

# COVAX



## Gavi, the Vaccine Alliance EVALUATION MANAGEMENT RESPONSE

### *Evaluation of the COVAX Facility, AMC and COVAX Pillar delivery efforts (Phase 2)*

<b>Business Owners</b>	<b>CEPI, Gavi, UNICEF and WHO</b>
<b>Evaluation title</b>	Evaluation of the COVAX Facility and AMC and COVAX Pillar delivery efforts (Phase 2)
<b>Evaluation year</b>	January 2024–April 2025
<b>Evaluation purpose</b>	<ul style="list-style-type: none"><li>• the COVAX Facility and COVAX AMC’s contribution to intended results for the Gavi Board.</li><li>• the COVAX Pillar delivery efforts towards expanding access to COVID-19 vaccines and increasing immunisation coverage, in terms of outcomes and achievement of intended results for the Gavi Board, Partner Executive Committees and countries; and</li><li>• to foster institutional learning and strengthen evidence-based action and inform decision-making for Gavi, the Vaccine Alliance and its partner agencies.</li></ul>
<b>Evaluation objective</b>	Generate evidence and insights to: <ul style="list-style-type: none"><li>• Inform Gavi’s contribution and support for delivery and rapid introduction, scale up, and equitable access to vaccines to inform future public health emergencies and pandemics, and WHO’s interim Medical Countermeasures Network (i-MCM-net) discussions and broader Pandemic Prevention, Preparedness and Response (PPPR) agenda, targeting operationalisation of global commitments.</li><li>• Provide insights to Gavi to help inform future investments to better support countries and partners in their ability to detect, prepare, prevent and respond to outbreaks in a timely and effective manner.</li></ul>

	<ul style="list-style-type: none"> <li>• Help countries learn from each other on what worked well and less well to help inform future vaccine delivery strategies and PPPR (learning).</li> <li>• Foster greater cross-partner learning and strengthen evidence-based action and decision making by Gavi, and COVAX Pillar Partners.</li> <li>• Provide a critical assessment and make evaluative judgements on what worked well, didn't and why, for both the COVAX Facility and across COVAX AMC participants.</li> <li>• Provide a critical assessment and make evaluative judgements of how well the initiative delivered against commitments made through the COVAX Pillar partnership for both global and county levels (accountability).</li> <li>• Provide actionable recommendations for Gavi and partners to inform planning and upcoming policy and programme development going forward as well as pandemic preparedness and response activities relevant for both global and country levels.</li> </ul>
<p>Senior Management Overall Response to the Evaluation</p>	<p>We (CEPI, Gavi Secretariat, WHO and UNICEF) welcome this report and recognise its complementarity to the phase one evaluation and other evaluation reports on the learnings of the COVID-19 pandemic response, with a particular emphasis on vaccines and immunisation in the context of the evolving global health environment.</p> <p>We believe these evaluations contribute in a meaningful manner to evaluating, documenting and learning from COVAX for pandemic prevention, preparedness, and response more broadly.</p> <p>Overall, we find this report to be comprehensive, well-written, and appreciate evidence-based findings and recommendations.</p> <p>We take this opportunity to re-affirm our mutual commitment towards strengthening coordinated pandemic prevention, preparedness, and response efforts. A range of activities and efforts are already under way (with some pre-dating COVAX and many evolving considerably post-COVAX). Many are cross-partner in nature, working to complement partner-/organisation-/stakeholder-specific undertakings. We recognize that this evaluation report is being delivered in a uniquely challenging time for immunisation, global health, and broader development. As such, while commitments, funding and efforts remain, the global public health community is still assessing the extent of potential implications on preparedness, prevention and response efforts for future public health emergencies and pandemics.</p>

## Recommendations and Management Response

S/No	Recommendation area	Recommendations	Management Response (Agree - Partially agree - Disagree)	Actions planned
1	A future pandemic response mechanism should adopt a multilateral approach to ensuring equitable access to vaccines	<p>This mechanism should be a coordinated and inclusive system (i.e. country governments and civil society organisations) for vaccine procurement, allocation, and delivery. Roles should be clearly defined and leverage existing strengths for fundraising, procuring doses (planning in advance for dose donations), coordinating donations, allocating vaccines, and supporting country readiness and delivery. No single agency can manage all these tasks, so a multilateral, end-to-end approach is essential. The system should prioritise equity, unity in partnerships, and flexibility.</p> <p>A) Equity design principle: Responds to findings 21, 36, 38, 39, 40, 41, 42, 43. The mechanism should prioritise two key objectives: (1) focusing on low-income countries (LICs), assuming that high-income countries (HICs) will secure vaccine supplies independently; and (2) ensuring both inter-country (across) and intra-country (within) equity. It is important to recognise that future pathogens may differ significantly from</p>	<p>Agree.</p> <p>CEPI, Gavi, WHO and UNICEF all agree with this recommendation and the key findings associated. We are committed to working collaboratively and in a coordinated manner in future response efforts – recognising that the design and implementation of future response efforts will also involve, be led or co- led by many other critical stakeholders and partners as well (including countries, CSOs, development banks, other human and animal health agencies and partners, pharmaceutical and manufacturing partners and beyond).</p> <p>This recommendation is already being actioned. The interim Medical Countermeasures Net (i-MCM-net) was established by WHO in 2023, and the recently adopted WHO Pandemic Agreement calls upon States, regional economic integration organisations, the United Nations, relevant international</p>	<p>ALL PARTNERS (CEPI, Gavi Secretariat, WHO and UNICEF): All partners to actively engage in i-MCM-Net, particularly through its Vaccine workstream, and complementary approaches as relevant (e.g. G20 Global Health Financing Taskforce), taking lessons from COVAX and other relevant responses and programme initiatives. In addition, the Immunization Agenda 2030 (IA2030) as the all-country, all-partner vaccine &amp; immunisation strategy is pivoting the partnership and Strategic Priority (SP) workstream approach to task-team time bound efforts. The SP5 (outbreaks and emergencies) task team will assure representation and coordination with i-MCM-Net and its Vaccine workstream, recognising that WHO, UNICEF, Gavi, CEPI, and others are partners in both IA2030 and i-MCM-Net.</p>

		<p>COVID-19, and the rate of vaccine development success may vary, making a ‘one size fits all’ approach inappropriate. Nevertheless, the primary objective should be to support LICs, and as such, vaccine dose donations are likely to be a critical element in future pandemic responses, necessitating proactive planning. Scenario planning for both inter- and intra-country equity should be undertaken collaboratively, with country voices actively involved. This process should include considerations of how future infectious diseases might disproportionately impact specific population groups and identify the roles of national governments and their partners in targeting and reaching these groups effectively.</p> <p>B) Unity in partnership design principle: Responds to findings 12, 13, 14, 15, 28, 30. The mechanism should seek consensus on design decisions and unity among participating partner agencies. All relevant partners should be included in design discussions, strengths and limitations of partners should be openly discussed to ensure strengths are leveraged and avoid inefficiencies, and strategies to achieve trust-based partnerships should be prioritised. Its design should emphasize cross-agency working</p>	<p>organisations, observers and relevant stakeholders to all support strengthening pandemic prevention, preparedness and response and the activities referred to in the resolution.</p> <p>Cross-partner efforts already underway include, but are not limited to, the developing and hosting of different simulation exercises (across different scenarios – aligning with the finding that a ‘one size fits all’ approach would not be appropriate nor feasible), various thematic deep-dive discussions under the auspices of the iMCM Net and other forums, implementation of evolved cross-partner coordination and governance structures as part of the response to ongoing mpox outbreak in Africa.</p>	<p>CEPI action: To strengthen preparedness for future pandemics, CEPI will develop and pilot an R&amp;D Readiness Toolkit to guide partners and countries in building and testing the R&amp;D capabilities needed to deliver on the 100 Day Mission.</p> <p>UNICEF action: Conduct scenario planning, in collaboration with Gavi Secretariat, WHO and other relevant Vaccine workstream partners and LICs to identify equity-focused vaccine delivery strategies / operational plans.</p> <p>WHO actions: WHO, as the i-MCM-Net Secretariat, is coordinating the establishment of the Vaccine Workstream as part of the operationalisation of the i-MCM-Net with focus on preparedness efforts, anchored in the Pandemic Agreement. Building on previous lessons, values frameworks, allocation experiences (particularly those for emergency and non-emergency vaccines), and simulation exercises, WHO is developing a</p>
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		<p>to achieve true “joint” working processes. There should be clear expectations for work requiring different levels of transparency between agencies (e.g. commercially sensitive areas such as resource mobilisation where there is competition for resources between agencies).</p> <p>C) Flexibility and agility design principle: Responds to finding 16. The mechanism should have in place governance and management structures, systems, and processes that allow for flexibility and agility in decision-making to ensure responsiveness to a rapidly evolving emergency context. Particularly in the initial or acute phase of a pandemic, agility is critical and dependent on both the flexibility of operations and the timeliness of decision-making.</p>		<p>Global access and allocation framework for influenza pandemic products, including diagnostics, therapeutics, and vaccines. This framework, or a more generic version adapted from specific vaccine use cases, could serve as a basis for allocation planning for a specific pandemic or epidemic vaccine.</p> <p>WHO will update the vaccine donations policy with UNICEF to guide future donations in health emergencies.</p> <p>Gavi Secretariat actions: The Gavi Secretariat will continue to document learnings and refine its tools, mechanisms and engagements based on these – such as the First Response Fund (FRF) and its disease archetypes framework – towards ensuring rapid and effective support to future public health emergencies and pandemics</p> <p>The Gavi Secretariat will update its 2009 vaccine donations policy in consultation with partners.</p>
S/No	Recommendation area	Recommendations	Management Response (Agree - Partially agree - Disagree)	Actions planned

2	<p>Develop an end-to-end vision and approach for equitable access to vaccines.</p>	<p>The vision for an end-to-end approach should integrate key learnings across core functions: resource mobilisation, portfolio management, allocation, coordination and collaboration, political advocacy, risk management, communication, and delivery support. These strategies focus on leveraging partner strengths, enhancing decision-making, and ensuring flexibility, transparency, and strong country ownership. This approach aims to ensure rapid, equitable responses to future pandemics.</p> <p>A) Resource mobilisation: Responds to findings 1, 2, 11. Leverage strong global health initiative capacities and donor relationships to mobilise resources around high-return investment cases and use high-level summits for uniting global donors around a common cause to secure funding commitments. Furthermore, appropriate financing mechanisms should be in place.</p> <p>B) Portfolio management: Responds to findings 3, 4, 5, 6, 7. Develop an approach to securing supply that balances donated and self-procured doses to ensure rapid supply. Incorporate a tolerance for vaccine wastage if ordered doses are not needed and seek to avoid</p>	<p>Agree. CEPI, Gavi, WHO and UNICEF agree with this recommendation and associated findings. As per the previous response, many of these findings and recommendations are already being actioned. We recognise and agree that a truly end-to-end approach is required to support equitable and timely access to vaccines (as well as other countermeasures) and country readiness for effective delivery during pandemics/large-scale public health emergencies.</p>	<p>ALL PARTNERS (CEPI, Gavi Secretariat, WHO and UNICEF): All partners to actively engage in i-MCM-Net, particularly through its Vaccine workstream, and complementary approaches as relevant (e.g. G20 Global Health Financing Taskforce), taking lessons from COVAX and other relevant responses and programme initiatives. In addition, the Immunization Agenda 2030 (IA2030) as the all-country, all-partner vaccine &amp; immunisation strategy is pivoting the partnership and Strategic Priority (SP) workstream approach to task-team time bound efforts. The SP5 (outbreaks and emergencies) task team will assure representation and coordination with i-MCM-Net and its Vaccine workstream, recognising that WHO, UNICEF, Gavi, CEPI, and others are partners in both IA2030 and i-MCM-Net.</p> <p>UNICEF action: Ensure community-level funding for risk communication and demand generation in support of equity-focused activities.</p> <p>UNICEF and WHO action:</p>
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		<p>potentially harmful renegotiations with manufacturer. For country-level transparency, work with manufacturers to agree on supply-related information needs and communication guidelines to be adhered to even in uncertain supply contexts.</p> <p>C) Allocation: Responds to findings 8, 9. Aligned with Recommendation 4 in the first COVAX Facility and AMC evaluation, adopt a flexible rolling allocation approach in different demand and supply scenarios, weighing the respective benefits and trade-offs of the more flexible, demand-led approach compared to a more structured approach. If, as with the COVAX Phase 1 allocation approach, a structured approach is preferred while demand greatly outstrips supply, prepare to introduce a more flexible approach as soon as practicably possible.</p> <p>D) Coordination and collaboration structures and modalities: Responds to findings 14, 15. See the unity and partnership design principle in Recommendation Area 1.</p> <p>E) Political advocacy: Responds to Key Enablers. Resource appropriately with senior-level leaders that bring established high-level networks in order to sustain strong partnerships with countries. Ensure that framing is broader than</p>		<p>Brief technical partners on the need to accelerate the development of country communication guidance as new information becomes available during a novel pathogen or pandemic event.</p> <p>WHO actions: In collaboration with key partners (UNICEF, Gavi, and CEPI), the IA2030 Partnership Council and Coordination Group will integrate the recommendations from this evaluation into their agendas to drive strategic adjustments, particularly in the areas of political leadership, partner coordination and collaboration, communication and engagement, and delivery support. WHO will continue to monitor emerging threats and define end-to-end approaches for the timely and equitable access to, and delivery of, vaccines. This includes providing timely regulatory and WHO Strategic Advisory Group of Experts on Immunization (SAGE) policy guidance, and supporting country readiness through the development of National</p>
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		<p>health where a cross-government response is required.</p> <p>F) Develop a clear and consistent risk approach to support rapid decision making: Responds to finding 16. This should be accompanied by a mechanism that can account for implications that arise from decisions having been made on imperfect data. Decisions need to be taken in uncertain situations where data to support decision-making processes is sparse or dynamic.</p> <p>G) Communication and engagement: Responds to findings 22, 23, 24, 25, 29. WHO and UNICEF technical agencies should be briefed and up to speed so that they can effectively guide countries once information is shared. Develop guidance around what communication and engagement with countries is likely to look like, including sharing uncertain or incomplete information. Develop strategies to meaningfully engage and empower civil society organisations (CSOs) at a global level such that they can represent broad CSO constituent views and provide inputs to inform decision-making. Establish a well-resourced external communications team during the response period that can regularly and consistently tell the story of what the</p>		<p>Deployment and Vaccination Plans (NDVPs), vaccination strategies, and data and monitoring systems, including dashboards.</p> <p>Gavi Secretariat action: The Gavi Secretariat will continue to build out its processes, disease archetypes, operational guidelines and tools internally as they relate to financing, rapid vaccine access, the coalition and supporting the end-to-end work of the iMCM Net vaccine workstream – towards ensuring “Gavi readiness” for future public health emergencies and pandemics.</p>
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		<p>next initiative is doing, to help prepare countries to understand the global donor landscape and to ensure country-facing team members are not overburdened with responding to concerns related to media content.</p> <p>H) Delivery support: Responds to findings 17, 18, 19, 20, 27, 37.</p> <p>Ensure delivery-related considerations inform other components of the end-to-end mechanism (e.g. procurement, allocation). Seek to ensure financial support is available, alongside technical assistance, to those countries in need as early as practicably possible and in time for the first vaccines to arrive in country. Ensure funds are made available to implement activities linked to technical assistance provided, such as plans developed with support from national and subnational implementing partners, and beneficiary governments that promote intra-country equity. Seek ways to ensure funds flow down to community level, for instance for demand-generation activities. Ensure granular-level barriers and challenges faced by countries are fed into both design thinking and operational resourcing in future pandemic response mechanisms.</p>		
S/No	Recommendation area	Recommendation	Management Response (Agree - Partially agree - Disagree)	Actions planned

3	<p>To continue working towards resilient health systems define a realistic delivery support objective for: (1) during the acute phase of a pandemic versus (2) a longer-term systems-strengthening objective, more achievable once the acute phase has subsided.</p>	<p>Delivery support needs vary across countries and evolve. Initially, emergency funding with high flexibility is necessary to address immediate gaps in health systems, which can be described as health systems support on a no-regrets basis. As the acute phase wanes, funding should be more strategically allocated to strengthen health systems and build long-term resilience. A future mechanism should develop a clear framework for delivery support objectives throughout a pandemic, identifying partners to ensure complementarity, and using delivery support for health system bottleneck analyses to address challenges effectively during emergencies.  Responds to findings 31, 32, 33, 44, 45, 46, 47.  A) Develop a clear framework for the objectives of delivery support at different time points of a pandemic. Linked to this, clarify the principles of how delivery support should be provided to meet these objectives, including financial support and technical assistance in a complementary way. The framework may also capture how delivery support should be differentiated based on varied country needs.  B) Identify potential partners in healthy systems and engage them in designing an</p>	<p>Agree.  CEPI, Gavi, WHO and UNICEF all agree that resilient health systems are crucial for timely and effective pandemic response, but also to ensure negative impacts for broader health (including protecting routine immunisation), social and economic development are mitigated as much as possible. We agree that the nature of health systems support provided during a large-scale public health emergency may need to vary as pandemics and emergencies evolve. We welcome the suggestions regarding the development of a framework and additional partner mapping (noting that this work has already begun as part of i-IMCM-Net).</p>	<p>ALL PARTNERS (CEPI, Gavi Secretariat, WHO and UNICEF):  All partners to actively engage in i-MCM-Net and complementary approaches as relevant (e.g. G20 Global Health Financing Taskforce), taking forward lessons from COVAX and other relevant responses and programme initiatives – including specifically the necessity to advance resilient health systems, delivery support and the need to engage diverse actors. i-MCM-Net is multilateral in nature and will adopt an end-to-end approach.   UNICEF and WHO action:  Support integration of delivery support with PHC and health system resilience agendas in line with IA2030 strategic priorities.  WHO action: WHO plans to leverage lessons from simulation exercises, peer-to-peer engagements, and vaccine Post-Introduction Evaluations (PIEs), along with COVID-19, mpox, Ebola, cholera and influenza vaccination learnings, to update guidance and support countries in introducing and scaling up new vaccines,</p>
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		<p>approach now in preparation for a future pandemic to ensure complementarity and reduce burden on countries.</p> <p>C) Socialise lessons learned from different country experiences of delivering COVID-19 vaccines through the existing health system, for instance to understand how other health service databases were leveraged to identify adults, and how COVID-19 vaccines were integrated within other health services (refer to CCS Supplemental Reports).</p>		<p>including those for novel pathogens.</p> <p>Gavi Secretariat action: Ensure that PPPR and emergency / outbreak response financing mechanisms in Gavi incorporate delivery support and considerations in their design – building on learnings from COVAX, mpox and other recent outbreak experiences</p> <p>Gavi Secretariat: Update Programme Funding Guidelines for Gavi 6.0 to integrate more examples regarding resilient health systems investments and activities – and actively engage countries in discussing these.</p>
S/No	Recommendation area	Recommendation	Management Response (Agree - Partially agree - Disagree)	Actions planned
4	Develop approaches to address specific surge capacity challenges likely to be experienced again in future pandemic scenarios at country, regional and global levels	Future support should consider a minimum package of essential personnel and skills, assess gaps, and develop strategies to meet needs. Additionally, leveraging existing structures like health clusters, addressing regulatory and financial barriers, and creating a clear mandate for regional teams to bridge global and country-level gaps are crucial, especially if essential health services are to be maintained in countries during an	Partially Agree. While we agree with the recommendation overall to strengthen actionable surge capacities across global, regional and country levels during future pandemics, we recognise the need for much more consolidation, alignment, and cross-partner exchange on the specifics.	ALL PARTNERS (CEPI, Gavi Secretariat, WHO and UNICEF): All partners commit to reviewing their internal contracting, recruitment/HR processes and capacities, and surge workforce considerations to ensure they are more prepared for future public health emergencies. All partners also commit to taking forward learnings (documented in this

		<p>emergency. At the global level, lessons from recruitment delays, skill mismatches, and managing surge capacity staff should inform the design of future centralised response mechanisms, ensuring staff with relevant expertise are efficiently recruited and effectively utilised. Responds to findings 10, 26, 34, 35.</p> <p>A) At the country level, a minimum package should assess gaps in current people and skills designated full time to an activity (across ministries, health workers, partner agency country offices, CSOs, and implementers) and use this to develop strategies and plans to meet surges. Countries should update their national pandemic plans and their national deployment and vaccination plans during the interpandemic period to enable rapid refinement and use during the next pandemic. Approaches should explore and harness structures and mechanisms at the country level before creating new ones and ensure human resource availability to address potential legal, financial, and structural barriers, such as regulatory hurdles and import processes faced by countries in accepting and rolling out new vaccines at speed.</p> <p>B) Leverage regional level mechanisms</p>	<p>We appreciate the recommendations put forward on global and regional surge (B and C) however we also emphasize the main overall goal remains the strengthening of national capacities (A), which is particularly important for pandemic scenarios.</p> <p>At the country level, strategically, this recommendation should be interpreted in the context of the Global Health Emergency Corps (GHEC) framework, developed by WHO with senior experts from governments across all regions and partners, which describes the body of experts in ministries and agencies in every country working on health emergencies, and the global ecosystem through which they coordinate. The GHEC framework places an emphasis on the need for a structured approach to strengthening the national health emergency workforce, surge and leadership capacities as well as the need to enhance collaboration between countries through health emergency networks. Building surge capacity to scale vaccination efforts for emergencies should be part of</p>	<p>evaluation and in other COVAX resource materials) related to capacities, workforce, operational structures and surge needs from COVAX into relevant i-MCM Net Vaccine workstream discussions – towards maximising the chance of rapid, effective structures and ways of working in response to future public health emergencies, while maintaining essential health services.</p> <p>WHO &amp; UNICEF actions: Support countries in updating their National Deployment and Vaccination Plans (NDVPs) to incorporate surge staffing strategies, and to leverage regional and country office workforce capacities and regional coordination mechanisms. WHO action: As part of the ongoing restructuring process, WHO headquarters has established the Global Health Emergency Corps Unit/Secretariat, which consolidates the secretariats of key health emergency networks. In collaboration with regional and country offices, the unit is leading</p>
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		<p>such as WHO and UNICEF Regional Offices to bridge between the global and country levels. Create an intentional, clear mandate for regional pillar partner teams. Aside from policy translation, regional teams should play a strong role in strengthening and analysing sub-national data and engaging with countries to understand their contextual challenges (vaccine hesitancy or limited vaccine dose absorption). They should also play a learning role between countries within and across regions. Regional teams may also play an important role to link a multilateral mechanism to regional procurement and manufacturing mechanisms.</p> <p>C) At the global level, the mechanisms should introduce staff on how to use management consulting inputs and aim for minimum contract lengths of six months for surge capacity staff. Ensure surge capacity staff are placed in appropriate roles that leverage their expertise. Additionally, ensure the recruitment team for future mechanisms is appropriately resourced to maximize the chance of getting new and right hires quickly.</p>	<p>every country's national health emergency corps and linked to the national health emergency coordination structure.</p> <p>On some of the more specific recommendations, we believe pre-determining contract lengths of surge capacity staff may make sense for some roles/needs and perhaps less so for others – and the principle of flexibility and cost-efficiency should always factor into such discussions. We are very supportive of the need to identify critical skills and surge-capacity requirements in advance, and we recognise and welcome the efforts already under way that align with this recommendation. In particular, we welcome the more systematic focus on strengthening all key areas of surge, including staff, structures, systems and supplies (to be addressed simultaneously) – as well as ensuring cooperation and collaboration between different types of surge teams.</p>	<p>the implementation of the Global Health Emergency Corps framework to enhance country-centered emergency workforce capacities and ensure the coordinated deployment of regional and global surge resources through partners and existing response networks.</p> <p>WHO action: WHO, through its global, regional, and country office capacities, is supporting countries to strengthen routine immunisation programmes and ensure readiness for future outbreak or pandemic vaccine roll-outs. This includes building surge capacity, applying behavioural and social drivers (BeSD) tools, developing implementation guidance, training vaccinators, improving data use, and strengthening life-course immunisation platforms, particularly adult vaccination.</p> <p>Gavi Secretariat actions: Gavi Secretariat to develop a surge capacity plan that will act as a 'blueprint' for future pandemic or large epidemic-related response –</p>
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				<p>building on some of the learnings from this report, complemented by other recent experiences, including mpox. This is linked to ongoing work as part of the broader PPPR coalition approved by the Board – focused on strengthening capabilities, partnerships and networks for public health emergency preparedness and readiness.</p> <p>Gavi Secretariat to integrate emergency/pandemic preparedness planning, including surge workforce considerations, into Gavi 6.0 programme funding guidelines as eligible activities/expenditures.</p>
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