

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

## 1. Executive Summary

- 1.1 The purpose of this report is to summarise the recommendation from the Programme and Policy Committee (PPC) to the Board regarding endorsement of the indicators and targets for the Alliance's strategy for 2016-2020. The Secretariat convened a consultative process steered by a core group of technical experts to define indicators for the strategic goals, as part of the Alliance strategy for 2016-2020. Carefully defined indicators 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 development work on the indicators, the core group has sought to ensure that this standard is met to the greatest degree possible for all indicators in the strategy, while taking other key principles into consideration, including the need to minimise financial costs and time burden in generating and reporting data.
- 1.2 In October, the PPC decided to recommend to the Board that it approve the remaining strategic goal-level indicators not included among the set approved by the Board in June 2015, as presented in the attached PPC paper. Relative to what the Board approved in June 2015, this includes all five indicators under strategic goal two and one new indicator in strategic goals three and four. The PPC also decided to recommend to the Board that it approve the targets for all indicators for which they are available, as presented in the attached PPC paper.
- 1.3 With regard to the countries that should constitute the target reference group for the three immunisation coverage indicators included under strategic goal one, the PPC decided to recommend to the Board option 2. As described further in the attached PPC paper, this means that the 68 countries receiving support for at least one year in the coming five year strategy period will constitute the reference group for the targets for these

indicators. The target values for the three immunisation coverage indicators are thus as follows:

- (a) Coverage with third dose of pentavalent vaccine: +5 percentage points between 2015 and 2020
- (b) Coverage with first dose of measles-containing vaccine: +5 percentage points between 2015 and 2020
- (c) Average coverage across all Gavi supported vaccines: +32 percentage points between 2015 and 2020

1.4 It is important to note that for two indicators, the target was shared with the PPC during the presentation at the October 2015 meeting rather than in the written paper, because the targets were not available at the time that the written papers were finalised. The targets for these two indicators have been added to Table 1 in Section B of Doc 08 from the October PPC meeting and are as follows:

- (a) Supply chain: % of countries meeting 80% benchmark composite score on last completed Effective Vaccine Management assessment
  - (a) Baseline: 15%
  - (b) Target: 43%
- (b) Healthy market dynamics: # of vaccine markets with moderate or high healthy market dynamics
  - (a) Baseline: 1 out of 11
  - (b) Target: 6 out of 11

## 2. Recommendations

2.1 The Gavi Programme and Policy Committee recommends to the Gavi Board that it:

- (a) **Approve** the indicators and targets for the Gavi Strategy 2016-2020 described in Section B of Doc 08 to the PPC, including Option 2 for the target reference group for the three immunisation coverage indicators endorsed by the Board in June 2015.
- (b) **Request** the Secretariat to work with partners to further develop the operational details and targets for the integration, civil society and institutional capacity indicators and present them to the PPC for review.

## 3. Risk and Financial Implications - Update

3.1 There are no risk and financial implications to note beyond those already presented at the PPC meeting.

**UPDATED FOR THE BOARD FOLLOWING THE PPC DISCUSSION ON 7-8  
OCTOBER 2015**

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## **Section A: Overview**

### **1. Executive Summary**

- 1.1 The purpose of this report is to seek endorsement from the Programme and Policy Committee (PPC) of the indicators for the Gavi strategy that the PPC requested the Secretariat to present at this meeting, as well as the targets for indicators for each of the four strategic goals. To continue the indicator and target development work for Gavi's 2016-2020 strategy following the May 2015 PPC and June 2015 Board meeting, the Secretariat convened a consultative process steered by a small group of technical experts (see Annex A for membership). This paper presents to the PPC the remaining indicators for which the Board requested further development - five indicators in strategic goal 2 and one indicator each in strategic goals 3 and 4 - as well as the proposed target for each indicator across the four strategic goals. See Annex B for the updated one page strategic framework for 2016-2020 with a high level summary of the indicators recommended for endorsement alongside the indicators approved by the Board in June 2015. See Annex C for detailed definitions of each indicator, including levels of disaggregation, rationale for use, means of measurement, data sources, strengths, weaknesses and useful resources.

### **2. Recommendations**

- 2.1 The PPC is requested to **recommend** to the Gavi Board that it:
- (a) **approve** the indicators and targets for the Gavi Strategy 2016-2020 described in Section B of Doc 08, including [Option [1] or [2]] for the target reference group for the three immunisation coverage indicators endorsed by the Board in June 2015.

- (b) **request** the Secretariat to work with partners to further develop the operational details and targets for the integration, civil society and institutional capacity indicators and present them to the PPC for review.

## **Section B: Content**

### **3. Indicators for strategic goal 1: accelerate equitable uptake and coverage of vaccines**

- 3.1 There are no changes recommended to the six indicators under strategic goal 1 endorsed by the Board in June 2015.

### **4. Indicators for strategic goal 2: increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems**

- 4.1 The following indicators are recommended for adoption under the second strategic goal

- (a) Supply chain: % of countries meeting 80% benchmark composite score on last completed Effective Vaccine Management assessment
- (b) Data quality/consistency: % of countries with survey in last 5 years and <10 percentage point difference between national administrative coverage and point estimate from survey<sup>1</sup>
- (c) Access, demand and service delivery: coverage with first dose of pentavalent vaccine and drop out rate between first and third dose
- (d) Integration: % of countries meeting benchmark for integrated delivery of antenatal care, protection at birth against neonatal tetanus, pentavalent vaccine and measles vaccine [developmental indicator]
- (e) Civil society engagement: % of countries meeting benchmark for civil society engagement for improved coverage and equity [developmental indicator]

- 4.2 The integration and civil society indicators entail a developmental agenda. The developmental work remaining is as follows:

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<sup>1</sup> It is important to note that what is measured directly is data consistency, with the broader goal of using this as one source to inform an understanding of data quality challenges more holistically, as well as opportunities to strengthen country data systems.

- (a) Integration: The SAGE Decade of Vaccines Working Group has identified co-coverage of antenatal care, protection at birth against neonatal tetanus, third dose of diphtheria-tetanus-pertussis (DTP)-containing vaccine and routine measles first dose vaccination as a good proxy for integrated service delivery. The rationale is that weak correlation of coverage levels across these four interventions/vaccines indicates that service delivery is unlikely to be integrated, with many missed opportunities for improving service coverage and levels of protection. This is measured as the % of countries meeting each of the following two criteria: 1) coverage levels for all four are within a range of X percentage points, and 2) coverage levels for all four are above a minimum threshold level of Y%. The first hypothesis for values for X and Y is 10 and 70, respectively. As this report is being finalised, an analysis of the distribution of country values is underway to test this hypothesis.
- (b) Civil society engagement: The recommended indicator is based on the % of countries meeting each of the following three criteria: 1) civil society organisations (CSOs) appear in national plans with clearly stated activities and plans that support improved coverage and equity, 2) CSOs appear with clear budgetary allocations for defined activities and plans, and 3) evidence is documented that CSO activities planned for improving coverage and equity have been completed and/or are being implemented according to stated plans. Country immunisation plans serve as the primary source document for assessing the first two criteria; the sources and means of verification of the third criterion need to be further explored, including the potential role of Joint Appraisals and existing in-country coordination mechanisms, such as the Interagency Coordinating Committee. The operational details for measuring these criteria in a standard and systematic way, the baseline value for this indicator and the target value for 2020 will need to be finalised after these explorations are completed.

4.3 During the indicator development process and related consultations the need to assess existing evidence in two key areas related to strategic goal 2 and, as needed, design and commission additional targeted studies were identified. The first is in relation to integration. During consultations with Board constituencies, a number of participants expressed that while the indicator of integration proposed here is much improved relative to the draft shared with the PPC in May 2015, it is important to take a cross-cutting perspective to integration. It is proposed that in addition to having a standalone indicator of integration, Gavi should assess the extent to which integration cuts across the range of priority issues measured through indicators of their own. For example, to what extent and in what ways are country supply chain systems and data systems integrated across programmes? In order to better understand the way that integration cuts across other indicators and issues of priority importance, the Secretariat will work with partners to explore existing evidence and, as needed, design and commission new targeted studies.

- 4.4 The second area where additional studies may be needed relates to the private sector. The indicator core group has recommended that at this point in time the private sector should not be included alongside CSOs in the indicator under strategic goal 2. The rationale for this is that the role of the private sector in immunisation is highly diverse, representing many different types of actors engaged in many different types of activities. The complete landscape of private sector actors by type of actor and activity is not well documented. Given that the civil society indicator already has a developmental agenda as noted above, the core group concluded that it is more feasible and meaningful to limit the strategic goal indicator to civil society, while pursuing other means of understanding and documenting the role of the private sector. The Secretariat will work with partners to explore existing evidence related to the private sector and, as needed, design and commission new targeted studies to characterise the various ways in which different private sector actors contribute to improved immunisation coverage and equity.

## **5. Indicators for strategic goal 3: improve sustainability of national immunisation programmes**

- 5.1 The following indicator is recommended for adoption as an addition to the three indicators under strategic goal 3 endorsed by the Board during its last meeting:

- (a) Institutional capacity: % of countries meeting minimum benchmarks for national decision making, programme management and monitoring [developmental indicator]

- 5.2 This indicator entails a developmental agenda as follows:

- (a) To meet the benchmarks for this indicator, countries must fulfil each of the following criteria: 1) minimum National Immunisation Technical Advisory Group (NITAG) functionality, based on established criteria, 2) minimum functionality/capacity of coordination mechanisms, based on criteria to be developed, and 3) minimum immunisation programme management capacity, based on criteria to be developed. The criteria for this indicator are based on the three areas that represent the central focus of the new Strategic Focus Area on Leadership, Management and Coordination. The operational details for measuring the latter two criteria will be developed in conjunction with the development of the key strategic priorities and opportunities defined as part of this new Strategic Focus Area.

- 5.3 During the last PPC meeting, it was flagged that operational details of the programmatic sustainability indicator adopted under strategic goal three were still pending and would be further developed in the next phase. These details have now been finalised. Countries in transition will be classified as being on track for successful transition if they meet each of the following three criteria: 1) they are making meaningful progress in implementation of their transition plan, based on meeting at least 75% of the milestones in their plan for the year in question, 2) they have increased penta3 coverage over



the most recent three year period (or sustained coverage over 90% if the country is already above 90%), and 3) the country has met its co-financing requirements (i.e. the country is not in default for the previous year).

## **6. Indicators for strategic goal 4: shape markets for vaccines and other immunisation products**

6.1 The following indicator is recommended for adoption under strategic goal 4 as an addition to the three indicators under strategic goal 4 endorsed by the Board at its last meeting:

(a) Healthy market dynamics: # of Gavi vaccine markets with moderate or high healthy market dynamics

6.2 The details regarding how this and other indicators will be measured and other pertinent information, such as the limitations of each indicator, are described in Annex C.

## **7. Targets - 'Aspiration 2020'**

7.1 All values for the 'aspiration 2020' section of the strategic framework have been defined previously, with the exception of the under-five mortality rate. The finalisation of this value was pending the release by the United Nations Population Division of their updated projection of trends in under-five mortality rates by 2020. These projections have now been published, and they support the conclusion that overall under-five mortality in Gavi supported countries can be reduced by 10% between 2015 and 2020. For additional details regarding an analysis conducted on United Nations Population Division projections of under-five mortality in Gavi supported countries, and that from additional sources such as the Institute for Health Metrics and Evaluation, please contact the Secretariat.

## **8. Targets - strategic goals**

8.1 The full set of targets proposed for the strategic goal level indicators is included in Table 1. For all indicators except where noted otherwise, the reference group for the targets (i.e. those included in the denominator when annual values are reported against the target level endorsed by the Board) consists of the 68 countries that currently have commitments to receive direct support from Gavi for at least part of the coming strategy period. Relative to the 2011-2015 strategy period, this excludes five countries that will be fully self-financing during the coming strategy period: Bhutan, Honduras, Mongolia, Sri Lanka and Ukraine. Countries in accelerated transition that are on a phased trajectory toward being fully self-financing sometime during this strategy period are included in the reference group for the targets, even if they have only year left of direct support from Gavi.

8.2 The detailed indicator definition document notes some exceptions to the above where there is a specific rationale. One important exception that warrants further explanation here is the targets for the three immunisation

coverage indicators under strategic goal 1. There are two main options for the reference group for the targets for these three indicators:

- (a) Option 1: the 52 countries that are below the Gavi eligibility threshold as they enter the new strategy period in 2016, plus Papua New Guinea, which - despite being over the eligibility threshold - is a Partner Engagement Framework (PEF)-priority country that will continue to receive direct support from Gavi until the end of the strategy period.
- (b) Option 2: the same 68 countries that constitute the target reference group for the other indicators.

- 8.3 The rationale for Option 1 is that these are countries to which Gavi will be providing direct support throughout the duration of the coming strategy period and where Gavi thus has the greatest ability to influence change. Moreover, the remaining 15 countries, which are already in the accelerated transition phase, are covered by the programmatic sustainability indicator under strategic goal 3, which includes immunisation coverage as one of three criteria. Focusing on a smaller set of countries for the coverage targets minimises duplication, and enables a clearer focus on initial self-financing and preparatory transition countries, as well as PEF priority countries, while keeping programmatic sustainability issues related to countries in accelerated transition under strategic goal three.
- 8.4 The rationale for Option 2 is that it is consistent with the target reference group used for other indicators in the first and second strategic goals. Tracking coverage for the larger group of 68 countries provides a clear overview of coverage trends across the full portfolio.
- 8.5 The target levels shown in Table 1 have been proposed based on an analysis of historical values wherever relevant. The aim has been to strike an appropriate balance between ambition and realism: the targets should represent an ambitious level of achievement, but should not be so high as to be unrealistic.



**Table 1: Proposed target levels for strategic goal indicators**

Indicator	Latest value available (year)	Proposed target level
<b>Strategic goal 1</b>		
Reach of routine: penta3 and MCV1 coverage	<p><u>If based on Gavi 53:</u> Penta3<sup>2</sup>: 80% MCV1: 77% (2014)</p> <p><u>If based on Gavi 68:</u> Penta3: 81% MCV1: 78% (2014)</p>	<p><u>If based on Gavi 53:</u> Penta3: +6 percentage points MCV1: +6<sup>3</sup> percentage points from 2015-2020</p> <p><u>If based on Gavi 68:</u> Penta3: +5 percentage points MCV1: +5 percentage points from 2015-2020</p>
Breadth of protection: average coverage across all Gavi supported vaccines	<p><u>If based on Gavi 53</u> 33% (2015 proj.)</p> <p><u>If based on Gavi 68</u> 34% (2015 proj.)</p>	<p><u>If based on Gavi 53</u> +33 points<sup>4</sup></p> <p><u>If based on Gavi 68</u> +32 points</p>
Geographic distribution: % countries with all districts having ≥80% penta3 coverage	16% (2014)	+10 percentage points from 2015 to 2020
Wealth quintile distribution: % countries in which penta3 coverage in poorest quintile is within 10 percentage points of penta3 coverage in wealthiest quintile	33% (2015 year to date)	+10 percentage points from 2015 to 2020

<sup>2</sup> DTP3 coverage levels are used in place of penta3 coverage levels for countries that have not yet taken pentavalent to scale nationally.

<sup>3</sup> The achievement of the same target level for MCV1 as penta3 is likely dependent on the Board approving the measles strategy.

<sup>4</sup> Target level informed by the vaccine introduction and scale up scenario described in latest version of Strategic Demand Forecast (Version 11), assuming no slippage in the forecasted introduction dates.

Indicator	Latest value available (year)	Proposed target level
Education: % countries in which penta3 coverage among children whose mothers/female caretakers received no education is within 10 percentage points of coverage among children whose mothers/caretakers have received some education	39% (2015 year to date)	+10 percentage points from 2015 to 2020
<b>Strategic goal 2</b>		
Supply chain: % countries meeting 80% benchmark for Effective Vaccine Management	15% (2014)	<del>TBD</del> <u>43% in 2020<sup>5</sup></u>
Data quality/consistency: % countries with survey in last 5 years and <10 percentage point difference between national administrative coverage and point estimate from survey	31% (2014)	+10 percentage points from 2015 to 2020
Access, demand and service delivery: coverage with first dose of pentavalent vaccine and drop out between first and third dose	Penta1: 88%  Drop out: 9% (2014)	Penta1: +4 points  Drop out: -3 points from 2015 to 2020
Integration: % countries meeting benchmark for integrated service delivery	TBD based on further analysis of distribution of country values	
Civil society: % countries meeting benchmark for civil society engagement for improved coverage and equity	TBD based on further developmental work and refinement of means of verification	
<b>Strategic goal 3</b>		
Co-financing: % countries fulfilling commitments	75% (2014)	100% in 2020
Country investment in routine immunisation per child: % countries increasing investment	NA	100% in 2020, relative to 2015 baseline
Programmatic sustainability: % countries on track for successful transition	NA	75% in 2020

<sup>5</sup> The proposed target level will be defined at a regional supply chain meeting in September 2015 and shared with the PPC during the presentation on this topic at the October meeting.

Indicator	Latest value available (year)	Proposed target level
Institutional capacity: % countries meeting minimum benchmarks for national decision making, programme management and monitoring	TBD once Leadership, Management and Coordination Strategic Focus Area defines key areas to be strengthened	
<b>Strategic goal 4</b>		
Sufficient and uninterrupted supply: # vaccine markets where supply meets Gavi demand	7 out of 11 (2015)	11 out of 11 in 2020
Reduction in price: price of fully vaccinating child with pentavalent, pneumococcal and rotavirus vaccines	\$22 (2014)	Not published <sup>6</sup>
Innovation: # vaccines and immunisation products with improved characteristics procured by Gavi	NA	Vaccines: 10 in 2020 Other immunisation products: TBD <sup>7</sup>
Healthy market dynamics: # vaccine markets with moderate or high healthy market dynamics	1 out of 11 (2015)	<del>TBD based on analyses underway</del> <sup>8</sup> <u>6 out of 11 in 2020</u>

8.6 For the two indicators of 'reach of routine', the targets have been revised upward under Option 1 following guidance provided by the PPC in May. If Option 1 is selected the proposed target for each of the two vaccines tracked is +6 percentage points from 2015 to 2020. If Option 2 is selected the proposed target is +5 points for each of the two vaccines from 2015 to 2020—the same value proposed to the PPC in May. The reason for this difference is that Option 2 gives a higher baseline, which makes further increases more difficult, due to a ceiling effect. Option 1 leaves more room for further increases. Tables 2 and 3 below show how these figures were derived.

<sup>6</sup> Target for reduction in price not published due to commercial sensitivity.

<sup>7</sup> Target to be finalised once market shaping strategies for other immunisation products finalised.

<sup>8</sup> ~~An analysis to inform the proposed target level is being finalised as of late September 2015 and will be shared with the PPC during the presentation on this topic at the October PPC meeting.~~

**Table 2: Average percentage point change in DTP3 coverage over 5 year period relative to baseline, by baseline coverage stratum (2000-2014)<sup>9</sup>**

Baseline coverage stratum	Average percentage point change in DTP3 coverage over 5 year period relative to baseline
<50%	19.6
50-59%	10.1
60-69%	10.9
70-79%	5.4
80-89%	2.3
≥90%	-1.1

8.7 Applying these historical rates of increase to countries based on their 2014 DTP3/penta3 coverage estimates yields the projected values for 2020 shown in Table 3. Instead of assuming a decline in coverage for countries with ≥90% coverage, it was assumed that 2020 coverage levels would remain flat for countries in this stratum in 2014. This analysis shows that in order to achieve a 6 percentage point increase in the coming strategy period under Option 1 (53 countries), the average improvement in coverage per stratum would need to be 50% greater in the coming strategy period compared to levels observed over the past 15 years. The same rate of increase would be needed to achieve an improvement of 5 percentage points under Option 2 (68 countries).

8.8 In light of this ambitious increase in historical rates of improvement over a five year period, it is proposed that the target for the vaccines tracked under 'reach of routine' be +6 percentage points if Option 1 is endorsed by the PPC and +5 percentage points if Option 2 is endorsed. Achieving these coverage targets would require increasing the rate of reduction in the number of under-immunised children by 55% in the coming five year period for the 53 countries, relative to the reduction in the most recent five year period (17% reduction in under-immunised children from 2009-2014, compared to 26.4% needed for 2016-2020).

<sup>9</sup> For this analysis, the 15 years of Gavi's history were broken into three distinct 5-year periods: 2000-2004, 2005-2009 and 2010-2014. Average coverage changes by the Gavi 73 across each of these periods relative to the baseline year were calculated for each baseline coverage stratum. Timor Leste and South Sudan were only included for five year periods for which they had coverage estimates available for each of the five years. Observations across the three time periods were pooled to determine an overall average five-year change for each stratum of baseline coverage.

**Table 3 Projected 2020 penta3 coverage levels by rate of increase relative to historical trends**

	Option 1: Gavi 53	Option 2: Gavi 68
2014 baseline coverage for DTP3/penta3 <sup>10</sup>	80%	81%
Percentage point increase from baseline to 2020:		
Scenario 1: continuation of historical trends for each stratum as shown in Table 2	4	3
Scenario 2: 25% increase in rate of improvement compared to historical average for each stratum	5	4
Scenario 3: 50% increase in rate of improvement compared to historical average for each stratum	6	5
Scenario 4: 75% increase in rate of improvement compared to historical average for each stratum	7	6

## **Section C: Risk implication and mitigation and Financial implications**

### **9. Risk**

- 9.1 The recommended indicators address several key risks for Gavi, as noted in the risk register. A dedicated indicator is included, for example, on data quality, which the Board has identified as a top risk for the Alliance. Carefully defined indicators that are specific, measurable, achievable/feasible, relevant and time bound 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 development work on the indicators, the core group has sought to ensure that this standard is met to the greatest degree possible for all indicators in the strategy, while taking other key principles into consideration, including the need to minimise financial costs and time burdens in generating and reporting data.
- 9.2 Consultations conducted with Board constituencies highlighted the need to make every effort to anticipate in advance and assess potential unintended consequences of the indicators adopted and the Alliance's strategy more

<sup>10</sup> 2015 rather than 2014 is the true baseline for the 2016-2020 strategy period, but the 2015 coverage estimates will not be known until July 2016. The target percentage point increase adopted by the Board this year will be applied to the 2015 baseline once it is known.

broadly—for example, the risk that increasing financing for immunisation may lead to a decrease in financing of other programmes. Unintended consequences are assessed through the tracking of complementary information (e.g., tracking government expenditure on health as a percentage of gross domestic product), as well as through evaluation activities (e.g., unintended consequences are systematically assessed as a standard practice in all evaluations commissioned by Gavi).

## **10. Financial implications**

- 10.1 There are no immediate financial implications to note for the specific indicators recommended in this paper. All indicators can be tracked using existing data sources, with the exception of the civil society indicator. This indicator will require additional work at country level to finalise measurement protocols, establish baseline levels and track progress over time. Detailed costing of this has not yet been completed, but it is anticipated that this can be done within existing resource envelopes. It is important to note that while existing data sources can be used to track all other indicators, the quality of the underlying data for many indicators is sub-optimal. Further investment in measurement is important for increasing the timeliness, quality and usefulness of the measures (e.g. increased frequency of surveys or strengthening the quality of reported data). These investments will be made through country grants and the Partner Engagement Framework, in many cases through the Strategic Focus Area on data (e.g. for coverage and equity indicators, as well as data quality). Similarly, further investment in dissemination and communication – e.g., investing in improved functionality of web-based communication of results and improved packaging and contextualisation of results for non-specialist audiences – would require additional resources.

## **Section D: Implications**

### **11. Impact on countries**

- 11.1 The indicators 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 terms 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.

### **12. Impact on Gavi stakeholders**

- 12.1 Alliance partners have played a critical role in defining the indicators for the strategy and will have an important ongoing role in producing data and estimates to track a number of the indicators over time.



### **13. Impact on Secretariat**

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

### **14. Legal and governance implications**

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

### **15. Consultation**

- 15.1 The indicators have been developed through a consultative process steered technically by experts from a range of institutions. Numerous consultations have taken place with management teams and Board constituencies, including two open consultations available to all Board constituents in April and September 2015.

### **16. Gender implications**

- 16.1 The indicators adopted by the Board in June 2015 include an indicator that tracks differences in immunisation coverage between 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, as well as with the 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. Beyond the goal-level indicators described in this paper, the Secretariat will continue to track differences in immunisation coverage levels between boys and girls per the Monitoring and Evaluation (M&E) framework for the revised gender strategy.

### **Annexes (available on myGavi)**

Annex A: Membership of indicator core group

Annex B: Updated one page strategic framework for 2016-2020

Annex C: Indicator definition document