

<b>SUBJECT:</b>	<b>GAVI ALLIANCE STRATEGY 2016-2020 - GOAL LEVEL INDICATORS AND DISEASE DASHBOARD</b>
<b>Report of:</b>	Peter Hansen, Director, Monitoring & Evaluation
<b>Authored by:</b>	Hope Johnson, Binay Kumar, Michelle Li
<b>Agenda item:</b>	11
<b>Category:</b>	For Decision
<b>Strategic goal:</b>	Affects all strategic goals

## **Section A: Overview**

### **1. Purpose of the report**

- 1.1 The purpose of this report is to seek endorsement from the Board of the strategic goal level indicators and disease dashboard for the 2016-2020 strategy.

### **2. Recommendations**

- 2.1 Following review at its May meeting, the Gavi Programme and Policy Committee recommended to the Gavi Board that it:
- (a) **Approve** the indicators for the Gavi Strategy 2016-2020 recommended in Section B of Document 13 for inclusion in 'Aspiration 2020', the disease dashboard, including Option 2 as a measles indicator, and under each strategic goal other than indicators for strategic goal 2;
  - (b) **Request** the Secretariat to present indicators for strategic goal 2, an additional indicator of healthy market dynamics and an additional indicator of institutional capacity for national decision-making, programme management and monitoring to the PPC in October 2015 for recommendation to the Board in December 2015;
  - (c) **Request** the Secretariat to present targets for the indicators for each strategic goal to the PPC in October 2015 for recommendation to the Board in December 2015; and
  - (d) **Request** the Secretariat to work with partners in advance of the October PPC to finalise details related to the definitions and measurement approaches for all indicators across the disease dashboard and strategic goals, and provide an updated indicator definition document for the PPC's information in October 2015.

### **3. Changes brought in response to PPC feedback**

- 3.1 Following feedback from the PPC, the definition of the indicator of distribution of immunisation coverage by education status of mothers/caretakers has been modified to make the level of difference tracked consistent with the wealth quintile indicator. The new definition is as follows:
- (a) % of countries in which penta3 coverage among children whose mothers/caretakers received no education is within 10 percentage points of coverage among children whose mothers/caretakers have received secondary education or higher.
- 3.2 Also in response to PPC feedback, the new indicator added to 'Aspiration 2020' (% of countries sustaining delivery of all recommended vaccines in their routine programmes after transition away from Gavi financing) is limited to the 73 countries supported at the time that the revised eligibility policy was approved in 2010. Given that Albania, Bosnia & Herzegovina, China and Turkmenistan graduated earlier and under a very different strategy and policy context, they are not tracked as part of this indicator.

<b>SUBJECT:</b>	<b>GAVI ALLIANCE STRATEGY 2016-2020: GOAL LEVEL INDICATORS AND DISEASE DASHBOARD</b>
<b>Report of:</b>	Robert Newman, Managing Director, Policy and Performance
<b>Authored by:</b>	Hope Johnson, Binay Kumar, Michelle Li, George Pariyo, Peter Hansen
<b>Agenda item:</b>	13
<b>Category:</b>	For Decision
<b>Strategic goal:</b>	Affects all strategic goals

## **Section A: Overview**

### **1. Purpose of the report**

- 1.1 The purpose of this report is to seek endorsement from the Programme and Policy Committee (PPC) of the strategic goal-level indicators and the disease dashboard for the 2016-2020 strategy.

### **2. Recommendations**

- 2.1 The PPC is requested to:

**Recommend** to the Board that it

- (a) **approve** the indicators for the Gavi Strategy 2016-2020 recommended in Section B of Document 13 for inclusion in 'Aspiration 2020', the disease dashboard, including [Option [1] **or** [2]] as a measles indicator, and under each strategic goal other than indicators for strategic goal 2;
- (b) **request** the Secretariat to present indicators for strategic goal 2, an additional indicator of healthy market dynamics and an additional indicator of institutional capacity for national decision-making, programme management and monitoring to the PPC in October 2015 for recommendation to the Board in December 2015; and
- (c) **request** the Secretariat to present targets for the indicators for each strategic goal to the PPC in October 2015 for recommendation to the Board in December 2015; and

- (d) **request** the Secretariat to work with partners in advance of the October PPC to finalise details related to the definitions and measurement approaches for all indicators across the disease dashboard and strategic goals, and provide an updated indicator definition document for the PPC's information in October 2015.

2.2 The PPC is also requested to provide guidance to the Secretariat on the preliminary draft target levels described in Annex C of this report, especially in relation to whether the preliminary draft targets strike the right balance between ambition and realism.

### 3. Executive summary

3.1 The Secretariat convened a consultative process steered by small groups of technical experts to define indicators for the strategic goals and the disease dashboard, respectively, as part of the Alliance strategy for 2016-2020. See Annex A for membership of each technical expert group and Annex B for the updated one page strategic framework for 2016-2020 with a high level summary of the recommended indicators included. The Secretariat has compiled preliminary draft targets for goal level indicators where possible; for some indicators it is not yet possible to define targets, due to the need to refine tools, establish baseline values and finalise Strategic Demand Forecast (SDF) version 11, which represents one important source of information for helping inform target levels for the coverage indicators. See Annex C for a summary of the status of targets for each of the indicators. Detailed definitions of each indicator, including levels of disaggregation, rationale for use, means of measurement, data sources, strengths, weaknesses and useful resources, can be found in a document titled 'Detailed indicator definitions' on myGavi.

### 4. Risk implication and mitigation

4.1 The recommended indicators address several key risks for Gavi, as noted in the risk register. A dedicated indicator is being developed, for example, for data quality. Carefully defined indicators for each strategic goal that are specific, measurable, achievable/feasible, relevant and timebound are critically important for helping the Board assess the extent to which implementation of the 2016-2020 strategy is on track. As part of the developmental work that remains, the core group is seeking to ensure that this standard is met for all indicators included in the strategy.

### 5. Financial implications: Business plan and budgets

5.1 There are no immediate financial implications to note for the specific indicators recommended in this paper. With the possible exception of the civil society and private sector engagement indicator, all can be tracked using existing data sources, though further investment in measurement is important for increasing the timeliness, quality and utility of the measures (e.g. increased frequency of surveys or strengthening of quality of reported data would require additional financing). It is expected that investments

made through country grants and the Partners' Engagement Framework for 2016-2020 will include investments in strengthening the availability, quality and use of data. For more information, please see Doc 14. Similarly, further investment in dissemination and communication - e.g. investing in improved functionality of web-based communication of results during the next strategy period and improved packaging and contextualisation of results for non-specialist audiences - would likely require additional resources. These potential investments will be explored through the detailed workplanning and budgeting processes for 2016.

## **Section B: Content**

### **6. 'Aspiration 2020'**

6.1 The recommended indicators include one addition to the 'Aspiration 2020' box next to the mission statement:

(a) Percentage of countries sustaining delivery of all recommended vaccines in their routine programmes after transition away from Gavi financing

6.2 The rationale for inclusion of this indicator is that it captures the overall level of sustainability of Gavi investments. For the Gavi model to be successful in supporting countries to catalyse introduction and sustainability deliver vaccines, it is critical to track whether countries continue to deliver vaccines following their transition away from Gavi support. This indicator can be tracked using existing data made publicly available by WHO and UNICEF. All vaccines in country programmes are included within scope, irrespective of whether they were introduced with Gavi support. If a country that has completed its transition drops a vaccine from its programme, the Secretariat will report this to the Board, along with the reason for it and relevant contextual information to the extent that it can be established (e.g. based on revised recommendation by national authorities informed by evidence, or due to financial or other barriers).

6.3 It is proposed that the target value for the under-five mortality rate indicator be defined later in the year, following publication by the United Nations Population Division, in July 2015, of their updated projection of trends in under-five mortality rates by 2020. If a target were fixed now based on currently available projections, which are two years old, the likely target reduction would be approximately a 10% decrease in the under five mortality rate between 2015 baseline levels and 2020 for Gavi countries. In September, the global community is also expected to endorse a target for reductions in under-five mortality by 2030 as part of the Sustainable Development Goals.

### **7. Disease dashboard**

7.1 The disease dashboard was conceptualised upon recommendation by the Board's Evaluation Advisory Committee (EAC) in response to the need for more empirical data measuring immunisation programme results to

complement largely model-based estimates of programme impact. When the Board approved the disease dashboard as part of the strategic framework in June 2014, it highlighted that to the extent possible the disease dashboard should focus on Gavi contribution rather than attribution, leverage existing Vaccine Alliance partner investments and attempt to align with indicators used as part of other global and regional initiatives (e.g. Global Vaccine Action Plan monitoring and regional hepatitis B control initiatives). It is not anticipated that the indicators in the disease dashboard will have specific targets - trends will be tracked over time, but not in relation to specific target values for future years.

- 7.2 The technical consultation group steering the development of indicators for the disease dashboard has recommended that three indicators be adopted as primary summary measures drawn entirely from empirical sources and to be featured on the strategy framework:
  - (a) Hepatitis B: Number of countries that have less than 2% hepatitis B surface antigen prevalence among children less than 5 years of age
  - (b) Rotavirus: Median % (and interquartile range) of acute gastroenteritis hospitalisations positive for rotavirus among children less than one year of age among countries with any surveillance site meeting inclusion criteria
  - (c) Measles: Number of countries with verified interruption of endemic measles transmission
- 7.3 Given that Gavi investments in measles to date have focused on mortality reduction rather than elimination (see Doc 08 for more information), an alternative indicator for measles has been identified. Both options are described in detail in the indicator definition document on myGavi. The PPC is requested to provide guidance on its preferred indicator for measles for the disease dashboard:
  - (a) Option 1: Number of countries with verified interruption of endemic measles transmission. [Recommended by the Disease Dashboard technical consultation group]
  - (b) Option 2: Number of countries reporting an annual incidence of less than 5 measles cases per million population. [Alternative option put forward by Secretariat, due to focus of measles investments on mortality reduction rather than elimination]
- 7.4 The technical consultation group recommended Option 1 above, because it aligns with the primary measles indicator that is tracked by the Global Vaccine Action Plan and because it leverages existing processes for assessing the quality and availability of surveillance data in each country through regional verification committees. In addition to the point noted above in relation to this indicator focusing on elimination rather than control, a weakness of this indicator is the potential for limitations and lags

in data availability due to delays in establishing national and regional verification committees.

- 7.5 'Option 2' above is also being tracked in the Global Vaccine Action Plan as a secondary indicator and was established as a milestone for measles elimination by the 63rd World Health Assembly in 2010. This indicator is updateable annually across a majority of Gavi countries as all countries report case data to WHO. Potential limitations of this indicator include quality concerns related to country-reported estimates of cases and the sensitivity to changes in surveillance practices over time.
- 7.6 Consultations to date with Board constituencies have indicated strong support for Option 2, since Gavi's investments have focused on mortality reduction rather than elimination. Based on this rationale, the Secretariat recommends Option 2 for adoption as the measles indicator to be included in the disease dashboard.
- 7.7 A broader set of secondary indicators to supplement and contextualise the aforementioned three primary indicators will be further developed and additionally tracked.
- 7.8 Although pneumonia is a large driver of Gavi impact, the technical consultation group advised against inclusion of a pneumonia-related primary indicator to be tracked. Due to the increased complexity of measurement of pneumonia and the risk of misinterpretation of potentially available data, the technical consultation group advised that the Secretariat should instead track pneumonia-related outcomes utilising data available from targeted high-quality vaccine impact studies as secondary indicators. These data will only be available from a limited number of countries and not updateable annually. The Secretariat will continue to explore the availability and suitability of pneumonia-related outcomes data, including pneumonia hospitalisations, through an established WHO pneumococcal vaccine technical consultation group. This will help inform which pneumonia-related outcomes should potentially be tracked as secondary indicators.

## 8. **Strategic goal 1: accelerate equitable uptake and coverage of vaccines**

- 8.1 The following indicators are recommended under the first strategic goal:
  - (a) Reach of routine coverage: 3<sup>rd</sup> dose of pentavalent vaccine (i.e. DTP-HepB-Hib) and first dose of routine measles vaccine
  - (b) Breadth of protection: average coverage across all Gavi supported vaccines
  - (c) Equity of coverage and barriers to immunisation:
    - (a) Geographic distribution: % of countries with all districts having ≥80% third dose pentavalent vaccination (penta3) coverage



(b) Wealth quintile distribution: % of countries in which penta3 coverage in poorest quintile is within 10 percentage points of penta3 coverage in the wealthiest quintile

(c) Distribution by education status of mothers/female caretakers: % of countries in which penta3 coverage among children whose mothers/caretakers received no education is within 20 percentage points of coverage among children whose mothers/caretakers have received secondary education or higher

8.2 All coverage indicators will be disaggregated by vaccine, fragile state status and transition status.

**9. Strategic goal 2: increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems**

9.1 The core group has defined the following draft indicators for potential inclusion under this strategic goal; all five indicators entail a developmental agenda and thus need further work by the Secretariat and partners before they can be submitted to the PPC for recommendation and adoption by the Board.

(a) Supply chain: rolling average of selected items from Effective Vaccine Management (EVM) assessments related to supply chain availability, equality and efficiency

(b) Data quality: % of countries with survey in last 5 years and <10 percentage point difference between national administrative coverage and point estimate from survey

(c) Access, demand and service delivery: coverage with first dose of pentavalent vaccine and drop out between first and third dose of pentavalent vaccine

(d) Integration: % of Gavi-supported rotavirus vaccine introductions followed by increase in oral rehydration coverage

(e) Civil society and private sector engagement: % of countries in which civil society organisations or private sector actors appear with clearly stated roles, responsibilities and activities in annual national immunisation plans

9.2 The developmental work remaining for each indicator is as follows:



- (a) Supply chain: UNICEF and WHO are leading a process to define the precise specifications of the new indicator. The new indicator will focus not on all domains covered by the EVM tool, but on the three domains addressed by the Gavi supply chain strategy: availability, quality and efficiency. The items incorporated into this measure are likely to be drawn from a set of items that are present in both the old EVM tool as well as the new tool under revision, to preserve comparability and ensure that a continuous timeseries can be tracked between the current strategy period and the 2016-2020 period. This work is underway now and is expected to be finalised by the end of the second quarter.
- (b) Data quality: The core group has identified one leading candidate indicator, as described above, with strengths and limitations as noted in the detailed indicator definition document available on myGavi. Following a request from the Global Vaccine Action Plan working group of SAGE, WHO is leading a process to develop a systematic means of rating the level of confidence in country data sources related to immunisation coverage. It is anticipated that the methods and criteria will be similar to those used in the Grade of Confidence ratings that WHO and UNICEF currently publish for their estimates of national immunisation coverage, but with country data as the unit of interest rather than WHO/ UNICEF estimates. WHO will present its work on this new rating system to the SAGE working group in September 2015. The core group is exploring a third candidate indicator of data quality based on Gavi's data quality requirements. Following further exploration of these indicators, the Secretariat will work with partners to finalise a recommendation to the PPC in October for its review and recommendation to the Board in December 2015.
- (c) Access, demand and service delivery: The core group has defined one leading candidate indicator, as described above, with strengths and limitations as documented in the detailed indicator definition document. As a complement to tracking drop out from first to third dose of pentavalent vaccine, drop out across the routine childhood immunisation schedule will be tracked. UNICEF is leading a working group to develop a standardised indicator of demand for immunisation, and will be reporting on its findings and recommendations to the same SAGE working group in September 2015. If the new indicator of demand is recommended for use in the Global Vaccine Action Plan by the working group in September, the core group will assess its suitability for adoption as part of the Gavi strategy. Following further exploration of these indicators, the Secretariat will work with partners to finalise a recommendation to the PPC in October for its review and recommendation to the Board in December 2015.

(d) Integration: The core group has been examining three main candidates for integration: 1) % of rotavirus introductions followed by an increase in oral rehydration coverage, 2) % of Gavi supported vaccine introductions used to promote additional control interventions for targeted diseases, as verified by post-introduction evaluations, and 3) tetanus toxoid coverage. The core group has identified the first of the three as the leading candidate, and at the time of finalisation of this paper is engaging with WHO to assess the availability and quality of existing data to enable the tracking of this indicator over time. The core group will explore the possibility of tracking coverage of complementary interventions for other vaccines in the Gavi portfolio as well. According to exploratory work conducted to date, rotavirus and oral rehydration coverage appear to be the combination of interventions that are most feasible to track at present using existing data. Other combinations of 'co-coverage' between vaccines and additional interventions targeting the same outcomes will be explored and considered in the months to come, including HPV and other adolescent health interventions.

(e) Civil society and private sector engagement: The core group has identified the indicator described in paragraph 9.1(e) as the leading candidate to date. It is recognised that it would be ideal to track an outcome indicator rather than a process indicator such as that recommended here, but no suitable outcome measures have been identified. This is due in part to the diverse nature of civil society and private sector engagement at country level - i.e different types of actors working in different types of settings on different types of issues (e.g. demand generation, service delivery, measurement and accountability). It is noted that the wording of objective c under the second strategic goal emphasises engagement rather than outcomes: i.e. 'strengthen engagement of civil society, private sector and other partners in immunisation'. The Secretariat is convening a process with partners to explore the most effective and efficient means of verifying presence of civil society organisations or private sector actors in annual national immunisation plans, such as through Joint Appraisals. The core group is also exploring additional candidates as part of a broader developmental agenda aimed at better measuring engagement of civil society and private sector partners in immunisation, and - where feasible - their contribution to immunisation outcomes.

9.3 Following this developmental work, the refined indicators for strategic goal 2 will be presented to the PPC in October 2015 for recommendation to the Board in December 2015.

## 10. Strategic goal 3: improve sustainability of national immunisation programmes

10.1 The following indicators are recommended under the third strategic goal:

- (a) Co-financing: % of countries fulfilling co-financing commitments
  - (b) Country investments in routine immunisation: % of countries with increasing investment in routine immunisation per child relative to 2015 baseline (with average amount invested and average % of increase over baseline tracked)
  - (c) Programmatic sustainability: % of countries on track for successful graduation
- 10.2 The third indicator entails a developmental agenda. The detailed and objectively verifiable criteria for what constitutes successful graduation are being developed through the eligibility, graduation and co-financing policy review, which is still in process at the time of finalising this report. The objectively verifiable criteria will cover three domains: measurable implementation progress against transition plan, immunisation coverage and fulfilment of co-financing commitments. The criteria will be presented to the PPC in October 2015 for information purposes.
- 10.3 During consultations with Board constituencies conducted in advance of this PPC, a need was identified to supplement these three indicators with a fourth indicator of strengthening institutional capacity for national decision-making, programme management and monitoring. The Secretariat will work with partners to finalise a recommended indicator for the PPC's review in October 2015 and recommendation to the Board in December 2015.
- 11. Strategic goal 4: shape markets for vaccines and other immunisation products**
- 11.1 The following indicators are recommended under the fourth strategic goal:
- (a) Adequate and uninterrupted supply: % of vaccine markets where supply meets Gavi demand
  - (b) Reduction in price: reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines
  - (c) Innovation: # of vaccines and immunisation products with improved characteristics procured by Gavi that deliver country-level impact
- 11.2 During consultations with Board constituencies conducted in advance of this PPC, a need was identified to supplement these three indicators with a fourth indicator of healthy market dynamics. The Secretariat will work with partners to finalise a recommended indicator for the PPC's review in October 2015 and recommendation to the Board in December 2015.
- 11.3 For the price indicator, consultations to date have reinforced the need to track the weighted average price of all Gavi-supported vaccines, as a complement to the high level indicator recommended here. The weighted average price of all vaccines in the portfolio is indeed tracked on an

ongoing basis, and trends in price over time for each vaccine in the Gavi portfolio will be reported on a complementary basis, alongside the high level indicator recommended here.

- 11.4 For the innovation indicator, the key point emphasised in consultations to date is the need to ensure that the indicator is based on a clearly articulated and objectively verifiable value proposition with a clear benefit and impact for countries. This is reflected to some extent in the detailed indicator definition available on myGavi. In the coming months, this will be further refined and clarified.

## **Section C: Implications**

### **12. Impact on countries**

- 12.1 The indicators adopted have an important impact on countries in the sense that they focus Alliance-wide efforts on specific measurable outcomes (or, in some cases, processes). The indicators do not have a large impact in the sense of imposing additional reporting burden on countries. To the greatest extent possible, indicators are tracked through existing sources, without requiring additional reporting burden on countries (e.g. coverage and equity indicators tracked through data already available from the Joint Reporting Form, WHO/ UNICEF estimates of coverage and publicly available survey reports). For the civil society and private sector engagement indicator under development, the means of verification have not yet been developed and could potentially entail additional reporting by countries. An increase in frequency of surveys to reduce gaps in availability or an investment in strengthening country data systems would also have clear implications for countries.

### **13. Impact on Gavi stakeholders**

- 13.1 The indicators draw from a range of existing data sources, including standardised sources that come from Alliance partners, such as the WHO/ UNICEF estimates of national immunisation coverage. Alliance partners will also drive much of the developmental work that remains. For the supply chain indicator, for example, UNICEF and WHO are leading the finalisation of a new measure of supply chain quality, efficiency and availability based on a revised Effective Vaccine Management tool.

### **14. Impact on Secretariat**

- 14.1 The Secretariat is responsible for compiling data from existing sources to report regularly to the PPC and the Board on progress against the strategic indicators over time. Within the context of the Partner Engagement Framework, the Secretariat will explore whether specific partners may be better positioned than the Secretariat to collate, analyse and synthesise data for tracking specific indicators over time.

## **15. Legal and governance implications**

- 15.1 There are no legal and governance implications foreseen at the present time.

## **16. Consultation**

- 16.1 The indicators have been developed through a consultative process. Numerous bilateral consultations have taken place with management teams and Board constituencies, including an open-house consultation available to all Board constituencies on 16-17 April 2015. Experts from a range of institutions and countries have steered the indicator development work technically through the technical consultation group for the disease dashboard and the core group for the strategic goal indicators.

## **17. Gender implications**

- 17.1 The recommendations for strategic goal 1 include an indicator that tracks the difference in immunisation coverage between the children of mothers/female caretakers that have not received formal education with those of mothers/female caretakers that have received secondary education or higher. This is consistent with the focus in the new strategy on the need to better understand and address barriers to improving coverage and equity. This is also consistent with the revised Gender Policy's shift in emphasis from the difference in coverage between boys and girls to gender-related barriers, including the role of female education and empowerment. The evidence indicates that whereas father's education tends not to be strongly associated with immunisation coverage of children, maternal/female caretaker education is strongly associated with immunisation coverage of children across a wide range of settings. Beyond the goal-level indicators described in this paper, the Secretariat will continue to track differences in receipt of immunisation between boys and girls per the M&E framework for the revised gender policy.

## **18. Next steps**

- 18.1 If the PPC recommends to the Board that it approve the indicators described in this report, other than those for strategic goal 2, the Board will review them for decision in June 2015. The Secretariat will work with partners to finalise recommended indicators for strategic goal 2, as well as an additional indicator of strengthening institutional capacity for national decision-making, programme management and monitoring under strategy goal 3 and an additional indicator of healthy market dynamics to be included under strategic goal 4. The Secretariat will present these to the PPC in October 2015 for recommendation to the Board in December 2015. There are two additional areas where further work is needed, following this PPC's recommendation. The first area is to finalise details related to the definitions and measurement approaches for all indicators across the disease dashboard and strategic goals (other than for strategic goal 2). Where needed, developmental work will continue (e.g. on

objective means of verification of countries being on track for successful transition away from Gavi support) and an updated indicator definition document will be presented to the PPC for information in October 2015. Developmental work on targets will also continue, with consultation of Board constituencies. The Secretariat will present the final set of targets to the PPC in October 2015 for recommendation to the Board in December 2015.

#### **Section D: Annexes**

Annex A: Composition of technical groups steering development of indicators for strategic goals and the disease dashboard

Annex B: Strategic Framework for 2016-2020 with recommended indicators included

Annex C: Summary of status of targets by indicator

## Annex A: Composition of technical groups steering development of indicators for strategic goals and the disease dashboard

### Technical Consultation Group for the Disease Dashboard

	Name	Institution
1	Thomas Cherian	World Health Organization
2	Katherine O'Brien	Johns Hopkins University
3	Eric Mast	US Centers for Disease Control and Prevention
4	Agbessi Amouzou	UNICEF
5	Kathy Neuzil	PATH
6	Damian Walker	The Bill & Melinda Gates Foundation
7	Stephen Lim	Institute for Health Metrics and Evaluation
8	Samuel Mills	World Bank
9	Fred Binka	University of Health and Allied Sciences, Ho, Ghana
10	Zulfiqar Bhutta	Aga Khan University
11	Robert Black	Johns Hopkins University
12	Inacio Mandomando	Centro de Investigação em Saúde de Manhiça
13	Naveen Thacker	Child Health Foundation



## Core Group for the Strategic Goal Indicators

	Name	Institution
1	Thomas Cherian	World Health Organization
2	Marta Gacic-Dobo	World Health Organization
3	Eric Mast	US Centers for Disease Control and Prevention
4	David Brown	UNICEF
5	Gemma Orta-Martinez	UNICEF
6	Logan Brenzel	The Bill & Melinda Gates Foundation
7	Ayo Ipinmoye	ACOMIN, Nigeria

## Annex B: Strategic Framework for 2016-2020 with recommended indicators included

Gavi, The Vaccine Alliance Strategy 2016-2020					
<b>Mission</b>	<p>To save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries</p>				
<b>Principles</b>	<p><b>Country-led:</b> Respond to and align with country demand, supporting national priorities, budget processes and decision-making</p> <p><b>Community-owned:</b> Ensure engagement of communities to increase accountability and sustain demand and impact</p> <p><b>Globally engaged:</b> Contribute to the Global Vaccine Action plan, align with the post 2015 global development priorities and implement the aid effectiveness principles</p> <p><b>Catalytic &amp; sustainable:</b> Provide support to generate long term sustainable results including country self-financing of vaccines through the graduation process</p> <p><b>Integrated:</b> Foster integration of immunisation with other health interventions, harmonising support by the GAVI Alliance with other partners</p> <p><b>Innovative:</b> Foster and take to scale innovation in development models, financing instruments, public health approaches, immunisation-related technologies and delivery science</p> <p><b>Collaborative:</b> As a public private partnership, convene immunisation stakeholders and leverage the strengths of all Alliance partners through shared responsibility at both global and national level</p> <p><b>Accountable:</b> Maximise Alliance cooperation and performance through transparent accountability mechanisms</p>				
<b>Goals</b>	<b>1</b> Accelerate equitable uptake and coverage of vaccines	<b>2</b> Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems	<b>3</b> Improve sustainability of national immunisation programmes	<b>4</b> Shape markets for vaccines and other immunisation products	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>1. Increase coverage and equity of immunisation</li> <li>2. Support countries to introduce and scale up new vaccines</li> <li>3. Respond flexibly to the special needs of children in fragile countries</li> </ul>	<ul style="list-style-type: none"> <li>1. Contribute to improving integrated and comprehensive immunisation programmes, including fixed, outreach and supplementary components</li> <li>2. Support improvements in supply chains, health information systems, demand generation and gender sensitive approaches</li> <li>3. Strengthen engagement of civil society, private sector and other partners in immunisation</li> </ul>	<ul style="list-style-type: none"> <li>1. Enhance national and sub-national political commitment to immunisation</li> <li>2. Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means</li> <li>3. Prepare countries to sustain performance in immunisation after graduation</li> </ul>	<ul style="list-style-type: none"> <li>1. Ensure adequate and secure supply of quality vaccines</li> <li>2. Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level</li> <li>3. Incentivise development of suitable and quality vaccines and other immunisation products</li> </ul>	
<b>Goal-level indicators</b>	<ul style="list-style-type: none"> <li>Reach of routine coverage: pentavalent and measles first dose</li> <li>Breadth of protection: average coverage across all supported vaccines</li> <li>Equity of coverage and barriers: Distribution by: <ul style="list-style-type: none"> <li>geography</li> <li>wealth quintiles</li> <li>education status of mothers / female caretakers</li> <li>fragile state status</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Supply chain DRAFT: rolling average Effective Vaccine Management scores</li> <li>Data quality DRAFT: difference between administrative coverage and survey</li> <li>Access, demand &amp; service delivery DRAFT: pentavalent coverage and drop out</li> <li>Integration DRAFT: increased oral rehydration coverage following rotavirus vaccine introductions</li> <li>Civil society &amp; private sector DRAFT: % of countries with civil society or private sector partners in national plans</li> </ul>	<ul style="list-style-type: none"> <li>Co-financing: % countries fulfilling co-financing commitments</li> <li>Country investments in routine immunisation: % countries with increasing investment in routine immunisation per child</li> <li>Programmatic sustainability: % countries on track for successful graduation</li> <li>Strengthen institutional capacity for national decision-making, management &amp; monitoring: TBD</li> </ul>	<ul style="list-style-type: none"> <li>Health market dynamics: TBD</li> <li>Adequate and uninterrupted supply: % vaccine markets where supply Gavi meets demand</li> <li>Reduction in price: Reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines</li> <li>Innovation: # vaccines and immunisation products with improved characteristics procured by Gavi</li> </ul>	
<b>Strategic enablers</b>	<p><b>A) Country leadership management &amp; coordination</b></p> <ul style="list-style-type: none"> <li>(1) Strengthen institutional capacity for national decision-making, programme management and monitoring</li> <li>(2) Support availability and use of quality data for country-level decision making</li> </ul> <p><b>B) Resource mobilisation</b></p> <ul style="list-style-type: none"> <li>(1) Secure long-term predictable funding for GAVI Alliance programmes as a prerequisite for continued success</li> <li>(2) Harness the capacity of the private sector, including through innovative finance mechanisms and contributions from vaccine manufacturers</li> </ul> <p><b>C) Advocacy</b></p> <ul style="list-style-type: none"> <li>(1) Strengthen national political and subnational commitment for immunisation</li> <li>(2) Strengthen global political commitment for immunisation, health and development</li> </ul> <p><b>D) Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li>Support GAVI as a learning Alliance through (i) Effective routine programme monitoring and management and (ii) Regular evaluation of the relevance, effectiveness, impact, and efficiency of the GAVI Alliance's investments to inform evidence-based policy development</li> </ul>				

## Annex C: Summary of status of targets by indicator for each strategic goal

Indicator	Latest value available (year)	Preliminary draft target level	Notes
<b>Strategic goal 1</b>			
Reach of routine: penta3 coverage and measles first dose coverage <sup>1</sup>	76% for both (2013)	+5 percentage points for both from 2015 to 2020	2014 values to be available in July 2015; 2015 values to be available in July 2016. Preliminary draft target level based on analysis of historical trends and assumption of acceleration of effort to support countries to improve routine coverage as part of new strategy.
Breadth of protection: average coverage across all Gavi supported vaccines	17% (2013)	+30 percentage points from 2015 to 2020	2014 value to be available in July 2015; updated 2015 and 2020 forecasts available in May 2015 through SDF v11; preliminary draft target level of change shown here informed by vaccine introduction and scale up scenario described in SDF v10

<sup>1</sup> Although all Gavi-supported countries have introduced pentavalent vaccine, not all have taken it to scale in all parts of the country. Therefore, values shown here for 2013 and 2015 for this and other relevant indicators are based on DTP-containing vaccine rather than pentavalent vaccine. From 2016 onward, it is expected that all third dose DTP-containing coverage rates and third dose pentavalent coverage rates will be the same in Gavi countries.

Indicator	Latest value available (year)	Preliminary draft target level	Notes
Geographic distribution: % of countries with all districts having $\geq 80\%$ penta3 coverage	16% (2013)	+10 percentage points from 2015 to 2020	2014 value to be available in July 2015; draft target level of change based on analysis of trends over time and assumption of acceleration of effort to support countries to improve equity as part of new strategy.
Wealth quintile distribution: % of countries in which penta3 coverage in poorest quintile is within 10 percentage points of penta3 coverage in the least poor quintile	40% (2014)	+10 percentage points from 2015 to 2020	Preliminary draft target level of change based on analysis of trends over time and assumption of acceleration of effort to support countries to improve equity as part of new strategy.
Distribution by maternal education status: % of countries in which penta3 coverage among children whose mothers/caretakers received no education is within 20 percentage points of coverage among children whose mothers/caretakers have received secondary education or higher	TBD	TBD	DHS data available and assessed; MICS data in process (not available on website). Baselines and targets to be defined following assessment of MICS data.

Indicator	Latest value available (year)	Preliminary raft target level	Notes
<b>Strategic goal 2</b>			
Supply chain: rolling average of selected items from Effective Vaccine Management assessments related to supply chain availability, equality and efficiency	TBD	TBD	Tool finalisation in process; analysis of baseline levels and setting of targets to be done once tool and indicator definition finalised
Data quality: % of countries with survey in last 5 years and <10 percentage point difference between national administrative coverage and point estimate from survey	32% (2013)	+10 percentage points from 2015-2020	Preliminary draft target level of change based on expectation of increasing number of countries with surveys at least every 5 years and assumption of moderate reductions in discrepancies between administrative coverage and surveys.
Access, demand and service delivery: first dose of pentavalent vaccine and drop out between first and third dose	penta1: 87% penta1 to 3 drop out: 11 points (2013)	penta1: +2 points from 2015 to 2020 penta1 to 3 drop out: -2 points from 2015 to 2020	Preliminary draft target level of change based on analysis of trends over time and assumption of acceleration of effort to improve demand and service delivery as part of new strategy.
Integration: % of Gavi supported rotavirus vaccine introductions followed by increase in oral rehydration coverage	TBD	TBD	Exploration of available data on oral rehydration coverage underway
Civil society and private sector engagement: % of countries in which civil society organisations or private sector actors appear with clearly stated roles, responsibilities and activities in annual	TBD	TBD	Exploration of means of verification underway

Indicator	Latest value available (year)	Preliminary raft target level	Notes
national immunisation plans			

Indicator	Latest value available (year)	Preliminary draft target level	Notes
<b>Strategic goal 3</b>			
Co-financing: % of countries fulfilling co-financing commitments	TBD	100% in 2020	Target level based on absolute number rather than relative change from 2015-2020. 100% is feasible per this definition (i.e. with the numerator including countries that have cleared default within the initial 12 month period as well as those making their payments on time).
Country investments in routine immunisation: % of countries with increasing investment in routine immunisation per child relative to 2015 baselines	TBD	100% in 2020, relative to 2015 baseline	Target level based on absolute number rather than relative change from 2015-2020. Numerator and denominator exclude countries that have completed their transition away from Gavi support.
Programmatic sustainability: % of countries on track for successful transition out of Gavi support	TBD	TBD	Objectively verifiable criteria being developed through eligibility, graduation and co-financing policy review process. Baselines and targets to be established once defined.

Indicator	Latest value available (year)	Preliminary draft target level	Notes
<b>Strategic goal 4</b>			
Adequate and uninterrupted supply: % of vaccine markets where supply meets Gavi demand	TBD	10 (100%)	
Reduction in price: reduction in weighted average price of fully vaccinating a child with pentavalent, pneumococcal and rotavirus vaccines	\$22 (2014)	NA	No targets published to avoid signalling to industry
Innovation: # of vaccines and immunisation products with improved characteristics procured by Gavi	NA	Vaccines: 10 Other immunisation products: 6	Work underway to ensure that operational definition of indicator clearly captures value proposition with clear impact and benefit for countries