

# Annual Evaluation Report 2025

APRIL 2026



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# Executive summary

**The 2025 Annual Evaluation Report (AER) marks the conclusion of Gavi, the Vaccine Alliance's 2021–2025 strategic period (Gavi 5.0/5.1) and presents consolidated evidence from both centralised and decentralised evaluations to inform the design and early implementation of Gavi's 2026–2030 strategic period (Gavi 6.0).**

Execution of the Gavi 5.1 centralised evaluation workplan culminated in the completion of two major centralised evaluations in 2025 – Evaluation of Gavi's contribution to reaching zero-dose (ZD) children and missed communities<sup>1</sup> and Evaluation of COVAX Facility and AMC and COVAX Pillar Delivery Efforts. The Evaluation Advisory Committee (EAC) assessed both as meeting or exceeding Gavi quality expectations. In total, seven centrally managed evaluations were completed during the Gavi 5.1 period in line with the 5.1 evaluation workplan. The Big Catch-Up (BCU) evaluation and the African Vaccine Manufacturing Accelerator (AVMA) evaluability assessment (EA), both planned for 2025, will transition into the Gavi 6.0 workplan, alongside the centrally managed evaluation of Gavi's Private Sector Engagement (PSE) Strategy, commencing in 2026.

Evaluations completed in 2025 influenced strategic and operational decision-making. Findings from the ZD phase 2 evaluation informed reforms to the funding architecture, the Health Systems (HS) strategy, the Fragile and Humanitarian (F&H) approach and refinements to the Partners' Engagement Framework (PEF), including integration of ZD indicators into core performance frameworks for Gavi 6.0. COVAX evaluation evidence strengthened COVID-19 pandemic preparedness and global health security planning, informed the World Health Organization's (WHO) Pandemic Agreement deliberations and enhanced Alliance partnership models. The Evaluation of the Independent Review Committee<sup>2</sup> (IRC) informed the

IRC transformation project completed in March 2025. It also influences the strengthening and streamlining of Gavi's application review processes, including the establishment of a differentiated approach (streamlined for low-risk and low-complexity applications, and more in-depth and iterative for highly complex ones). The evaluation also highlighted the need to update the IRC terms of reference, particularly regarding mandate, review modalities and stakeholder interfaces. Other decentralised evaluations highlighted recurrent cross-cutting themes: the need for stronger data systems, sustainable financing mechanisms, cold chain resilience, deeper community and civil society organisation (CSO) engagement and improved real-time data use capacity at facility and district levels. These insights informed vaccine distribution decisions, country programming, domestic financing advocacy and organisational reforms.

Alongside the evaluation work, a learning paper on joint evaluations responded to EAC guidance to deepen institutional learning from phase 2 of the COVAX evaluation experience. Lessons on governance, commissioning, methodological approaches and country engagement will guide future joint evaluations.

The AER identifies several systemic constraints that limited evaluability and evaluation utility during Gavi 5.1, including data availability challenges, COVID-19 pandemic-related disruptions and delays in implementing key strategic shifts and evaluation timelines. To address these issues, Gavi 6.0 embeds

a stronger data and measurement foundation through Secretariat-level investments under the Data Analytics and Insights initiative, and country-level improvements driven by the HS Strategy and grant management reform (GMR). These reforms are expected to progressively improve data quality, accessibility and usability for evaluation.

Drawing on learning from the full Gavi 5.1 cycle, as well as guidance from the EAC and findings from the 2024 Multilateral Organisation Performance Assessment Network (MOPAN) assessment and the Evaluation Function Review (EFR), the Gavi 6.0 evaluation workplan was built around strengthened design principles. Key lessons on evaluability, scoping, feasibility and the value of phased approaches have directly shaped the structure and delivery model of the Gavi 6.0 evaluation portfolio.

Ensuring that evaluations generate evidence at the right time for decision-making **is a central shift in Gavi 6.0**. In Gavi 5.0/5.1, the utility of findings was often reduced due to timeline shifts – many driven by the COVID-19 pandemic. In response, Gavi 6.0 introduces more nimble, sequenced and modular evaluation designs aligned with implementation timelines, ensuring evidence is available when needed for course correction and strategic decision-making.

These design reforms also reflect challenges related to the scale and complexity of Gavi 5.0/5.1 evaluations. Large, multifaceted evaluations were often required to meet the needs of both strategic and operational audiences, but this created lengthy timelines and operational challenges. At the same time, the need to strengthen country perspectives – alongside major shifts in Gavi's grant management model – requires a wider range of methods. The Evaluation Unit (EvU) is therefore shifting to flexible and modular delivery models, including lighter evaluative activities where appropriate and division of large evaluations into components tied to specific decision points.

To ensure evaluability from the outset, early evaluation knowledge packages are now being developed to consolidate theories of change, assumptions, documentation, data sources, limitations and stakeholder maps. Complementing this, systematic EAs will examine both programme design (“evaluability in principle”) and the feasibility of measurement and data systems (“evaluability in practice”). These assessments will ensure upcoming evaluations are realistic, methodologically sound and aligned with the Gavi Leap and the new Measurement, Evaluation and Learning (MEL) Department architecture.

While strong evaluation frameworks existed in Gavi 5.0/5.1, implementation was inconsistent due to capacity constraints, uneven Secretariat engagement and limited bandwidth for quality assurance (QA). Under Gavi 6.0, MEL's expanded mandate and ongoing evaluation function reforms are intended to strengthen quality and rigour across all evaluations. Enhanced QA mechanisms, clearer roles and responsibilities, and consistent involvement from the EvU will help ensure that processes are applied more predictably across the organisation.

Finally, the evaluation function enters Gavi 6.0 with a stronger foundation for accountability and follow-through. In 2025 reporting on evaluation management responses (EMRs) was significantly strengthened: a formal tracking system was institutionalised, a key performance indicator (KPI) was added to routine management reporting, and leadership monitoring increased. With 98% of EMR action items completed on time and enhanced collaboration under way with the Audit and Investigations team to streamline evaluation topics, Gavi is well-positioned for a more agile, accountable and decision-focused evaluation function in the 6.0 period.

# 01 Annual Evaluation Report 2025 highlights and use of the evidence

## 1.1 Centralised evaluations<sup>3</sup>

This section includes only centralised evaluations commissioned during Gavi's 2021–2025 strategic period (Gavi 5.0/5.1).<sup>4</sup>

### Number of Gavi 5.1 centralised evaluations completed in 2025:



2

The business owner completed and signed off phase 2 of the zero-dose (ZD) evaluation (May 2024–April 2025) within 60 working days of the final evaluation report, Evaluation of Gavi's contribution to reaching ZD children and missed communities,<sup>5</sup> in line with Gavi Alliance Evaluation Policy.<sup>6</sup>

COVAX partner leadership completed and signed off the evaluation management response (EMR). The timeline of EMR sign-off exceeded the recommended 60 working days after submission of the final evaluation report, Joint COVAX Evaluation: COVAX Facility and COVAX AMC and Joint Delivery Efforts (which assessed the joint COVAX evaluation February 2024–April 2025), primarily due to the rapidly evolving global health landscape and key stakeholder availability during 2025. The report has recently been published on the Gavi website.

The quality assurance (QA) assessment of the final report of both evaluations was ranked by the Evaluation Advisory Committee (EAC) as 'meets or exceeds expectations'.

### Budget for centralised evaluations



During the 5.0/5.1 period, the Evaluation Unit (EvU), situated within the Measurement, Evaluation and Learning (MEL) Department, was allocated a stable annual activity budget of **US\$ 3.5 million**. In 2025, an expenditure totalling approximately **US\$ 720,000**<sup>9</sup> from the evaluation budget was allocated to both centralised and decentralised evaluations.<sup>10</sup>

### Number of Gavi 5.1 centralised evaluations ongoing/planned in 2025:



3

Three centralised evaluations from the Gavi 5.0/5.1 centralised evaluation workplan will carry over to the 2026–2030 strategic period (Gavi 6.0) centralised evaluation workplan.<sup>7</sup>

#### Evaluation of the Big Catch-Up (BCU) initiative

**Status update:** The request for proposal (RFP) was launched in Q4 2025, with the inception phase contract signature in Q1 2026.

#### External evaluability assessment (EA) of the endline evaluation of the African Vaccine Manufacturing Accelerator (AVMA)<sup>8</sup>

**Status update:** The RFP was launched in Q3 2025. However, the contracting process was paused due to programmatic shifts and developments within the AVMA landscape that needed to be considered as part of the EA. EA planning will resume in 2026.

#### Evaluation of the enhanced Eligibility, Transition & Co-financing (ELTRACO) model

**Status update:** The analysis of this shift will be included within the evaluation of the 6.0 funding model shifts and grant management reform (GMR).

#### Evaluation of the Gavi 5.0 Private Sector Engagement (PSE) Strategy

**Status update:** The RFP was launched in Q4 2025, with evaluation implementation taking place between Q1 and Q3 2026.



### ZD evaluation phase 2

#### Dissemination

- A dissemination event was held on 31 March 2025, with approximately 100 participants, including Secretariat colleagues, Alliance partners and Gavi Board members. Senior country managers (SCMs) and programme managers (PMs), who were actively engaged throughout the evaluation process, also participated. Their contributions were instrumental in shaping the evaluation, and they acknowledged its relevance and utility for informing country-level decision-making.
- A video to promote this evaluation was presented on the Gavi intranet and at the Global Health Campus (GHC).
- Post in the AEA365 Blog by the American Evaluation Association, *Evaluating for Impact: What Others Can Learn from Gavi's Zero-Dose Journey*,<sup>11</sup> was also published on VaccinesWork.
- A manuscript synthesising the methodological, operational and strategic-based lessons from this second phase is being finalised for publication.

#### Use

Evaluation of Gavi's contribution to reaching ZD children and missed communities<sup>12</sup> findings contributed evidence to and informed:

- Alliance Partnerships and Performance Team (APPT) discussions on health systems and immunisation strengthening (HSIS)/ZD/ partnerships (March 2025)
- Evidence on streamlining and aligning funding levers to support longer-term financing for core technical assistance (TA), combined with collaboration with core and expanded partners to identify TA needs across the grant cycle and improve efficiency in facilitating and accelerating grant absorption at the sub-national level, informed the:
  - Consolidation of Gavi funding levers into a single grant mechanism for all cash and TA support, reducing fragmentation and improving coherence across grant investments
  - Operationalisation of the Board mandate for the Gavi 6.0 Partners' Engagement Framework (PEF) funding structure, the quantum of funding and the approach to TA programming

### Joint COVAX evaluation phase 2

#### Dissemination

- A country-level learning event took place in April 2025 with representatives from the seven countries that participated in the evaluation case studies and deep dives.
- A promotional video for the evaluation is planned to be shared on the Gavi intranet, displayed on screens across the GHC and disseminated through other partner channels. The video features presenters representing countries and agency leads from CEPI, Gavi, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the EAC.
- A post in the AEA365 Blog by the American Evaluation Association, *Evaluating as a Partnership: Lessons from the COVAX Phase 2 Joint Evaluation*, was also published on VaccinesWork.<sup>13</sup>
- Two manuscripts are under development to publish lessons on joint evaluation processes and enabling/constraining factors for effective COVID-19 vaccine delivery.

#### Use

- The joint COVAX evaluation phase 2 findings – specifically, that future pandemic response mechanisms should adopt a multilateral approach to ensuring equitable access to vaccines – continue to inform the operationalisation of the interim Medical Countermeasures Net (i-MCM-net) and the recently adopted WHO Pandemic Agreement. Within the Gavi Secretariat, key recommendations detailed in the report – such as refining surge capacity plans, expanding Gavi engagement with regional-level mechanisms and colleagues, and continuing to evolve partnership work and collaborations in the pandemic preparedness, prevention and response space – are being actioned. The evaluation also informed APPT discussions on partnership models and efficiencies (March 2025).

## 1.2 Decentralised evaluations<sup>14</sup>



The list of completed, ongoing and planned decentralised evaluations is available in Annex 2.

### Examples of key evaluation evidence dissemination and use in 2025

In 2025, evaluation evidence was widely disseminated through national and subnational workshops, cross-country CSO forums, webinars, global platforms (including Gavi Digital Health Connect) and Secretariat-level briefings. The reach of these activities spanned across operational, policy and strategic decision-making levels.

The evidence was actively used to inform vaccine distribution and stock management, country programming across multiple contexts, advocacy strategies for increased domestic financing for immunisation, and health financing approaches to improve facility-level resource use. At the organisational level, findings informed CSO governance reforms, programme extensions and strategic planning aligned with Gavi 6.0.

- Secretariat-wide dissemination of the cold chain equipment optimisation platform (CCEOP) delinking evaluation contributed to a management decision to expand the delinking approach to up to 22 countries, with implementation of recommendations ongoing.
- Evaluative evidence from a recent independent evaluation, Synthesis Report of PEF-TCA Assessments in High-impact Countries,<sup>16</sup> was used to inform the design of the Gavi 6.0 Partnerships Accountability Framework (PAF).<sup>17</sup>
- The Evaluation of the Independent Review Committee<sup>18</sup> (IRC) report informed the IRC transformation project completed in March 2025. It informed the strengthening and streamlining of Gavi's application review processes, including the establishment of a differentiated approach (streamlined for low-risk and low-complexity applications and more in-depth and iterative for highly complex ones). The evaluation also highlighted the need to update the IRC terms of reference, particularly regarding mandate, review modalities and stakeholder interfaces.<sup>19</sup>

### Thematic areas of the evidence generated by decentralised evaluations in 2025

The decentralised evaluations completed or ongoing in 2025 provided key evidence to support decision-making. The top insights across the evaluation portfolio show that progress towards reducing ZD children will depend on:

1. Strengthened system enablers, data, financing and cold chain infrastructure
2. Deeper engagement of communities and civil society organisations (CSOs) as partners in demand creation, accountability and advocacy
3. Significantly enhanced data use capacity at facility and district levels, enabling real-time, equity-focused decision-making.

### Budget for decentralised evaluations

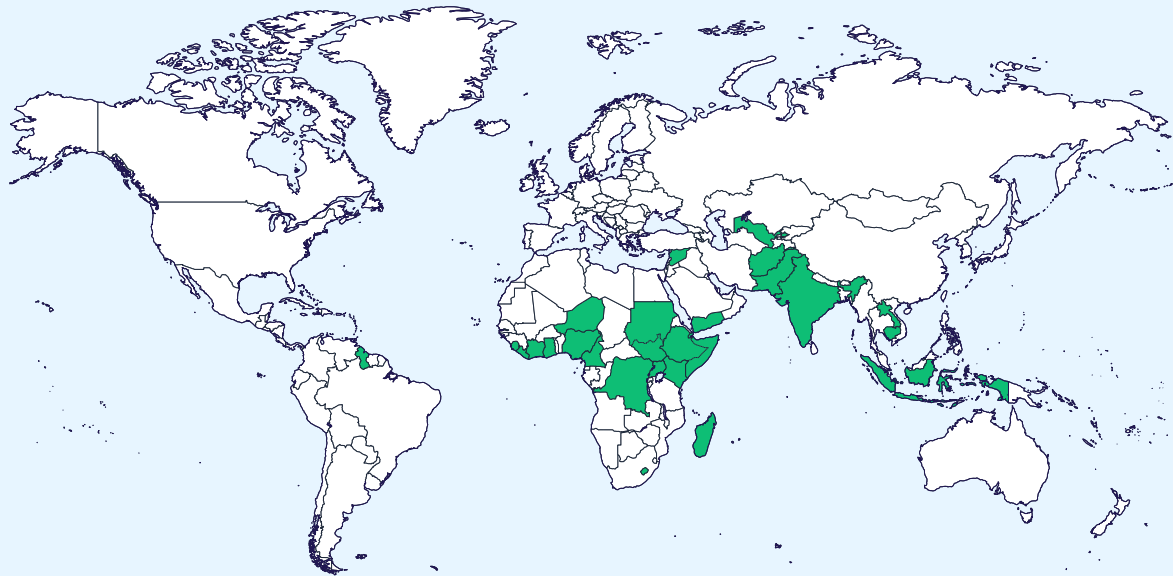
Given the evolving landscape and the necessity of boosting operational efficiency and responding to the Gavi Leap, the Gavi MEL function will undergo a structural transformation in Gavi 6.0. This will be informed by the response to key findings and recommendations from the Multilateral Organisation Performance Assessment Network (MOPAN), the Evaluation Function Review (EFR), evaluations (e.g. Board effectiveness evaluations), shifts in the global health architecture and Gavi Leap reforms. This includes consolidation and oversight of evaluation and learning activities, and capability management of MEL resources through a centralised evaluation budget to overcome fragmentation and dispersal of evaluation- and learning-related responsibilities. A prioritisation process for centrally supported evaluations is already under way to ensure resources are focused on the most strategic and evaluable areas.

### 1.3 Geographic coverage (centralised and decentralised)<sup>20</sup>

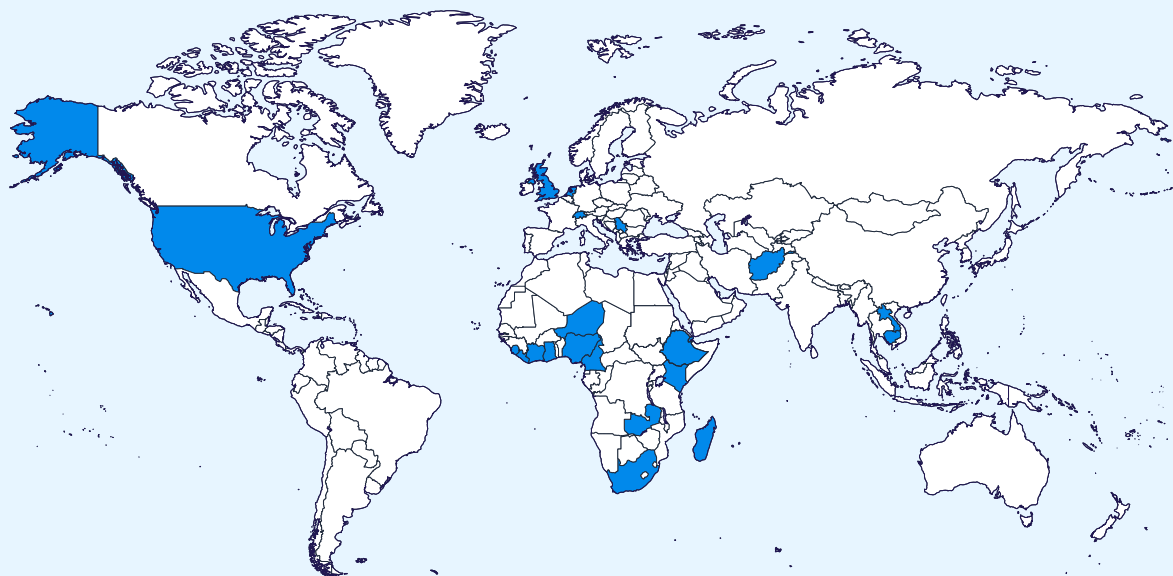
**Figure 1**  
Completed or ongoing evaluations in 28 countries

In addition to ensuring the inclusion of a range of Gavi-supported countries across regions, Gavi continues to work with the Global Fund to Fight AIDS, Tuberculosis and Malaria to expand and diversify the centralised evaluation supplier base, with a particular focus on increasing representation from low- and middle-income countries. To support this effort, a set of monitoring metrics was proposed and a request for information (RFI)

was issued in June 2024 to engage potential evaluation service providers located in countries supported by the Global Fund and Gavi. This collaboration is expected to continue into the Gavi 6.0 period. A paper describing this work, *Evaluating global health initiatives to improve health equity*,<sup>21</sup> has been published in the WHO Bulletin by Shams El Arifeen, John Grove, Peter M. Hansen, James R. Hargreaves, Hope L. Johnson, Mira Johri and Esther Saville.



**Figure 2**  
Completed or ongoing evaluations in 21 supplier countries



# 02 Ongoing efforts to strengthen the evaluation function

## 2.1 Actions following the MOPAN assessment and the EFR

The 2023–2024 MOPAN assessment of Gavi<sup>22</sup> recommended developing a holistic evaluation approach, strengthening dissemination and oversight, integrating cross-cutting issues, clarifying accountability and improving links between centralised and decentralised evaluations.

In 2024, an independent review of Gavi's evaluation function – conducted by IOD PARC – assessed its readiness for Gavi 6.0 and provided targeted recommendations for improvement. Key recommendations included clarifying the function's vision and strategy, enhancing oversight and QA, balancing learning and accountability, exploring joint country mechanisms and assessing resource adequacy. Since receiving the final EFR report,<sup>23</sup> Gavi engaged its senior leadership, governing bodies and the EAC to identify potential actions to transform Gavi's evaluation function in response to the EFR recommendations. The process to reform Gavi's evaluation function was paused in August 2025. This allowed Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria to establish a taskforce to explore how both institutions might evolve their ways of working to collaborate more effectively in several areas (including evaluation models) in response to shifts in the global health funding ecosystem.

## 2.2 Following up on the implementation of recommendations from previous evaluations

**EMR organisational key performance indicator (KPI):** The percentage of overdue action items from the EMRs<sup>24</sup> is tracked as a KPI in the Gavi Balanced Scorecard (GBS) for 5.0, with a target of 70% addressed on time. The GBS is reviewed by Gavi's Executive Leadership Team (ELT) (formerly the Senior Leadership Team) as part of its quarterly cross-functional business reviews. For 6.0, the ELT will continue to track the GBS in the Gavi Leap Master Dashboard and review it in quarterly business reviews.

Overdue action items are defined as actions that were not started when the deadline was reached or for which no update on implementation was provided. This allows for an assessment of whether or not Gavi is on track to address gaps identified during evaluations.

This KPI is updated on a biannual basis (i.e. twice per year). As per the last request to obtain implementation updates from relevant business owners (October 2025), 98% (169/173) of action items had been addressed on time.

### Box 1

#### Gavi's contributions to strengthening management response across multilateral systems

In 2023, Gavi's EvU reviewed management response (MR) practices across UN and multilateral organisations to strengthen Gavi's own MR approach. One key recommendation was to establish an EMR KPI to systematically track follow-up on agreed actions. This KPI was introduced under Gavi 5.1. The proportion of overdue EMR action items was subsequently incorporated into the GBS, with a target of 70% of actions to be completed on

time. The GBS is reviewed quarterly by Gavi's ELT as part of its cross-functional business review process.

Findings from the review were presented at the United Nations Evaluation Group (UNEG) Evaluation Week 2024, and a manuscript synthesising the review and workshop insights has been accepted to the European Evaluation Journal for publication in 2026.<sup>25</sup>

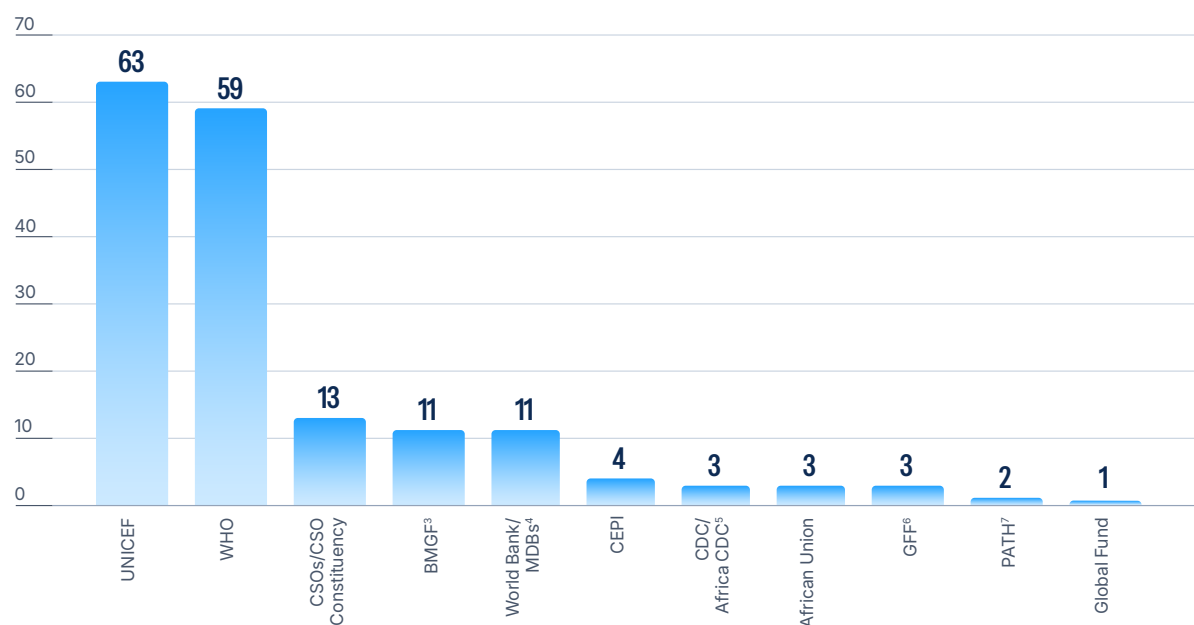
### Co-responsibility of EMR actions with Vaccine

**Alliance partners:** Following up on the implementation of EMR actions is a responsibility shared with Vaccine Alliance partners. The graphs below

provide an overview of the number of EMR actions from Gavi 5.0/5.1 centralised evaluations that are now completed,<sup>26</sup> and that require Gavi partners' engagement for their implementation.

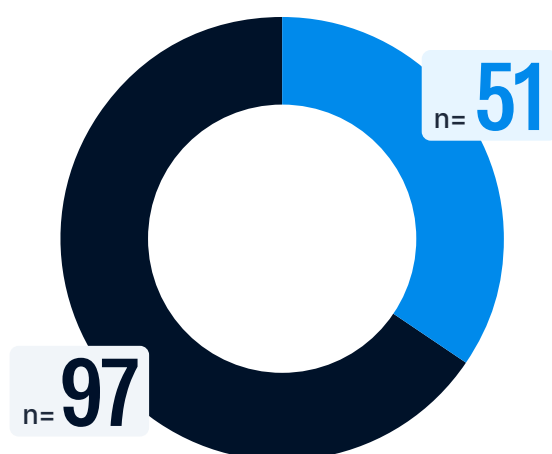
**Figure 3**

**Co-responsibility of EMR actions (5.0/5.1 centralised evaluations)<sup>2</sup>**



**Figure 4**

**Responsibility of EMR actions (5.0/5.1 centralised evaluations)<sup>1</sup>**



● Gavi Secretariat/Board only  
● Co-responsibility with Alliance partners    n = number of actions

**Notes:**

1. The 5.0/5.1 centralised evaluations included in the graphs above are: Evaluation of Gavi's initial response to COVID-19 (16 actions); COVAX Facility and COVAX Advance Market Commitment (AMC) formative and baseline study (27 actions); Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers (15 actions); Evaluation of Gavi's contribution to reaching ZD children and missed communities – year 1 (22 actions); Mid-term evaluation of Gavi's 2021–2025 strategy (50 actions); Evaluation of Gavi's contribution to reaching ZD children and missed communities – year 2 (18 actions).
2. The bar chart only showcases partners with fewer than two EMR actions. Actions are often assigned to more than one partner.
3. The Bill & Melinda Gates Foundation.
4. Multilateral development banks.
5. Centers for Disease Control and Prevention.
6. Global Financing Facility.
7. Program for Appropriate Technology in Health.

## 2.3 Efforts to mainstream gender and climate in evaluation processes

Both the 2023–2024 MOPAN assessment<sup>27</sup> of Gavi and the 2024 independent review of Gavi's evaluation function highlighted the need to systematically address and integrate cross-cutting issues, such as gender equity and climate change.

### Box 2

#### Gender and climate considerations in 2025 evaluations (centralised and decentralised)

##### Centralised ZD evaluation phase 2:

- The supplier team included members experienced in undertaking evaluations and research on issues of marginalisation, including gender.
- Key informants included gender experts from the Gavi Secretariat and UNICEF.
- Included evaluation questions (EQs) considered the extent to which gender barriers are understood and addressed.

##### Joint COVAX evaluation phase 2:

- Gender balance in the team composition was added as an evaluation criterion when assessing bids.
- The evaluation included EQs to assess gender equity in the design of the COVAX Delivery Pillar and in the impact of the COVAX Facility and COVAX Advance Market Commitment (AMC). It found that the Alliance demonstrated adaptability and leveraged strong country-level partnerships in delivering the COVAX Delivery Pillar, although nuanced evidence on country-specific support and the integration of gender equity considerations was limited.
- [Read more about the COVAX phase 2 evaluation here.](#)

##### Centralised evaluation of the BCU initiative:

- The RFP explicitly calls for the use of gender and equity in the purposeful sampling criteria to inform the development of three thematic case studies at country level.

##### Costed digital health information (DHI) roadmap studies (commissioned by Gavi HSIS):

- The consortium of partners includes the Equity Unit at the Johns Hopkins Bloomberg School of Public Health Center for Global Digital Health Innovations and Gender.
- The scope includes documenting the implementation of gender-related activities.



# 03 Preparation of the Gavi 6.0 evaluation workplan

The development of Gavi's 6.0 evaluation workplan began in 2024, with evaluations scoped through an in-depth review of Programme and Policy Committee (PPC) and Board papers, a review of Gavi's 5.0 learning system questions and ongoing consultations with the Gavi ELT, Gavi Board and PPC members, Alliance members and other global health institutions (GHIs). The Gavi 6.0 evaluation workplan was approved by the EAC in November 2025, and its final version was presented to the Board in December 2025.

The Gavi 6.0 evaluation workplan balances learning and accountability, addresses strategic priorities and evidence gaps and adapts to financial constraints by prioritising key areas and using more efficient, complementary evaluation approaches.

The workplan clusters evaluations into four key areas:

- Gavi 5.1 programmes;
- Programmatic shifts under 6.0;
- GMR, including changes to the funding model and grant management processes; and
- AVMA EA.

In addition, a cross-cutting EA is now clearly reflected in the multi-year workplan.



Credit: UNICEF/2025/RUpadhayay

# Annexes

## Annex 1

### Revised Gavi 5.1 centralised evaluation workplan

Evaluations	2021	2022	2023	2024	2025
<b>Centralised evaluations of high strategic value to the Board to be commissioned in Gavi 5.1</b>					
<b>Evaluation of Gavi's initial response to COVID-19</b> Supplier: Euro Health Group					
<b>COVAX Facility and COVAX AMC formative and baseline study</b> Supplier: Itad					
<b>Mid-term evaluation of Gavi's 2021–2025 strategy</b> Supplier: Euro Health Group					
<b>Evaluation of Gavi's contribution to reaching ZD children and missed communities</b> Supplier: Ipsos			Phase 1	Phase 2	Phase 3 cancelled*
<b>Evaluation of the operationalisation of Gavi's strategy through policies, programmatic guidance and use of funding levers</b> Supplier: Euro Health Group					
<b>Joint COVAX evaluation</b> Supplier: Research triangle Institute					
<b>Sustainability/post-transition</b>	Moved to Gavi 6.0 evaluation workplan				
<b>AVMA EA of endline evaluation</b> Supplier: To be decided					
<b>PSE evaluation</b> Supplier: Cambridge Economic Policy Associates (CEPA)					
<b>Evaluation of the BCU</b> Supplier: Health Management Support Team (HMST)					

○ Evaluation commissioning period    ○ Evaluation implementation and delivery period

\*ZD in Gavi 6.0 evaluation workplan

## Annex 2

### List of completed, ongoing and planned decentralised evaluations

Decentralised evaluations completed in 2025		Completed
1	<p><b>Electronic Logistics Management Information System evaluation in Nigeria</b> Gavi team: HSIS</p> <p><b>Main objective(s):</b> Evaluate the OpenLMIS ecosystem and understand the key factors influencing its effective use and cost-effectiveness to improve immunisation outcomes in Nigeria.</p> <p><b>Example(s) of use:</b> The National Logistics Working Group (NLWG) and logistics officers used findings to inform vaccine distribution and stock management.</p>	Q1, 2025
2	<p><b>Evaluation of Gavi's CSO host platform</b> Gavi team: Public policy engagement (PPE)</p> <p><b>Main objective(s):</b> Assess whether Amref Health Africa successfully delivered on its contracted responsibilities to:</p> <ol style="list-style-type: none"> <li>Support the Gavi CSO Constituency, and its Steering Committee, in its role as the CSO host platform</li> </ol>	Q1, 2025

Decentralised evaluations completed in 2025		Completed
continued	<p>2. Provide learnings, evidence and strategic recommendations for adapting the CSO hosting platform in 6.0.</p> <p><b>Example(s) of use:</b> Findings were used by the CSO Board representatives and a CSO design team to provide recommendations to redesign and strengthen the CSO constituency's structure and engagement model in support of Gavi 6.0 priorities.</p>	Q1, 2025
3	<p><b>Case study: Delivery cascade and the new role of the Office of the Chief Executive Officer</b>  <b>Gavi team: MEL</b></p> <p><b>Main objective(s):</b> Capture the delivery cascade's progress, impact and areas for enhancement – supporting both internal learning and adaptation, as well as external communication within the context of Gavi 6.0.</p> <p><b>Example(s) of use:</b> 1) Executive leadership structure and delivery dashboard were reviewed; 2) Focus on management performance was renewed.</p>	Q4, 2025
4	<p><b>CCEOP delinking evaluation</b>  <b>Gavi team: HSIS</b></p> <p><b>Main objective(s):</b> Evaluate the roll-out of the country-led deployment approach (delinking modality) in pilot countries for CCEOP and COVAX cold chain equipment (CCE) grants, and develop recommendations for scale-up of the approach in Gavi-supported countries in Gavi 6.0 as needed.</p> <p><b>Geographical scope:</b> Afghanistan, Kenya, Lao People's Democratic Republic (PDR), Sudan, Syrian Arab Republic (Damascus), Yemen.</p> <p><b>Use case(s):</b></p> <ol style="list-style-type: none"> <li>1. Develop recommendations for scaling up the approach in Gavi 6.0;</li> <li>2. Inform operationalisation of the delinking approach in 6.0 under a consolidated cash grant.</li> </ol>	Q4, 2025

Decentralised evaluations ongoing from 2025		Ongoing
5	<p><b>Design, implementation, monitoring, evaluation and learning of country-specific demand-side incentive (conditional cash or non-cash transfers)</b>  <b>Gavi team: Immunisation Financing and Sustainability (IF&amp;S)</b></p> <p><b>Main objective(s):</b> Understand the context, implementation and impact of conditional cash and non-cash transfer programmes in increasing coverage and reducing the number of ZD children in selected provinces in Cameroon, the Democratic Republic of the Congo (DRC), Lesotho and Nigeria.</p> <p><b>Use case(s):</b> Provide insights into impacts, opportunities and remaining challenges for governments, donors and country teams. Support future decisions on launch and scale-up of conditional cash and non-cash transfer programmes for immunisation.</p> <p><b>Example(s) of use:</b> Findings were used to inform the programming across all four countries.</p>	Q3, 2026
6	<p><b>Development, implementation, monitoring and evaluation of a national and/or subnational advocacy strategy for increased primary health care and immunisation financing</b>  <b>Gavi team: IF&amp;S</b></p> <p><b>Main objective(s):</b> Understand the context, implementation and impact of CSOs in immunisation financing advocacy.</p> <p><b>Geographical scope:</b> Cameroon, Cote d'Ivoire, Ghana, Kenya, Lao PDR, Liberia, Madagascar, Nigeria, Sierra Leone, Zambia.</p> <p><b>Use case(s):</b> Provide insights on impact, opportunities and remaining challenges for governments, donors and country teams. Support future decisions on harnessing CSOs to increase country commitment to immunisation and primary health care (PHC) financing.</p> <p><b>Example(s) of use:</b> Findings were used to support strategic discussions on mechanisms for working with local CSOs in advocacy efforts to increase domestic resources for immunisation financing.</p>	Q3, 2026

Decentralised evaluations ongoing from 2025		Ongoing
7	<p><b>DHI roadmap assessments (costed DHI roadmap studies)</b>  <b>Gavi team: HSIS</b></p> <p><b>Main objective(s):</b> To document progress against the costed DHI country roadmaps, including DHI enablers and gender-related activities.</p> <p><b>Geographical scope:</b> Cambodia and Ethiopia.</p> <p><b>Example(s) of use:</b> These reviews will help to document progress against proposed activities across the six DHI priority areas, enablers and gender-related activities.</p>	Q3, 2026
8	<p><b>Afghanistan unconditional cash transfers and programme evaluation</b>  <b>Gavi team: IF&amp;S</b></p> <p><b>Main objective(s):</b></p> <ul style="list-style-type: none"> <li>• Understand the enabling mechanisms of demand-side financing schemes – for example, social and behavioural change campaign (SBCC) sessions and cash.</li> <li>• Assess their impact on healthcare access and use, health and nutritional outcomes, and behaviours of pregnant and breastfeeding women and young children, with a strong focus on immunisation coverage of children under the age of two.</li> </ul> <p><b>Use case(s):</b></p> <ol style="list-style-type: none"> <li>1. Provide insights on the impact of unconditional cash transfers on immunisation, and on opportunities and remaining challenges for governments, donors and country teams;</li> <li>2. Support future decisions of Gavi and Vaccine Alliance partners on launch and scale-up of unconditional cash transfer programmes to achieve immunisation impact.</li> </ol>	Q3, 2026
9	<p><b>Evaluation of Coalition for Health AI's collaborative learning strategic focus area in Nigeria</b>  <b>Gavi team: IF&amp;S</b></p> <p><b>Main objective(s):</b></p> <ol style="list-style-type: none"> <li>1. Assess the managerial and analytical capacity of the PHC managers at the PHC facility level;</li> <li>2. Determine the effect of collaborative learning on data use in planning, budgeting, resource allocation, etc;</li> <li>3. Establish the effect of collaborative data use learnings on equitable immunisation coverage in Nigeria.</li> </ol> <p><b>Example(s) of use:</b> Findings encouraged programming of training/'pay for performance' to improve use of resources at facility level.</p>	Q3, 2026
10	<p><b>Niger direct facility financing</b>  <b>Gavi team: IF&amp;S</b></p> <p><b>Main objective(s):</b> Ascertain the impact of a direct facility financing (DFF) scheme on changes in immunisation coverage in the Tahoua district in Niger.</p> <p><b>Use case(s):</b></p> <ol style="list-style-type: none"> <li>1. The Expanded Programme on Immunization (EPI) and the Ministry of Health: Inform decisions on whether, where and how to scale up the direct facility financing methodology to other areas of Niger.</li> <li>2. Implementers of innovative financing projects: Identify best practices, understand predictors of success and strengthen the design and implementation of future initiatives.</li> </ol> <p><b>Example(s) of use:</b> Findings were used to inform strategic discussions on national planning for possible adoption in other districts.</p>	Q3, 2026

Decentralised evaluations ongoing from 2025		Ongoing
11	<p><b>Djibouti DFF and performance-based financing</b>  <b>Gavi team: IF&amp;S</b></p> <p><b>Main objective(s):</b> Gavi jointly invested in a performance-based financing (PBF) assessment and DFF pilots by the World Bank in two provinces in Djibouti over 2021–2025.</p> <p><b>Use case(s):</b></p> <ol style="list-style-type: none"> <li>1. Provide insights on impact and remaining challenges and opportunities for governments, donors and country teams;</li> <li>2. Support future decisions on launch and scale-up of DFF and PBF approaches for improving immunisation outcomes.</li> </ol>	Q3, 2026

Decentralised evaluations planned for 2026		Planned
12	<p><b>Evaluation of the Health Facility Solar Electrification initiative/CCEOP learning agenda</b>  <b>Gavi team: HSIS</b></p> <p><b>Main objective(s):</b> Answer key learning questions related to the expansion of the CCEOP into health facility solar electrification to harness institutional, legal, operational and financial efficiencies and significantly accelerate improved health outcomes.</p> <p><b>Geographical scope:</b> Ethiopia, Pakistan, Uganda and Zambia.</p> <p><b>Use case(s):</b></p> <ol style="list-style-type: none"> <li>1. Provide insights on operational, programmatic and financial implications of the Health Facility Solar Electrification (HFSE) initiative, and on impact, challenges and opportunities for donors and country teams.</li> <li>2. Support future decisions on the scale-up of CCEOP for wider solarisation of health facilities.</li> </ol>	Q1, 2026–Q4, 2026

# Endnotes

1. *Evaluation of Gavi's contribution to reaching zero-dose children and missed communities*. Gavi, the Vaccine Alliance, 2025. [https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation\\_Year-2\\_Final-Report.pdf](https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation_Year-2_Final-Report.pdf).
2. *Evaluation of the Independent Review Committee*. Gavi, the Vaccine Alliance, 2023. <https://www.gavi.org/sites/default/files/programmes-impact/evaluations/Gavi-IRC-evaluation-Report-2023.pdf>.
3. Centralised evaluations are planned, commissioned and managed by Gavi's Centralised Evaluation Team (CET), or EvU, and are assessed by Gavi's Evaluation Advisory Committee (EAC).
4. It is important to note that from 2023, Gavi 5.0 evolved into Gavi 5.1, reflecting recalibrated 5.0 priorities in response to the prolonged impact of the COVID-19 pandemic on global health and immunisation and integrating COVID-19, COVAX and its learnings into Gavi's core strategy.
5. *Evaluation of Gavi's contribution to reaching zero-dose children and missed communities*. Gavi, the Vaccine Alliance, 2025. [https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation\\_Year-2\\_Final-Report.pdf](https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation_Year-2_Final-Report.pdf).
6. *Gavi Alliance Evaluation Policy Version 4.0*. Gavi, the Vaccine Alliance, 2022. <https://www.gavi.org/sites/default/files/document/corporate-policies/Gavi%20Evaluation%20Policy%20-%20Effective%201%20January%202022.pdf>.
7. See Annex 1 for the revised Gavi 5.1 centralised evaluation workplan.
8. The endline evaluation of AVMA is anticipated after 2035.
9. *Evaluating for Impact: What Others Can Learn from Gavi's Zero-Dose Journey*. AEA365, American Evaluation Association, 2025. <https://aea365.org/blog/evaluating-for-impact-what-others-can-learn-from-gavis-zero-dose-journey-by-anders-amaechi-nathalie-gons-and-esther-saville/>.
10. According to SAP in January 2026. Subject to the Audit and Financial Committee's (AFC) adjustment and validation. The report is expected to be available in Q2, 2026.
11. Since 2024, efforts to consolidate the information on the budget spent on Gavi's decentralised evaluations across the organisation were undertaken. Further measures are needed to ensure full oversight and visibility of this information.
12. *Evaluation of Gavi's contribution to reaching zero-dose children and missed communities*. Gavi, the Vaccine Alliance, 2025. [https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation\\_Year-2\\_Final-Report.pdf](https://www.gavi.org/sites/default/files/evaluations/ZD-Evaluation_Year-2_Final-Report.pdf).
13. *Evaluating as a Partnership: Lessons from the COVAX Phase Two Joint Evaluation*, American Evaluation Association AEA365, 2025. <https://aea365.org/blog/evaluating-as-a-partnership-lessons-from-the-covax-phase-two-joint-evaluation-by-leslie-moreland-anderson-u-amaechi-laura-craw-aude-mommeja-beth-plowman-roxana-prisacaru-alba-vilajeliu-and-ri-2/>.
14. Decentralised evaluations are typically planned, commissioned and managed by other Gavi Secretariat teams outside the Evaluation and Learning Unit (EvLU), and these are not assessed by the EAC.
15. Information provided by Gavi departments, January 2026.
16. *Synthesis Report of PEF-TCA Assessments in High-impact Countries*, IOD PARC, 2025. <https://www.gavi.org/sites/default/files/programmes-impact/evaluations/Gavi-PEF-TCA-final-synthesis-report.pdf>.
17. *Report of the Independent Review Committee*, Gavi, the Vaccine Alliance, 2025. [Internal].
18. *Evaluation of the Independent Review Committee*. Gavi, the Vaccine Alliance, 2023. <https://www.gavi.org/sites/default/files/programmes-impact/evaluations/Gavi-IRC-evaluation-Report-2023.pdf>.
19. *Report of the Independent Review Committee*, Gavi, the Vaccine Alliance, 2025. [Internal].
20. These map charts include the geographical coverage of completed centralised evaluations and completed/ongoing decentralised evaluations. They exclude the three ongoing/planned centralised evaluations and all planned decentralised evaluations.
21. Al Arifeen S, Grove J, Hansen P, Hargreaves J, Johnson H, Johri M, Saville S. Evaluating global health initiatives to improve health equity. *Bulletin World Health Organization*, 2023, 102(2):137–139. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10835640/>.
22. *Gavi, the Vaccine Alliance*. Multilateral Organisation Performance Assessment Network (MOPAN), 2025. <https://www.mopan.org/en/our-work/performance-evidence/gavi.html>.
23. *Annual Evaluation Report 2024*. Gavi, the Vaccine Alliance, 2024. <https://www.gavi.org/sites/default/files/programmes-impact/our-impact/Gavi-Annual-Evaluation-Report-2024.pdf>.
24. EMRs are requested following an evaluation to indicate whether management (i.e. relevant business owners) agree, partially agree or disagree with the evaluation recommendations and to indicate actions for each recommendation that is agreed or partially agreed upon.
25. *Management Response Follow-up to Evaluations*. Gavi, the Vaccine Alliance, 2023. [https://www.gavi.org/sites/default/files/evaluations/Decentralised/MR%20-Follow-up\\_Overview-of-different-practices\\_External%20Version.pdf](https://www.gavi.org/sites/default/files/evaluations/Decentralised/MR%20-Follow-up_Overview-of-different-practices_External%20Version.pdf).
26. The recently published COVAX Phase 2 evaluation includes an EMR comprising 21 actions – seven for Gavi, one for CEPI, two for UNICEF, eight for WHO and three joint actions shared between UNICEF and WHO. <https://www.gavi.org/about-us/our-impact/evaluation-studies/covax-facility-covax-amc-covax-pillar-delivery-efforts>.
27. *Gavi, the Vaccine Alliance*. Multilateral Organisation Performance Assessment Network (MOPAN), 2025. <https://www.mopan.org/en/our-work/performance-evidence/gavi.html>.



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