of the PAF is to link the support for partners' foundational functions to measurable results associated with the Gavi 6.0 Execution Framework, while ensuring cross-portfolio learning and predictability of funding. It builds upon experience from Gavi 5.1 and 5.0, including independent evaluations of partner support, to incorporate good practices and lessons learned.

The country component of the PAF outlines the areas of work and associated indicators for each agreed country level function: a) immunisation programme support – including planning, advocacy, implementation, issue escalation, risk monitoring/resolution and coordination, b) vaccine and cold chain management, c) data, d) demand, and e) outbreak and preparedness response. The foundational functions have been defined as those that are required to sustain and maintain functioning immunisation programmes at country level. They speak to the comparative advantages of core and other partners – while WHO and UNICEF will be primary core partners for these functions, countries have the flexibility to select other partners with strong technical capacity and in country presence depending on context. All functions aim to contribute to skills transfer and country capacity strengthening to ensure long-term sustainability.

2. Integration of the PAF into Gavi's 6.0 Execution Framework

The PAF will be embedded within the Gavi 6.0 Execution Framework that will bring together, in one place, programmatic flagships as well as Secretariat policy and operational reforms necessary to achieve Gavi's 6.0 strategic goals and objectives. Indicators and targets, evaluations and learning agendas will be organised within this framework. For monitoring, the Execution Framework will provide indicators, targets, and clear accountabilities for delivery, consolidating metrics from different Gavi 6.0 sub-strategies and approaches, including the PAF. At country level, the PAF will align with the country grant monitoring framework, strengthening national ownership, government visibility and oversight of partner inputs. It aims to create transparency on partner

¹ Core WHO, UNICEF, World Bank, USCDC and others such as civil society organisations.

performance against agreed objectives and regular monitoring, review and course correction at country level. The PAF will complement the country grant monitoring framework that will provide a broader picture of Alliance activities on the ground and how the functions carried out by the partners contribute to it.

3. Development of the country foundations PAF

Extensive consultations have taken place with countries,² core partners,³ civil society organisations (CSOs) and donors to define the areas of work and indicators that represent the right level of accountability for partners while ensuring alignment with country goals. Input was gathered through written comments and meetings. Lists of indicators were reviewed and streamlined by technical expert teams including focal points from the Secretariat, WHO and UNICEF.

Countries will select the functions they need and which partner is best placed to carry these out based on their context. It is expected that each country will have an immunisation programme support function, while support for additional technical foundational functions may be requested by countries depending on context. Each function has a limited set of areas of work with associated indicators, which countries and partners can select to take forward. For each function a mandatory indicator has been selected to facilitate aggregation at global/regional levels. Additional indicators are presented as a short menu that can be selected from according to country context. If a function is not supported in a country, then there will be no accountability from partners for that function.

Three core principles have been used to define the proposed list of country foundations indicators:

1. Measurable: preference for **quantifiable** indicators with a **defined source**
2. Time-bound: to enable progress tracking with ability to reflect change within a **6-month period**, where possible
3. Aligned to partners' agency: proximal to the remit of partner support at country level vs. outcome indicators that countries are responsible for. Focus has been on prioritising indicators that: a) are explicit on monitoring or flagging risks, acknowledging that these lie within partners' level of influence; b) avoid purely process indicators (e.g. number of meetings/trainings held); c) can be achieved with human resources investments as country foundations will not include any guaranteed associated support for activities; and d) have potential to inform on the quality of outcomes being achieved at country-level.

In addition, the selected indicators build upon existing ones (e.g. eJRF) where possible, have defined responsibility for data collection, and aim to focus on capacity strengthening/skill transfer. See attached file for the complete list of

² PPC country representatives, APPT members, EPI Managers from Eastern and Southern Africa.

³ At global, regional and country levels.

country functions, areas of work and indicators. Country contexts will be reflected in the establishment of specific targets for each indicator.

4. Reporting and performance management

Reporting on the PAF aims to address the pain points identified in 5.1 processes, including absence of results-driven reporting against indicators with agreed targets, lack of alignment between financial and programmatic reporting, and multiple reporting platforms. The reporting of indicators by partners will be done against country-specific targets and will be assessed by country teams (government, partners, Secretariat) at quarterly check-ins with data collected and reported every 6 months, supplemented with independent third-party monitoring if deemed necessary.

Progress against indicators will inform course correction / remedial actions, and established performance management procedures. These procedures will be based on collaborative engagement for problem solving by leveraging existing platforms such as Regional Working Groups and/or building upon good examples from 5.0 such as the Big Catch-Up task team. Performance management will take place at three levels: a) **global** for systemic issues and escalation of country/regional-level challenges to be managed through executive level meetings; b) **regional** for the management of programmatic issues that need a higher level coordinated approach, through regional working groups/task teams; and c) **country** level performance issues with foundational functions and national programmatic issues to be managed through EPI and partner in-country management teams (e.g., ICC).

The PAF including the reporting and performance management mechanisms, will be incorporated as part of grant agreements with core partners. In instances where other country-selected partners will be carrying out foundational functions, these accountabilities will be reflected in the service agreements or contracts. Accountability for course correction and remedial actions rests with the Secretariat.

5. Next steps

The country component of the PAF will be integrated into the programming of country foundations. In July-August the Secretariat will be engaging partners through a similar consultative process as described above to define the areas of work and indicators associated with the global and regional level functions. The PAF will be finalised for the PPC and Board's visibility in October and December 2025, respectively. Over the course of the strategic period, the PAF indicators will be refined and reviewed to allow for course correction. Review of the foundations approach will be integrated within broader oversight of 6.0 implementation.

Programming steps such as partner selection and how country foundations complement the technical assistance available through the consolidated grant will be communicated through guidance documents to support the planning of

these functions at country level. Programming timelines are outlined in Annex A to Doc 11.

Partnerships Accountability Framework - Country Foundations

Level	Function/ Intervention area	Specific output/area of work	Mandatory indicator (s) [1-2 per area]	Menu of indicators [to select where applicable]	Country outputs	Country outcomes
Country	Immunisation programme support (Strategic and operational planning)	1. National (and subnational) Immunisation Strategy (NIS) planning and support, including Gavi FPP/holistic application where relevant.	> Country owned NIS and/or Gavi Application and annual operational planning, implementation and monitoring informed by appropriate analyses and data Tick all that apply: VPOP; Cov&Equity; Gender; BeSD; EVM; NITAG Recs; Vaccine and Cold Chain cIP; Clearly defined interlinkages between immunisation strategy and national health sector strategy; Other)			
Country	Immunisation programme support (Capacity strengthening)	2. Building institutional capacity, including for NVIs, through development and design of training tools, knowledge sharing and implementing quality training and supervisory activities at national/sub-national/local levels.	> % of NVIs with readiness composite score \geq X% (e.g. 80-100 = good, 60-80 = acceptable, below 60 = bad) > Demonstrate enhanced capabilities by xx% in evidence-based planning, data-driven management, monitoring and stewardship of EPI programmes at national and subnational level (minimum enhancement: x%) > Evidence of context-specific microplanning that is integrated with routine immunization, polio and non-polio SIAs, and other essential primary health care interventions [yes / no]	> % of NVIs introduced where partner(s) led or directly supported the Ministry of Health in the regular use of readiness tools, the development of training materials, and participation in capacity-building activities. > % of NVIs introduced versus planned, based on existing available plans (e.g. NIS, multi-year plans, etc.)		
Country	Immunisation programme support (Coordination)	3. Participation and representation of Immunisation in Health Sector coordination; functionality of Immunisation coordination mechanism; NITAG functionality, technical assistance for policy/guideline development that reflects best practices and updated normative guidance	> Health/Immunisation coordination mechanism [functional] in the last six months Number of functionality criteria met by the coordination mechanism (select all that apply): No coordination structure in place; ToR available; Met per schedule; Reviewed progress data; Minutes from meeting available; Follow up actions; with implementation of decisions is tracked in subsequent meetings (X% of follow-up actions on track), with clear accountability assigned and documented (If health sector coordination - immunization represented); Systematic coordination between immunization and broader health governance structures in the country; CSO engagement in coordination mechanisms > Number of WHO-defined NITAG functionality criteria met by the NITAG (when country has NITAG).	> Partner(s) provides documented support in the development of policies, technical guidelines, operational plans, etc., and collaborates with the MoH and partners to integrate these into the annual implementation plan, with a focus on Gavi strategic priorities. > Number of CSOs organisations and women- and girl-led organisations [disaggregated by type: local/global] engaged in planning, implementation, monitoring and accountability of immunization services at national and subnational levels	% of health facilities offering RI as part of integrated package of health services	
Country	Immunisation programme support (Coordination and performance management)	4.Strengthened performance management through regular review of data systems, implementation of EPI plans including campaigns, and collaborative course correction plans	> Implementation monitoring (inputs, workplan execution, outputs, outcomes) jointly reviewed by countries and partners conducted in the past six months - risks / action plan identified > % of campaigns with timely implementation and post-campaign review submitted within 4-8 weeks of the end of the campaign in last 6 months (N/A if no campaign in last 6 months and N/A for campaigns whose review is not due within 4-8 weeks of reporting date of this indicator) > % of risks identified with active mitigation plans (ie. no risk, major HR gap in MoH EPI team, readiness score for NVI or campaign below performance threshold, expected stock-out, risk of non-fulfilment of co-financing commitments; Risk of underfunding traditional vaccines ; Critical vacancies in national EPI teams ; Readiness scores below thresholds for new vaccine introductions or campaigns ; Anticipated or actual vaccine stockouts) - In addition the indicator should assess: 1) has possibility of risk being assessed, 2) has risk been detected, 3) if risk, has it been elevated and is mitigation plan in place.	> % of items tracked in the immunisation monitoring system at the service delivery level : vaccine stock availability, HR availability, sessions held, coverage, drop out, disease surveillance; material and equipment availability > Evidence national immunisation plan or strategy is underpinned by an M&E framework that reflects national immunisation priorities	Number of immunisation sessions conducted - by delivery strategy Indicator under development (Increased availability of healthcare workers in the community) Indicator under development (Greater MoH capacity to manage EPI programme) For Fragile countries: Policy in place allowing catch-up vaccination to age 5 For Fragile countries: % Gavi grant-supported districts conducting mobile delivery	Number of zero-dose children Indicator of geographic equity for immunisation coverage [TBD with Gavi Board] DTP3 coverage MCV1 coverage MCV2 coverage HPV coverage Breadth of protection Fulfillment of co-financing commitment
Country	Immunisation programme support (Advocacy)	5. Representation, advocacy and technical assistance to country stakeholders to support prioritisation of and domestic resource mobilisation for immunisation in national development/health agendas and budgets	> % of completed country-specific advocacy and immunisation financing TA outputs, which are designed to follow a credible pathway toward sustainable immunisation financing outcomes, as validated by stakeholders or documentation shared with Gavi. <u>Examples of validated advocacy and TA outputs include (Tick all that apply):</u> - Quality vaccine forecasts, immunisation/PHC costing and expenditure data and financial analyses - Integration of financing evidence into planning, strategic and advocacy documents (e.g., NIS, national financing strategies, MTEF, transition plans, investment cases) - Public Financial Management (PFM) bottlenecks analysis, improvement plan and timely implementation, as relevant to immunisation - Risk assessment and active mitigation plan (as needed) on co-financing and traditional vaccine financing - Political economy analyses and stakeholder mapping - Budget advocacy plans and their timely implementation - High-level and/or technical multi-stakeholder convenings on prioritisation of immunisation with documented decision-making - Explicit transition planning process <u>Desired immunisation financing outcomes include:</u> - Increased budgets and/or execution rates for PHC/vaccines/immunisation operational costs - Timely fund disbursement for PHC/vaccines/immunisation operational costs - Adoption of policies/legislation for sustained domestic financing	> # of evidence-informed engagements on immunisation programme requirements with senior government officials (ie Ministerial or Parliamentary-level) supported by partners in that past 6 months? [By: Type] *Type = Type: (select all that apply) Domestic financing for vaccines; domestic financing for PHC/immunisation programme (non-vaccine cost); HRH investment; Management/Governance Arrangements/Strengthening; PHC Integration; Catch-up Age Range Policy Change; Other		

Country	Vaccine and cold chain management	1. Strategic planning & governance and Strengthen storage and distribution network, with a particular focus on reaching remote and affected populations	<p>> National Immunization logistics WG or equivalent [functional] in the last three months.</p> <p>*Functional: (select all that apply): No coordination structure exists, ToR available, Met per schedule, reviewed progress data; Minutes from meeting available; Follow Up Actions Agreed; iNLWGs can a) manage vaccines & CCE; b) strategically onducts quarterly review of cIP to review progress, identify roadblocks and solutions, and ensure ongoing alignment with NIS c) mobilize financial resources to implement & monitor the plan</p> <p>Examples for (a) frequency or number of adjustments to supply plans as a result of looking at data; stock redistribution actions; and supply chain performance metrics such as Are systems "stocked according to plan" at national, state, and/or districts.</p>	<p>> Supporting NLWG to use of distribution network analysis, to assess possible scenarios to optimise the existing network for last mile delivery and integration on need based frequency (at least annual)</p> <p>>MOH-endorsed cIP aligned with National Immunization Strategy (NIS) and Gavi Alliance Investment Priorities</p> <p>>cIP implementation begun within 9 months of EVM assessment completion</p>	% facilities with functional Performance, Quality and Safety (PQS) cold chain equipment	
Country	Vaccine and cold chain management	2. Manage use of SC system and maintain effective SC performance	<p>> CCE data (inventory (bi-annual), functionality (monthly) and temperature monitoring (monthly), Average time to repair for CCE (downtime for CCW) available and analysed and red flags raised, trends reviewed and apporaches modified along with MoH/NLWG</p> <p>> Review and update forecast on Quarterly basis and ensure minimum deviation (e.g X% deviation) and monthly supply planning reviews of immunization supplies available at the national/regional level</p> <p>> DISC indicators for national, regional & district stores available and analyzed and red flags raised, trends reviewed and apporaches modified along with MoH/NLWG on monthly basis</p>	<p>> # of preventive and curative maintenance events for CCE (ACTIVITY BASED IF RELEVANT)</p> <p>> Existence of annual expected budget/costing for supply chain operations at national and state levels, with visibility to MoH senior leaders and finance lead in advance of MoH budgeting cycle</p>	Stockout rate at district level (DTP and MCV)	
Country	Vaccine and cold chain management	3. Escalate issues pertaining to effective supply chains	> Average lead time from stock out event to issue escalation on monthly basis [Level] [**report numerator, denominator]	> % of CCE distributed and installed on time as per country plan - (ACTIVITY BASED IF RELEVANT)		
Country	Data	1. HMIS data strengthening and reporting - HMIS changes/upgrades, digital transformation projects, training and reporting like annual eJRF and monthly disease/progress reports	<p>> Country implementaton monitoring indicators are monitored and reported on time</p> <p>> Monitoring reports inform regular reviews of progress against national immunisation strategy objectives</p> <p>> % of HMIS data strengthening activities conducted vs planned</p>		Health information systems (eg., HMIS, DHIS2, etc) includes indicators to monitor vaccination beyond the first year life (or other priority Gavi and IA2030 indicators)	
Country	Data	2. Data analytics strengthening for key use cases - data quality reviews and improvement and analytical work for supporting national strategies, inform outbreaks, campaigns and root cause analysis for underperformance	<p>> Official estimates are included in eJRF and informed by WHO/UNICEF guidance</p> <p>> % of data analytic strengthening activities conducted vs planned</p>	> Triangulation used to inform strategies to reach ZD communities, or to asses outbreak risks	DTP1 coverage from WUENIC is equal to the country's official estimate (± 2%)	
Country	Data	3. Support for data quality reviews and improvement, as well as for supplemental/targeted data strengthening, including coverage surveys and facility assessments	> % of coverage surveys and facility assessments that follow WHO guidance, have their results analyzed, and are used to inform programming.		Use of data triangulation (e.g. admin subnational data, surveillance data, serosurveys and risk assessments) to prioritize districts in planning and programme improvement	

Country	Demand	1. Analysed social/behavioural data used for programme design, implementation and course correction	> Was social/behavioral data [from the past 6 months] used to inform immunisation programming in the last six months? (Y/N) (If Y: By: National, # districts) >> Sub-question: If social/behavioral data suggested risk to immunisation programmes, was it reported to the MoH or Health Promotion Committee/ Advocacy Social Mobilization Committee? (No risk detected, Risk detected and reported, Risk detected but not reported)			
Country	Demand	2. Tailored demand generation strategies developed and implemented including community engagement	> Did the MoH apply a human centered design (HCD) approach (ie co-creation of solutions to address barriers with communities) to tailor interventions to reach Zero-Dose communities in the last six months? (Y/N) > % of campaigns and new vaccine introductions that took place in the last six months where IPC/I training of health workers was conducted. Denominator = # campaigns (including BCU) + # NVOs in the last 6 months		% parents / caregivers who want their child to get all recommended vaccines	
Country	Demand	3. Functional coordination mechanism for demand promotion	> Was the Health Promotion Committee/ Advocacy Social Mobilisation Committee functional in the last six months? Functional: (tick all that apply): No coordination structure exists, ToR available, met per schedule, reviewed progress data, meeting minutes available, follow up actions agreed.			
Country	Outbreak/emergency preparedness and response	1. Effective monitoring systems (national & community) for timely identification and confirmation of cases	> Time from detection to application to ICG.		Time from detection to application to ICG or relevant mechanism [should match PAF indicator] Time from application to ICG or relevant mechanism to start of campaign	Percentage of outbreaks with timely detection and response
Country	Outbreak/emergency preparedness and response	2. Effective coordination, planning and implementation of outbreak/emergency response	> Time from application to ICG or relevant mechanism to start of campaign. > SPAR average score above 60% across the following attributes: C5 surveillance, C7 health emergency management, C4 laboratory and C12 zoonotic diseases average scores > % of supported outbreaks that provide outbreak response vaccination uptake / campaign reporting per WHO / normative guidance (noting that we propose outbreak vaccination reports submitted within 60 days of campaign closure as an established threshold for campaigns)	> % of supported outbreaks that provide root cause analysis per WHO / normative guidance (noting that we propose RCA reports submitted within 60 days of campaign closure) - (MR specific)		