EURO HEALTH GROUP

Evaluation of Gavi's Initial Response to COVID-19

Final Report
Volume I (main report)

25 October 2022

Resubmitted with final changes 16 December 2022

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Abbreviations and acronyms

AR	Approval Request (memo)
CCEOP	Cold Chain Equipment Optimisation Platform
CDS	COVAX delivery support
cMYP	comprehensive multi-year plan
COVAX	COVID-19 Vaccines Global Access
COVAX AMC	Gavi COVAX Advance Market Commitment
CSO	civil society organisation
DTP	diphtheria–tetanus–pertussis containing vaccine
EHG	Euro Health Group
EPI	Expanded Programme of Immunisation
EQ	evaluation question
FER	fragility, emergencies and refugees
GESI	gender, equity and social inclusion
GPF	grant performance framework
HCW	health care worker
HSIS	health system and immunisation strengthening
HSS	health systems strengthening
IPC	infection prevention and control
IRC	independent review committee
KI	key informant
KII	key informant interview
LGA	local government area (Nigeria)
LMIC	low- and middle-income country
M&E	monitoring and evaluation
M&R&S	maintain, restore and strengthen
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MPM	management and performance monitoring
MSD	multi stakeholder dialogue
MTE	mid-term evaluation
NCE	no-cost extension
PBF	performance-based funding
PE	process evaluation
PPE	personal protective equipment
PPR	pandemic preparedness and response
PEF	partners' engagement framework
R&P	respond and protect
RfP	request for proposal

RI	routine immunisation
SBCC	social and behaviour change communication
SCM	senior country manager
SFHA	sustainable financing health accelerator
SOP	standard operating procedure
TCA	targeted country assistance
TGF	The Global Fund
ToA	Theory of Action
ToC	Theory of Change
ToR	terms of reference
VfM	value for money
VPD	vaccine preventable diseases
WB	World Bank
WHO	World Health Organisation
WS	workstream
WUENIC	WHO and UNICEF estimates of national immunisation coverage
ZD	Zero-Dose

Acknowledgements

We would like to thank the Gavi Evaluation Unit for their support in the process of producing this report, in particular to Leslie Moreland and Jean Zampalegre. We would also like to thank all key informants, especially those in the case study countries, who gave their time for the key informant interviews.

Executive summary

The onset of the COVID-19 pandemic threatened many of the gains that the Gavi Secretariat (hereafter 'Gavi') had supported over the previous 20 years. A key part of Gavi's initial response to COVID-19 was the design of a suite of flexibilities to existing Gavi processes under the Respond and Protect (R&P) and Maintain, Restore and Strengthen (M&R&S) initiatives. These flexibilities aimed to enable countries to rapidly reprogramme existing Gavi funds to meet their pandemic-related needs, as described in the following Box, alongside other Gavi support. R&P and M&R&S were not Gavi's sole response to COVID-19 and as such did not provide the sole basis for defining Gavi's role in responding to COVID-19.

Key features of Gavi's initial response to COVID-19

The R&P initiative was designed as an immediate response to the acute pandemic situation (March – Oct 2020)**.** It included a number of flexibilities that were available to countries on a discretionary basis, if requested, for the general COVID-19 response, as defined by WHO guidelines (reflecting broader eligible expenditure than available under normal circumstances). Gavi could also cover operational costs, where other donors could not.

- Reprogramming up to 10% existing HSS-related funds
- No-cost extensions or reallocation of targeted country assistance (TCA) funds.
- Reprogramming of transition- and post-transition grants, and underspend of VIG/Ops grants.
- Eligibility freezes: countries were 'frozen' in their pre-COVID phase to mitigate the anticipated negative GDP growth due to COVID-19
- Co-financing waivers: available on a case-by-case, designed to ensure that countries co-financing obligations did not hamper countries' efforts to tackle the pandemic
- A special arrangement with UNICEF supply division (SD): Gavi provided US$40 million "frontloaded" funds to enable UNICEF SD to enter into special contracting transactions for PPE and IPC.

The M&R&S initiative had a longer-term (Oct '20 – Mar '22 and beyond) focus on the restoration and maintenance of RI services and on the strengthening of efforts to reach ZD children and missed communities through scaling up transformative innovations and engaging communities. It also included a set of flexibilities to normal Gavi processes, including:

- Reprogramming of existing HSS grants and opportunity to access up to 25% of future HSS grants.
- Additional TCA funds for CSOs were available (albeit time-limited).
- Additional vaccines: although not included in published MRS guidance, Global KIIs suggest this was a flexibility on offer

For both R&P and M&R&S the focus was on funds that were (in most cases) already in-country and not on provision of additional funding (except TCA for CSOs), with the focus being on broader eligible expenditure through existing funds and simplified application and approval processes to maximize timeliness: for R&P Gavi aimed to approve applications within five days of receipt.

Evaluation purpose, objectives and methodology

Gavi commissioned Euro Health Group (EHG) to undertake an independent evaluation of the R&P and M&R&S initiatives over the period March 2020 – March 2022. As such the evaluation covers a

subset of both Gavi's overall support and of Gavi's COVID-19 support.[I] The evaluation does not cover COVAX, the COVAX AMC or any of the engagement efforts related to COVAX.[II]

The **purpose** of the evaluation was: (1) to feed into the Mid-Term Evaluation (MTE) of Gavi 5.0; and (2) to contribute to Gavi's learning and future actions, noting that Gavi has modified its approach since the conclusion of the evaluation and so our findings will need to be taken in the context of subsequent actions and lessons learned. There is both a summative component, looking at R&P and a formative component, focusing on M&R&S. As set out in the request for proposal (RfP) for this evaluation, the objectives are as follows:

- to assess the design, implementation process, efficiency and effectiveness of R&P and M&R&S
- to describe the main successes, challenges and lessons learnt from R&P and M&R&S
- to the extent possible, assess how effectively countries executed the flexibilities and how Gavi mitigated risk.

To meet these objectives, we explored 21 evaluation questions (EQs) as set out in Vol. II, Annex 3, using a theory-based, mixed methods approach with a strong focus on utilisation. Given Gavi's strong commitment to gender and equity, the evaluation included questions to explore the extent to which Gender Equity and Social Inclusion (GESI) principles informed the design, implementation and results of COVID-19 flexibilities. Data collection generated a substantial evidence base for the findings presented in this report, including: 400 documents[1] and 190 key informant interviews (KIIs), which were carried out at a global-level; through eight country case studies selected based on transparent criteria and through consultation with the Gavi secretariat; a survey of Gavi's senior country managers (SCMs); and a light-touch learning exercise to look at how similar organisations tackled equivalent challenges to those faced by Gavi.[2] The primary audiences for the evaluation are the Gavi Board and Secretariat. Alliance partners and countries are a secondary audience.

The evaluation methodology was broadly implemented as proposed in the evaluation inception report,[3] with no significant departures from the terms of reference (ToR).[4] The challenges addressed included: difficulties in accessing data on the uptake and use of R&P and M&R&S, somewhat exacerbated by turnover in key secretariat personnel; challenges for key informants in recalling distinction between R&P, M&R&S and COVAX; evaluation fatigue due to multiple concurrent evaluations of Gavi processes; an inability to generalize from eight case studies, missing context due to the limited time-frame and scope of the TORs (not looking at Gavi's broader engagement on COVID-19), in ability to capture pivots in operations based on early lessons learned, and landing recommendations in a dynamic policy context.

Context within which R&P and M&R&S were designed and implemented

A key driver of Gavi's initial response was the emerging and evolving understanding of how COVID-19 was impacting RI, how it was expected to further impact, and a desire to provide countries with the tools to limit this disruption. Data on RI coverage was published through the WHO and UNICEF estimates of national immunisation coverage (WUENIC) in July 2020, 2021, and 2022, always with a seven month-lag. Based on these and a range of triangulated, complementary data,[III] Gavi's

[I] Approximately US$ 200m was potentially available from existing funds during Gavi's COVID-19 initial response (R&P). This is compared to total annual Board-approved expenditure in 2020 of just under US$ 1.4bn for the 73 eligible country programmes, covering all types of Gavi grants. The initial COVID-19 response thus represented 14% of the annual total amount approved for expenditure. Within this, approximately 38% was approved under R&P, representing approximately 5% of the US$ 1.4bn total. The amount made potentially available under M&R&S is unclear - one tracker reviewed suggested that this was up to 25% ceilings, across 50 countries (i.e., not the original 73 eligible), totalling US$ 280m. By contrast, Gavi mobilised more than $12 billion as part of its role coordinating design, operationalization and fundraising for the Gavi COVAX AMC.

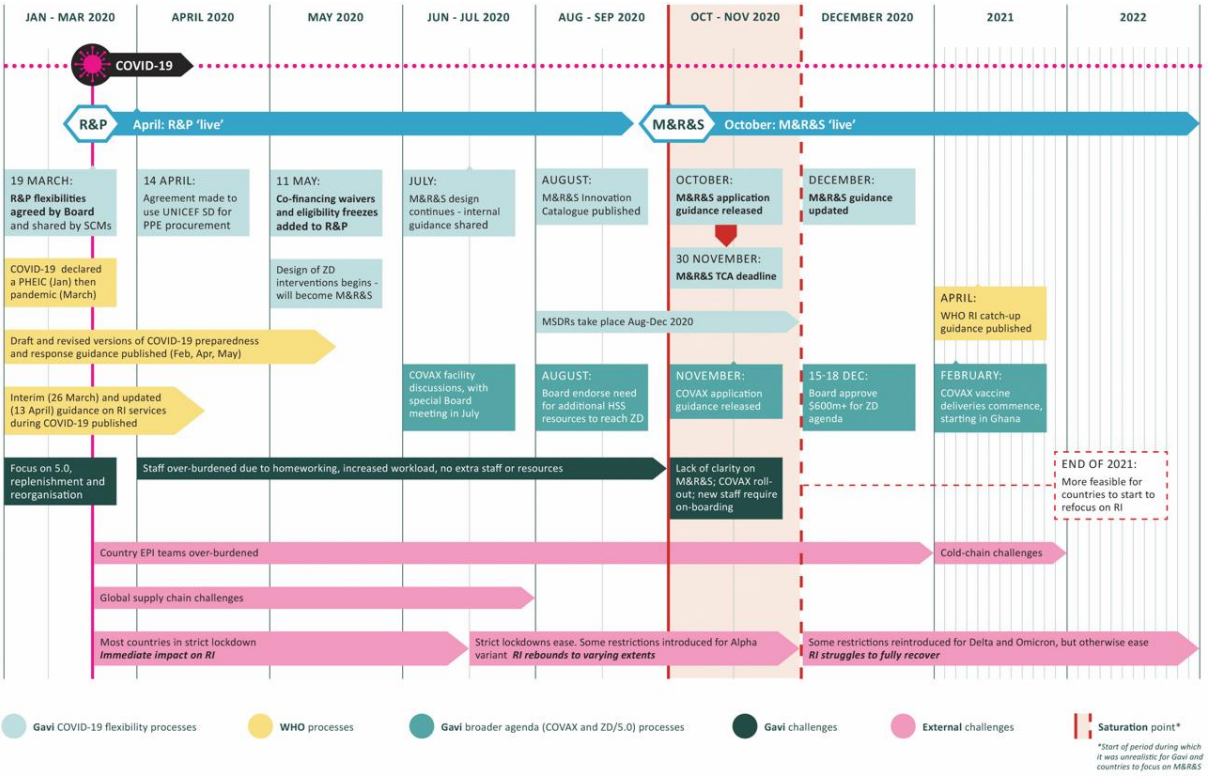
[II] COVAX is being evaluated under a separate evaluation process.

[III] Including administrative data shared by countries, pulse surveys, regular WHO Essential Health Surveys, qualitative information as set out in the COVID dashboard, and work commissioned by Gavi from PREMISE for social listening. Gavi

perspective changed over time. Whilst RI coverage dropped in most Gavi-eligible countries at around Q2, 2020, there were signs of recovery by June 2020 (for DTP3 and MCV1, in particular) with 90% of the 20 countries with clear disruption in April or May 2020 already showing evidence of recovery, and roughly half of the countries not showing any evidence of disruption.[5] The WUENIC data published in July 2022 show[6] that impact on RI might have been more serious and prolonged than originally thought: DTP3 coverage dropped from 86% in 2019, to 81% in 2021; an estimated 25 million children under the age of 1 year did not receive basic vaccines (the highest number since 2009). In six of our eight case study countries, DTP3 coverage in 2020 was lower than in 2019.

R&P in particular, and M&R&S to a lesser extent, were designed at an early stage within the pandemic's evolution and before the nature and operation of relevant country mechanisms (e.g. on COVAX) and other donor programmes was clear. Gavi needed to make fast decisions based on imperfect data. A range of key contextual factors had an important bearing on Gavi's initial response and on the extent of the engagement with and effectiveness of the R&P and M&R&S flexibilities. These included the ongoing reorganisation of Gavi's functions; timing of the transition to Gavi 5.0; and the lack of bandwidth (or operating capacity) in government Expanded Programme on Immunisation (EPI) teams and SCMs to focus on RI, COVID-19 response and COVID-19 Vaccines Global Access (COVAX), concurrently – exacerbated by the effects of lockdown, homeworking and home-schooling. These underlying factors – particularly capacity at country level – made it unlikely that significant uptake would be seen for M&R&S.

Gavi's COVID-19 flexibilities in the broader COVID-19 context



Right design: findings on coherence and relevance

Gavi's rationale for introducing the flexibilities offered under R&P and M&R&S was clear and broadly aligned with the emerging needs of the countries, including the threats to RI and the lack of domestic

noted that, combined, this range of sources constituted more monitoring data than Gavi has available during routine business.

resources to respond to both COVID-19 and RI. Early analysis by Gavi[IV] highlighted that the threat to RI was driven, inter alia, by vaccine hesitancy fuelled but misinformation campaigns on COVID-19 vaccination, health workers' fear of infection with C19, government-imposed social distancing, lockdowns, an inability to pay salaries, and supply chain challenges in shipping vaccines to countries. Gavi initially focused on addressing the need for rapid access to flexible resources to respond to COVID-19 (R&P) to support countries and protect RI investments, and then on the need to mitigate the negative impacts of the pandemic on RI as they inevitably materialized (M&R&S). R&P and M&R&S were not substantially different from what was potentially available in the FER policy framework, with the exceptions of eligibility freezes and use of funds for PPE. Both initiatives sought to achieve the following: (a) streamline internal processes to enhance speed and reduce transaction costs, allowing existing Gavi funds to be used for different activities; and (b) balance the pressing needs against the risks to Gavi's long-term goals. Gender, equity and social inclusion (GESI) concerns did not explicitly feature in the R&P design and guidance; however, they featured more strongly in the M&R&S design and guidance.

The flexibilities offered under R&P were in strong alignment with country COVID-19 response plans, and the WHO COVID-19 response pillars. R&P reprogramming was perceived (as intended) to fill key resource gaps, which may not have otherwise been filled in an appropriate timeframe, even though reprogrammed funds were comparatively small. The launch of Gavi's R&P flexibilities was seen as highly relevant in terms of timeliness; however, the time taken for Secretariat agreement on what M&R&S was to include, alongside delays in M&R&S guidelines development, appears to have impacted uptake through missing key opportunities for country-level dissemination,[V] and subsequently coinciding with COVAX coming onstream (see above Figure). Overall, there was a sense that, with the information available at the time, R&P's support for the general COVID-19 response was appropriate, but that, especially with the information now available on the long-term impact on RI, Gavi should have been focused more explicitly on RI from the start.

Right ways: findings on implementation (uptake and use)

Due to design choices to reduce transaction costs for countries by limiting the monitoring requirements for R&P and M&R&S, the picture on the uptake of both sets of flexibilities is not completely clear. Overall, 81% of the countries eligible to apply for flexibilities (59 of 73) had at least one flexibility approved. However, it appears that the uptake of R&P (58 of 73) was significantly higher than for M&R&S (4 of 73) and there is a high degree of variation in the extent to which countries accessed the funds available through reprogramming (ranging from 8 to 100% and a mean of 39%); see section 4.2.1 and Vol. II Annex 10 for a detailed country breakdown. c We note that efforts to track R&P were substantial and Gavi secretariat staff reported that this resulted in more data than available under normal operations; but we did not find the same for M&R&S.

It is clear that R&P enabled a quickening of internal processes, albeit varied in terms of timing, with 5 of 8 case study approvals happening in less than two weeks. Approval decisions appear to have been faster than disbursements. Whilst disbursement delays under R&P limited or slowed absorption, and, in several countries, delayed the arrival of Gavi-funded personal protective equipment (PPE), COVID-19 test kits and other equipment. For M&R&S, it has not been possible to ascertain the timeliness of approval decisions beyond the Togo example.[7] No data on disbursement timelines for M&R&S has been identified by the evaluation team. The Gavi secretariat's working assumption in establishing a special arrangement with UNICEF for supply of PPE and IPC was that this would lead to efficiencies in procurement in terms of price, timeliness etc and help manage risks (e.g. in terms of timeliness and

[IV] Gavi noted that they had drawn on evidence cited in multiple sources including from WHO regions, SCM qualitative inputs, pulse surveys, PREMISE social listening.

[V] In Gavi's multi stakeholder dialogue (MSD) processes.

higher prices) associated with alternative contracting options. Observations based on emerging evidence suggest that the Secretariat assumptions were not completely upheld.

Evidence from our eight country case studies identified a range of factors that enabled the uptake of R&P including: responsiveness to country needs; fast access to flexible funds; reduced transaction costs for countries; and the fact that Gavi could cover operational costs, where other donors could not. Factors that constrained uptake included the following: less need for Gavi resources due to inputs from other donors; countries' reluctance to use Gavi health systems strengthening (HSS) funds that may be needed later on; and insufficient benefit for the countries applying (linked to comparatively small amount of (existing) funds available from Gavi) compared to the time and energy required to apply.[8] For M&R&S, there seems to have been a convergence of factors (not least release of M&R&S guidance at a similar time to COVAX guidance and funding, and limited operating capacity within Gavi Secretariat and country-EPI teams to respond to the pandemic and to RI, see above Figure) that made it unlikely that significant uptake would be seen, including a lack of conceptual clarity on what M&R&S was and what it could offer.[9] In addition, the lack of a monitoring and evaluation (M&E) framework for flexibilities meant that a complete picture regarding their uptake was not assured.

There are some good examples, from the country case studies, of GESI considerations informing M&R&S-funded interventions. We were also able to observe examples of enhanced working with CSOs (e.g., in DRC, Zimbabwe, Malawi and Pakistan), where female CSO mobilizers were used to make house-to-house visits and extend immunisation advocacy to all children, especially girls. Several stakeholders, however, pointed out that the involvement of CSOs and communities could have been stronger, especially in view of the new CSO strategy. Overall, GESI is often misunderstood by key informants, with emphasis generally placed on maternal, newborn and child health (MNCH) and the absence of discrimination. The implementation of more gender transformative approaches was absent from interventions carried out thanks to Gavi´s flexibilities.

Right results: findings on the effectiveness

There was no bespoke Theory of Change (ToC) or tailored M&E framework in place to track the results of R&P and M&R&S; the GPF was chosen as the monitoring framework to reduce transaction costs for countries and to prioritize speed in the application of the flexibilities although Gavi drew on a broader range of sources for its monitoring purposes, including partner data and information from SCMs. This, and other factors (such as *inter alia* the absence of a central repository to track uptake, and limited/shifting resources for monitoring functions), constrained both Gavi's ability to monitor the flexibilities' performance and contribution of the initiatives to the expected results (although we recognize that Gavi intentionally chose to prioritize speed and flexibility over tracking performance). The chosen approach, while sensible in the context of an unprecedented crisis, limited opportunities for learning and course-correction.[VI] The significance of inability to track uptake and use of flexibilities is difficult to interpret: given that the flexibilities under R&P and M&R&S were to be used if needed, and the need to do so was lower than initially expected.

Gavi's R&P and M&R&S flexibilities have made some contribution to countries' ability to carry out timely, critical COVID-19 interventions in two of the eight country case studies. The contribution of Gavi's flexibilities to countries' ability to adapt RI to COVID-19, including through innovative approaches, however, seems to have been more important, at least in some cases. R&P impact on increasing GESI has probably been limited, although this was not a stated objective of the initiative. There are some clear positive examples of M&R&S interventions addressing GESI in relation to geographic equity.

[VI] We note that the original intention was to respond to a time-limited acute pandemic and so course correction was not originally envisioned, but also that as the response went on longer the potential to course correct increased.

Conclusions

Based on the above findings, we present below eight conclusions and seven lessons. Our conclusions focus on the strengths and weaknesses of Gavi's approach to *maintain a focus on routine immunisation,* whereas the lessons we present focus on *Gavi's readiness for future pandemics*. A summary of findings, conclusions, lessons and recommendations is presented in Vol. II, Annex 15, to further clarify this 'line of sight'.

1. There was a clear and compelling rationale for Gavi's initial COVID-19 response: in terms of enabling countries flexible use of existing Gavi funds to support a timely pandemic response. Whilst this entailed going beyond it's core business[VII] (albeit with intended purpose to protect frontline vaccinators and therefore RI) it is hard to imagine a scenario where Gavi did nothing to respond, given the potential impact on its strategic goals.
2. We can conclude, in terms of the primary objective of enabling countries to make quick decisions on reprogramming existing funds, that the R&P flexibilities were a qualified success. It is too early to conclude whether M&R&S will achieve its goals, given a) limited data availability; b) that its implementation is ongoing as it continues to provide a useful framing for Gavi's efforts to refocus on routine immunisation after the initial pandemic response; and c) that evaluation was not tasked to provide a summative judgement on M&R&S.
3. Adapting existing Gavi systems was insufficient to ensure uptake of M&R&S and protect RI. Due to a range of factors, including limited incentives to apply, uptake of M&R&S was low and RI coverage was subsequently seen to have dropped. Available evidence does not allow us to comment on causality i.e., that increasing M&R&S uptake would have mitigated impacts on RI (although that was its goal).[VIII] However, experience suggests that better incentives to apply, better communication and roll-out of M&R&S and strengthening EPI team capacity could have increased uptake. We also recognize that M&R&S was one part of Gavi's overall COVID-19 response alongside e.g., COVAX, advocacy efforts.
4. Gavi Secretariat staff felt that Gavi did not go further in developing more innovative measures to protect RI because its prevailing culture (in terms of attitude to risk and focus on protecting previous gains) and systems (in terms of decision making and prioritisation,[IX] partnership, staff resources) presented obstacles that could not easily be overcome within available time and resources. As noted in conclusion 7, it was also not clear how significant the risk was to RI.
5. Whilst some Gavi stakeholders felt that Gavi could have given stronger priority to its core mandate (RI) instead of diverting to focus on the immediate COVID-19 response, this was not always practically feasible given country-level constraints to respond to COVID-19 and RI in parallel.

[VII] Gavi's core business is defined in key documents such as Application Process Guidelines and Programme Funding Guidelines. These set out the types of Gavi support (vaccine support, health system strengthening support, equity accelerator funding, cold chain equipment optimisation platform, and Partner's Engagement Framework – Targeted Country Assistance) and the parameters for this support (service delivery; human resources for health; supply chain; health information systems and monitoring and learning; vaccine preventable disease surveillance; demand generation and community engagement; governance, policy, strategic planning and programme management, health financing). R&P & M&R&S went beyond core business through allowing greater flexibilities in use of Gavi funding – eg for PPE and IPC, and modifications to internal processes to ensure timely access to existing funds. See Annex 9.1 for more detail.

[VII] Or indeed that low M&R&S uptake led to drops in RI coverage – which appear to have been due to lockdowns and other contextual factors such as COVAX scale-up.

[VIII] Or indeed that low M&R&S uptake led to drops in RI coverage – which appear to have been due to lockdowns and other contextual factors such as COVAX scale-up.

[IX] In terms of the consultative, consensus-based style of decision-making within Gavi, and lack of clear signalling on what could be dropped in face of overburden for staff.

6. Gavi had limited availability of data on uptake and performance of R&P and M&R&S as a result of its justifiable decisions to reduce transaction costs for countries to allow them to focus on the emergency response. Lack of data in turn prevented Gavi from both systematically reflecting on the appropriateness of its offer and from learning lessons about what worked. Gavi also suffered from lack of timely access to strategic data (in terms of external systems to track effectiveness) which could have helped to respond sooner to the double dip of RI coverage.
7. Notwithstanding these data challenges, uptake appears to have been low, especially for M&R&S. Initially this was considered acceptable given understanding of COVID-19 impact on RI coverage, but with the publication of WUENIC data in 2022 (which saw the biggest falls in RI coverage for 30 years) the low uptake of M&R&S could be interpreted as a missed opportunity.
8. Low uptake appears to have been linked more to lack of operating capacity in Gavi and country EPI teams than to concerns about the relevance of the flexibilities offered under R&P and M&R&S; and, whilst comparable organisations experienced similar challenges, the need for surge capacity (both within the Secretariat and at country-level) is highlighted as a key lesson.[10]

Other lessons learnt

We have identified seven key lessons that offer potential value in strengthening Gavi's future resilience in emergency contexts.

1. Ultimately, neither Gavi nor its counterparts were well-prepared to respond to a pandemic of this nature, hence the need to develop R&P and M&R&S to protect RI. In the October 2022 PPC papers, Gavi underlines the need to 'quickly mobilize in a worst-case scenario',[11] To this end, Gavi can learn lessons from its initial COVID-19 response in terms of strengthening strategic planning, articulating priorities to support decision making in emergency contexts, and ensuring sufficient capacity at country and Secretariat level.
2. Gavi has an important comparative advantage in supporting and advocating for RI,[X] and clear experience in having supported RI-related aspects of PPR (e.g. in terms of responding to outbreaks). It is not clear however that it was a good use of limited Secretariat resources to broaden the remit of targeted RI programming funds to support countries in financing their broader pandemic response efforts (albeit with intended purpose to protect frontline vaccinators and therefore RI); although Gavi did this for good reason - because other funding sources were expected to take time to reach countries.
3. Experience from R&P and M&R&S suggest Gavi can provide timely access to flexible funding and may therefore have a comparative advantage in this regard, provided that internal processes are efficient and downstream issues (related to disbursement and absorption) are managed to ensure performance in terms of delivery.
4. Based on the country case studies, experience suggests that making additional resources available to countries could help make the investment of time in accessing funds seem worthwhile. This in turn could help countries to maintain focus on RI as well as respond to new threats. From experience with the initial COVID-19 response alone, it is not clear to what extent this would have led to different outcomes in these exceptional circumstances.
5. Based on the experience of Gavi's initial response to COVID-19,[XI] efforts to respond to pandemics and maintain RI depend on country capacity (EPI teams).
6. Balancing risk and innovation is challenging, but the concept of 'no regrets' (i.e. the option to take greater risk with acceptance of greater uncertainty on delivery of results) offers a way of

[X] See conclusion 1 footnote for description of Gavi's core business.

[XI] which prioritized increased flexibilities for limited funding and not Gavi's full response to pandemics

exploring, between the Secretariat and Board, and within the Secretariat, risk-appetite in different scenarios if supported with relevant, effective monitoring systems. Use of the 'no regrets' concept for COVAX could offer lessons for future work on RI.

7. Responding effectively to emergency situations requires partnerships are in place in addition to those required during "normal times". Partnerships need to be in place in advance of need, as there are contractual and systems-related issues that can prove time consuming to address.

Recommendations

Below we present a set of recommendations that the evaluation team wishes to put forward based on discussions with primary users at the co-creation workshop as well as their independent and evidence-informed judgment. Given the focus of our contribution analysis (at output level, as noted in the report) and limited data on effectiveness, our ability to identify strategic yet specific recommendations is limited. The following broad areas are important for Gavi to review and revise their approach accordingly.

1. **Board and Gavi Alliance should work with other partners to guarantee a strategy is in place to ensure fast access to additional, flexible funding to support emergency responses from Gavi funding and other sources**. Recognising that access to existing resources was a barrier in some cases, Gavi Secretariat should ensure, including through the recently launched EVOLVE initiative, that countries' access to Gavi funding is not constrained. This should be done through addressing e.g., downstream bottlenecks to disbursement and absorption (such as availability of other donor funds).
2. **Board and Gavi Alliance should review and agree options to ensure adequate capacity can be put in place quickly, when needed, to engage in context-specific dialogues with country partners and to respond efficiently to country needs.** Gavi secretariat should ensure SCMs, and EPI teams are adequately resourced to engage with COVID-19 and RI concurrently.
3. **Board and Gavi Alliance should ensure there is a) clear agreement on a minimum set of evidence to enable strategic decision-making in pandemic response (e.g., on RI coverage and performance of interventions); and b) a strategy for how to achieve this including at the level of the Alliance and country partners.** Gavi Secretariat and Alliance should ensure they a) have monitoring systems in place to make available timely data on implementation performance of Gavi support and b) strengthen country information systems (data collection, analysis and sharing) to improve availability of data on relevant RI indicators (see section 8 for details).
4. **Gavi secretariat should review and ensure a partnership strategy, which identifies the strategic partnerships that are needed (e.g., with private sector or emergency and humanitarian organisations) to provide effective, efficient pandemic preparedness and response.** Gavi secretariat to work with partners identified in the strategy to ensure that partnerships can be activated when needed to enable a rapid Gavi response to emergency or other context-specific needs.
5. **Gavi Secretariat should ensure a strategy(ies) are in place for Gavi's role in PPR, which incorporate lessons from COVID-19 and COVAX.** Complement strategy(ies) for Gavi's role in PPR with implementation plans which set out key decision criteria (e.g., on trigger points, conditions in which Gavi will fund outside its CA), roles and responsibilities etc. to ensure Gavi is able to quickly mobilize. This should facilitate upfront discussion with stakeholders to avoid having to address this in the moment of an emergency. Gavi Secretariat should also work with the Board and other governance structures to ensure that there is an aligned understanding of the

operational implications of 'no regrets' and this is communicated to all Gavi Secretariat staff and Board members.

1 Introduction

Gavi was formed over 20 years ago to support childhood immunisation programmes in developing countries, as part of the fight against preventable diseases, such as measles, diphtheria, and meningitis. Gavi supports countries to roll-out specific vaccines[12] and to strengthen health and immunisation systems,[13] including through supporting CSOs.[14] From 2000 to 2019, Gavi supported governments in vaccinating over 822 million children in 77 countries through various initiatives, preventing an estimated 14 million future deaths. By the end of 2019, Gavi was on track to support countries in immunising an additional 300 million children over the 2016–2020 strategic period, thus, preventing 5–6 million future deaths.[15] However, the onset of the COVID-19 pandemic threatened many of these gains.

1.1 Gavi's initial response to COVID-19

A major part of Gavi's initial response to this threat was the design and implementation of a suite of flexibilities to its existing processes, which aimed to enable countries to rapidly reprogramme existing Gavi funds for different activities. These flexibilities were articulated as two separate initiatives: **R&P**, which aimed to help countries with their overall response to the acute phase of the COVID-19 pandemic[16] and **M&R&S**, which was designed to help countries maintain immunisation services during the pandemic and to recover more quickly.[17]

Key features of Gavi's initial response to COVID-19

The R&P initiative was designed as an immediate response to the acute pandemic situation (March – Oct 2020)**.** It included a number of flexibilities that were available to countries on a discretionary basis, if requested, for the general COVID-19 response, as defined by WHO guidelines (reflecting broader eligible expenditure than available under normal circumstances). Gavi could also cover operational costs, where other donors could not.

- Reprogramming up to 10% existing HSS-related funds
- No-cost extensions or reallocation of targeted country assistance (TCA) funds.
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- Eligibility freezes: countries were 'frozen' in their pre-COVID phase to mitigate the anticipated negative GDP growth due to COVID-19
- Co-financing waivers: available on a case-by-case, designed to ensure that countries co-financing obligations did not hamper countries' efforts to tackle the pandemic
- A special arrangement with UNICEF supply division (SD): Gavi provided US$40 million "frontloaded" funds to enable UNICEF SD to enter into special contracting transactions for PPE and IPC.

The M&R&S initiative had a longer-term (Oct '20 – Mar '22 and beyond) focus on the restoration and maintenance of RI services and on the strengthening of efforts to reach ZD children and missed communities through scaling up transformative innovations and engaging communities. It also included a set of flexibilities to normal Gavi processes, including:

- Reprogramming of existing HSS grants and opportunity to access up to 25% of future HSS grants.
- Additional TCA funds for CSOs were available (albeit time-limited).
- Additional vaccines: although not included in published MRS guidance, Global KIIs suggest this was a flexibility on offer

For both R&P and M&R&S the focus was on funds that were (in most cases) already in-country and not on provision of additional funding (except TCA for CSOs), with the focus being on broader eligible expenditure through existing funds and simplified application and approval processes to maximize timeliness: for R&P Gavi aimed to approve applications within five days of receipt.

Figure 1, overleaf, presents our understanding of the Theory of Action (ToA) of Gavi's initial response to COVID-19, including the expected outputs and outcomes. This was reconstructed in liaison with Gavi key informants (KIs) during the inception phase and was used as the basis of our evaluation.[18]

1.2 Purpose, objectives and scope of evaluation

Gavi commissioned EHG to undertake an independent evaluation of the R&P and M&R&S initiatives. The **purpose** of this evaluation is as follows: (1) to feed into the Mid-Term Evaluation (MTE) of Gavi 5.0 and (2) to contribute to Gavi's learning and future action in the following three areas: the operationalisation of Gavi 5.0, Gavi's response to future pandemics and Gavi's partnership approach in the context of a future crisis. There is both a summative component, looking at R&P (from March to November 2020) and a formative component, focusing on M&R&S (from October 2020 to March 2022, and beyond).[19] The **temporal scope,** thus, covers the period from **March 2020 to March 2022**. The **geographic scope,** in principle, includes **all 73 Gavi-eligible countries,** with a particular focus on eight case study countries.

As set out in the request for proposal (RfP) for this evaluation,[20] the objectives are as follows:

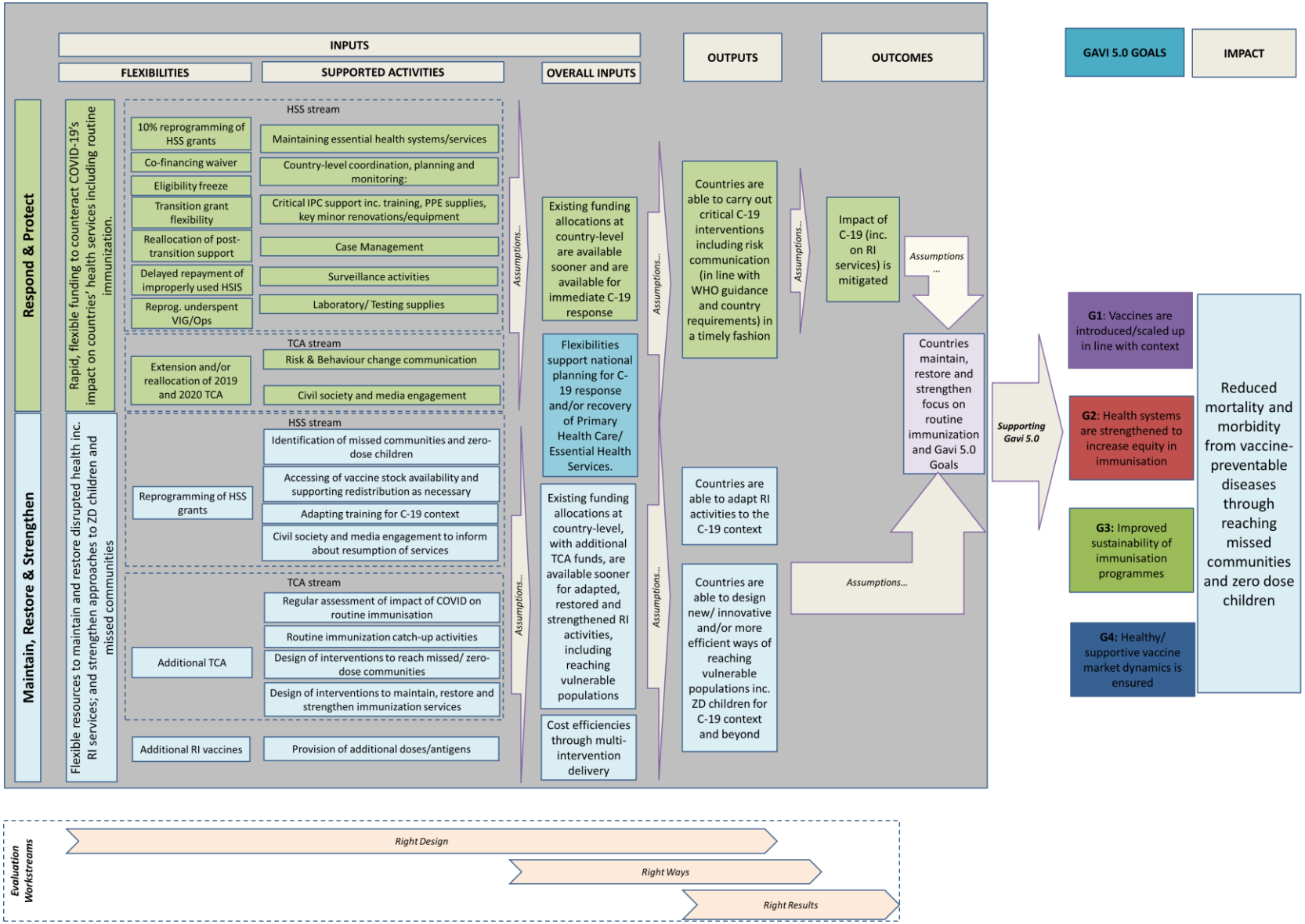
- to assess the design, implementation process, efficiency and effectiveness of R&P and M&R&S
- to describe the main successes, challenges and lessons learnt from R&P and M&R&S
- to the extent possible, assess how effectively countries executed the flexibilities and how Gavi mitigated risk.

1.3 Structure of this report

This final evaluation report covers the above objectives by exploring 21 EQs.[21] We have structured the report to maximize its accessibility and utility for our primary audience (Gavi staff) and our secondary audience (Alliance partners), rather than using the EQs as the organizing structure.[22] As such, and as requested by Gavi, it includes a 5-page executive summary and a short report that includes the key findings, conclusions and recommendations. The report should be read in conjunction with the annexes presented in Vol. II, which provide supporting evidence and more detail on the key findings. References to the annexes and other non-essential documentation are provided as endnotes (numerals), whereas more essential references are provided as footnotes (roman numerals).

Section 2 provides a brief overview of the key aspects of our methodology (described in full in our inception report). **Section 3** provides the context within which Gavi's two flexibilities were designed and implemented. **Section 4** sets out our findings on the design, implementation and effectiveness of R&P and M&R&S. **Section 5** sets out some headline conclusions. **Section 6** summarizes lessons that can be drawn from the evaluation findings. **Section 7** provides recommendations for Gavi, which were developed on the basis of discussions with primary users at the co-creation workshops as well on the basis of the evaluators' independent and evidence-based judgment.

Figure 1. Theory of Action for how flexibilities offered under R&P and M&R&S contribute to key outcomes



2 Evaluation methodology

Our evaluation is theory-based and utilisation-focused and is organized around four interrelated workstreams (WSs), which focus on the following: (1) right design, (2) right ways, (3) right results, and (4) cross-cutting lessons learnt, covering 21 detailed EQs.

We have employed a mixed-methods approach to explore these questions, using a variety of data collection and analytical methods. A full description of our evaluation methodology can be found in our inception report, with a summary of the key features included in Annex 5, Vol. II.

The evaluation methodology was broadly implemented as proposed in the evaluation inception report. There were no significant departures from the ToR, other than minor changes in relation to value for money (VfM) – which focused on efficiency, effectiveness and equity (not on economy), following advice from the Evaluation Steering Committee – and to the exploration of a ToA, instead of a ToC. We also made minor modifications to the comparator study approach to emphasize the light-touch nature of the exercise and the learning focus (looking at how equivalent organisations have tackled similar challenges to those faced by Gavi). Finally, we introduced an additional, short online survey of Gavi's SCMs as described below. The deadlines for the deliverables also shifted, in agreement with Gavi's Evaluation and Learning Unit.

Data collection

Our findings are drawn from a review and triangulation of the evidence from the following data sources: (1) documents provided by Gavi or obtained by the evaluation team; (2) key informant interviews (KIIs) at global level, and country-levels in the eight country case studies[23,24] and two learning-focused reviews of other funders' experiences;[25] and (3) a short survey of Gavi's SCMs , to fill in gaps in our understanding of the uptake of R&P and M&R&S including reasons of countries for not requesting flexibilities.

In total, 630 documents were identified, of which 400[26] were coded by the evaluation team, using a pre-defined coding tree. We conducted 190 KIIs in total,[27] using semi-structured interview guides, which we tailored as our evidence base and understanding of the issues evolved. The KIs were identified through Gavi stakeholders, evaluation team networks and snowballing.

Data analysis

We used a range of analytical methods, as follows:

- **the use of the ToA**[28] (Figure 1 above) as an organizing analytical framework, including to inform the EQs;
- **the use of relevance and coherence frameworks** to examine both the *design of* R&P and M&R&S and the *activities they supported*;
- **a process evaluation** to assess whether the processes and structures were implemented as planned, in accordance with the ToA; and
- **a contribution analysis** to understand Gavi's contribution to the key ToA outputs in our case studies;
- **the thematic coding and analysis** of interview notes and documents. The WS leads identified the findings from coded data, triangulated evidence from different sources and presented these at two internal team analysis workshops (in May and July 2022), which enabled further triangulation of the findings across the WSs and the eight case studies.

The findings are presented using a transparent, four-point strength of evidence rating (included in Annex 5, Vol. II), which reflects on the level of triangulation in the available evidence. This was applied by WS leads, validated by the Evaluation Team Lead and shown in the headline findings at

the start of each paragraph in Section 4. Findings, conclusions and recommendations were validated through a range of interactions with Gavi Secretariat staff, steering committee and EAC members – including four iterations of the report, a co-creation workshop, and bi-lateral engagement to clarify understanding and address factual inaccuracies as required.

Challenges, limitations and mitigation measures

We highlight below a range of limitations that we encountered during the evaluation process, to aid in the interpretation of this report.[29] These were mostly anticipated in our inception report, and, in all cases, mitigating actions were implemented to ensure that these limitations did not undermine the credibility and validity of the overall exercise.

- **Access to data has been difficult** throughout the evaluation. To mitigate this, we have maintained flexibility in our timelines to take account of data received late in the process, and, where feasible, employed additional data collection processes to fill the gaps in our understanding, such as the survey of the SCMs – although, this received a very low response rate. Whilst there may still be gaps in our understanding, despite all our efforts to access and analyse all relevant information, we mitigated this by fully triangulating all the available evidence and by providing an explicit rating for the strength of the evidence for each individual finding. This ensures the transparency of the evidence base on which findings rest and allows the reader to judge the validity of the findings.
- **Recall bias**: We asked all KIs to recall events that, in some cases, took place more than two years ago, and to make distinctions between Gavi's support through R&P and M&R&S and the support delivered through COVAX, both of which responded to COVID-19. This may have affected the accuracy of their recall and of their interpretation of events. However, this is not an uncommon challenge in evaluations of this nature and the team is experienced in helping interviewees to focus on the right set of events by clearly emphasising our evaluation scope, both at the beginning of each interview and prior to each interview. In addition, the team also used the interviews to explore the gaps and hypotheses from our comprehensive document review.
- **Inability to generalize from eight case studies:** As noted in our inception report, we did not intend to achieve a representative sample of the overall programme, but to provide significant, illustrative examples of the programme operations in a variety of carefully selected and important contexts. Whilst initially, cases were proposed based on transparent criteria, the final selection was significantly informed by Gavi.
- **The lack of output and outcome level data** (from sources other than WUENIC), and the limited contribution from Gavi at this level were also noted in our inception report. As discussed throughout the report, systems to track the uptake and performance of R&P and M&R&S are weak, which has impacted our ability to form strong conclusions about the effectiveness of these interventions. We have sought to mitigate this risk through focusing on Gavi's contribution at the output-level in our ToA,[30] by making explicit the evidence base for our findings, and by limiting our evaluative judgements where the evidence was not sufficiently strong.
- **Landing in a dynamic policy context:** Gavi is putting significant effort into learning and reflecting on its future direction, and we cannot be sure that the report captures this thinking adequately. The co-creation workshop that took place on 31 August 2022 helped us to situate our findings and conclusions within this context, thus, ensuring that our recommendations are as relevant and useful as they can be. We have also had separate briefings from Gavi on the latest developments, and we have responded to several rounds of comments, which has helped to ensure accuracy and relevance across the report.

Independence, inclusion and ethics

A range of organisational structures and approaches were put in place – including regular (fortnightly) oversight by Gavi's Evaluation and Learning Unit and interaction with the Steering Committee (who have received copies of all evaluation outputs) and the Evaluation Advisory Committee (EAC). Associated accountabilities have also promoted the independence of the

evaluation. Furthermore, we have maintained professional, ethical and quality standards on objectivity, confidentiality, open communications, integrity, thoroughness, propriety, feasibility and accuracy.

Learning and dissemination
In line with what set out in our inception report, we have applied the principle of utilisation-focused evaluation,[XII] that is, we have included primary intended users (Gavi Board, Gavi Secretariat) at appropriate stages in our process, including in a co-creation workshop in late August designed to maximize the prospects that our conclusions and recommendations are relevant and can be feasibly implemented. Findings from case studies have been formatted so that Gavi SCMs can share with KIs interviewed at country level as appropriate.

3 Context within which R&P and M&R&S were designed and implemented

Throughout the design and implementation of R&P and M&R&S, key contextual factors had an important bearing on Gavi's initial response and on the extent of the engagement with, and the effectiveness of the R&P and M&R&S flexibilities.

R&P and M&R&S were designed to respond to a set of perceived needs and anticipated concerns that Gavi had identified (strong).[31] In this section, we summarize these key concerns, some of which are also captured in the assumptions that underpin our ToA.[32] The key concerns are as follows:

- **Address the disruption to RI services that was evident at the start of the pandemic.**[33,34,35,36,37] **As discussed in Section 2,** the RI services in many countries experienced significant disruptions between March and June 2020 due to COVID-19-related issues, e.g., the restrictions on movement during the lockdowns. This need was confirmed by multiple stakeholders in all case study countries.[38]
- **Protect health care workers (HCWs)**. Gavi also linked disruptions in RI to HCWs' fear of infection, which was also confirmed in our case study countries.
- **Recognize the economic impact of COVID-19 on domestic resources**. Gavi's analysis predicted that economic shocks due to the pandemic would affect countries' ability to pay for both the COVID-19 response and for continued RI services. This need was confirmed by multiple stakeholders in all case study countries.
- **Address the need for rapid access to resources to respond to the emerging pandemic threat**.[39, 40,41,42,43,44] As the impact of COVID-19 became apparent, Gavi recognized that countries would need immediate resources to respond. All case study countries emphasized the importance of fast access to resources.[45,46]
- **Respond to the need to strengthen the approaches used to reach zero-dose (ZD) children and missed communities**. As the pandemic evolved, Gavi also recognized the need to refocus on RI and to support countries to strengthen their approaches used to reach ZD children and missed communities, which is in line with the Gavi 5.0 agenda. The majority of country stakeholders did note the need to catch up on their RI.[47]

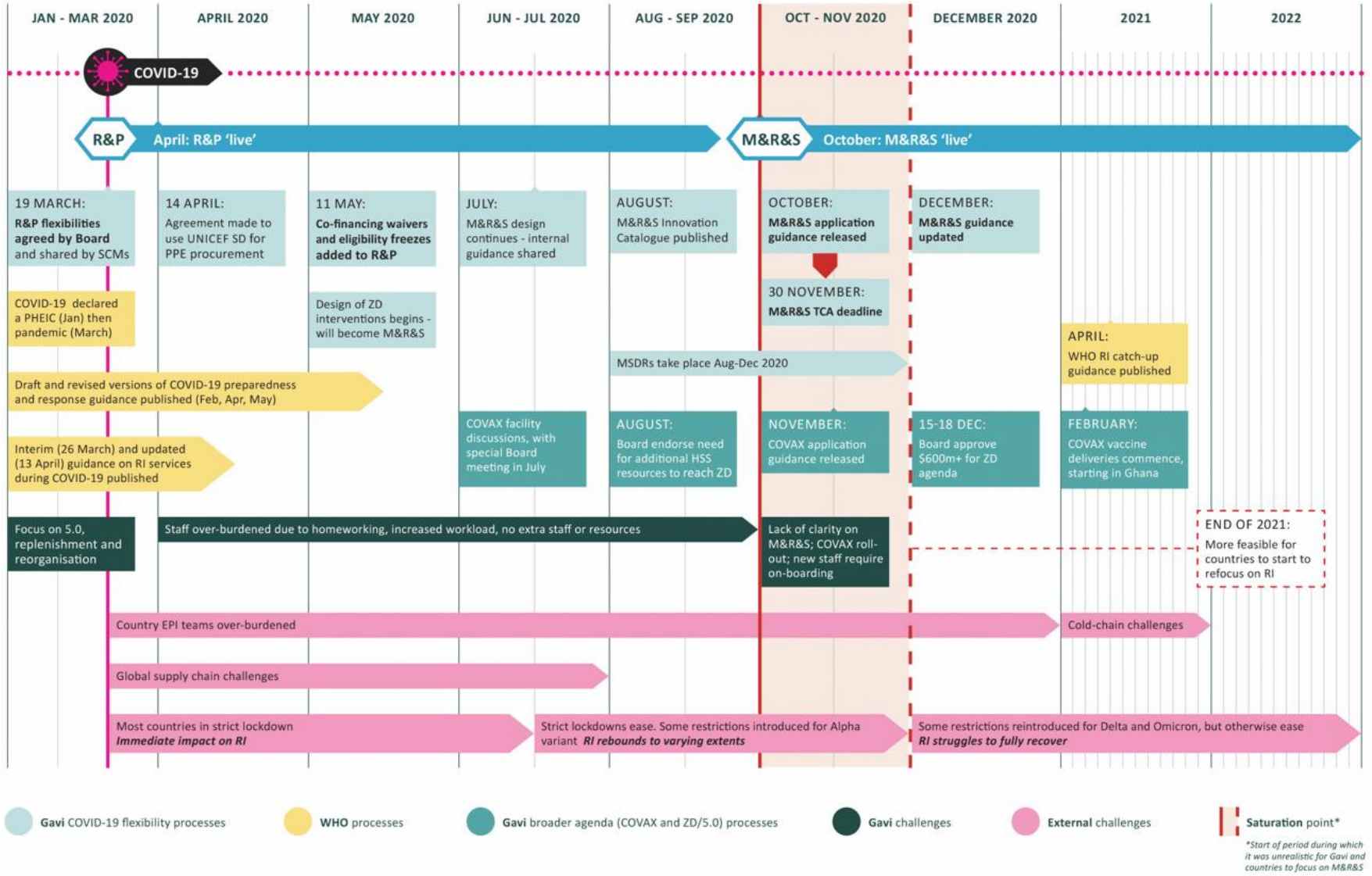
At the same time, Gavi's initial response needed to balance important operating principles and **protect previous gains**, such as on sustaining RI through co-financing and transition arrangements. The response also needed to be **flexible to respond to diverse contexts and to ensure country ownership**. This included being sensitive to the increased burden that COVID-19 has placed on EPI

[XII] Patton, 2013. Available at: https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

teams in particular, and the need to ensure that the **transaction costs for countries were minimized,** as far as possible.

Other internal and external contextual factors are highlighted in Figure 2, which underlines the complexity of the challenge that Gavi faced during this time.

Figure 2. Gavi's COVID-19 flexibilities in the broader COVID-19 context



3.1 Impact of COVID-19 on RI and proxy indicators

As would be expected, a key driver of Gavi's initial response was the emerging and evolving understanding of how COVID-19 was actually impacting and expected to further impact RI. Official RI coverage data are published only once a year, in July, on the WHO immunisation website.[48] This data is highly dependent on country-level administrative data about the administered doses and on census data about the population, which is not updated on a yearly basis. Moreover, this data is not disaggregated by age and gender.

Gavi needed to make fast decisions that were based on imperfect data and on an emerging, fast-changing picture on the existing and potential impact of COVID-19 on RI. In early 2020, when the scale and potential threat of COVID-19 was becoming clear, emerging data suggested that RI was being and could continue to be significantly affected by the impact of lockdowns, increased vaccine hesitancy, fear of contracting COVID-19, vaccines stock-outs, and by the long-term impact on economies and the implications that this would have for domestic allocations to health.

Subsequently, data on RI coverage has been published through WUENIC, in July 2020, 2021 and 2022. These data offer the perspective of hindsight, although even this has changed over time. However, this data lags by one year, so the emergent impact of COVID-19 on RI did not start to become clear until mid-2021. Other challenges relating to data availability and interpretation also exist, for example, the quality and timeliness of reporting at country-level is also likely to have been affected by COVID-19 and, potentially, by the COVID-19 vaccine roll out. COVID-19 has also meant that there are no surveys available to calibrate WUENIC data in each country.[49] Furthermore, it is hard to establish clear links between COVID-19 and RI coverage trends. If a drop in the usual seasonal trend in RI coverage is visible, a number of factors might have played a role, including: COVID-19-related public health measures, fear of catching the virus, increased vaccine hesitancy and the displacement of human resources from RI to COVID-19 vaccination; however, it could also be due to other extraneous factors, which are highly variable from country to country, for example, conflict, civil unrest, prolonged strikes, droughts and floods.[50]

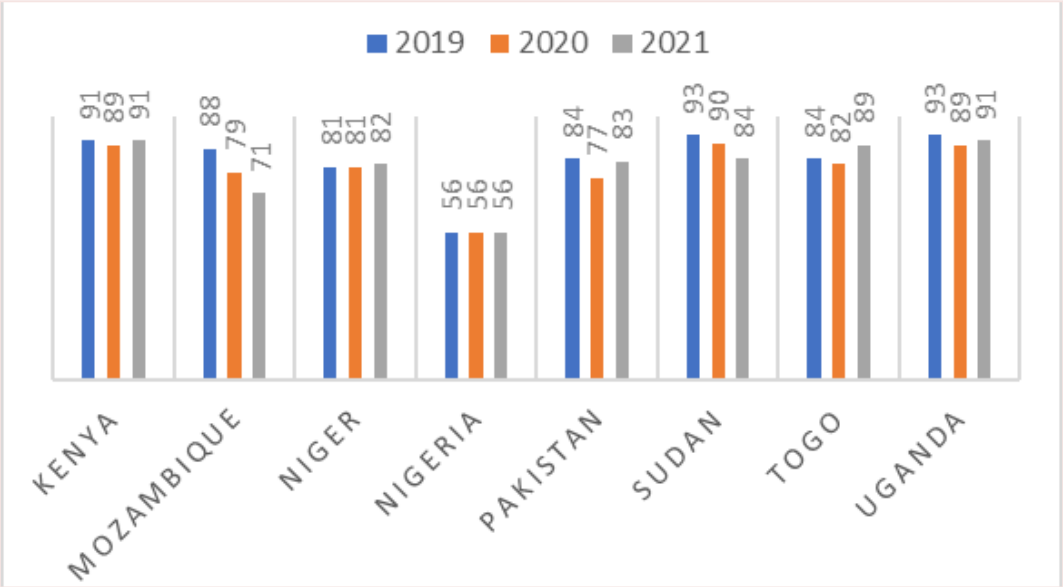
After a drop in Q2 in most of Gavi's countries, RI coverage originally recovered in many cases, during 2020. Based on a range of data sources, RI coverage dropped in most Gavi-eligible countries at around Q2, 2020. This was likely due to a variety of factors, including: initial lockdowns and other restrictions of movement, national and international guidance to stay at home, fear of catching the virus and supply chain disruptions.[51] RI coverage (DTP3 and MCV1, in particular), however, quickly showed signs of recovery in many cases, including in some of our case study countries.[52] According to Gavi's analysis of the situation, immunisation coverage disruptions were already less pronounced by June 2020, with 90% of the 20 countries with clear disruption in April or May 2020 already showing evidence of recovery, and roughly half of the countries not showing any evidence of disruption.[53] Moreover, in Q3 2020, other essential services showed either a higher – services for mental, neurological and substance use disorders – or the same – services for communicable diseases – level of disruption as RI.[54]

Recent WUENIC estimates, however, show that impact on RI might have been more serious and prolonged than originally thought. The WUENIC data published in July 2022 show[55] that global DTP3 coverage dropped from 86% in 2019, to 81% in 2021. An estimated 25 million children under the age of 1 year did not receive basic vaccines, which is the highest number since 2009. In six of our eight case study countries, DTP3 coverage in 2020 was lower than in 2019. In two case study countries, DTP3 coverage dropped more percentage points in 2021 than in 2020, compared to the 2019 baseline (Mozambique -27, and Sudan –9 percentage points, respectively). In relation to measles coverage, in 2020 it was lower than in 2019 in half of our case study countries, and it dropped more

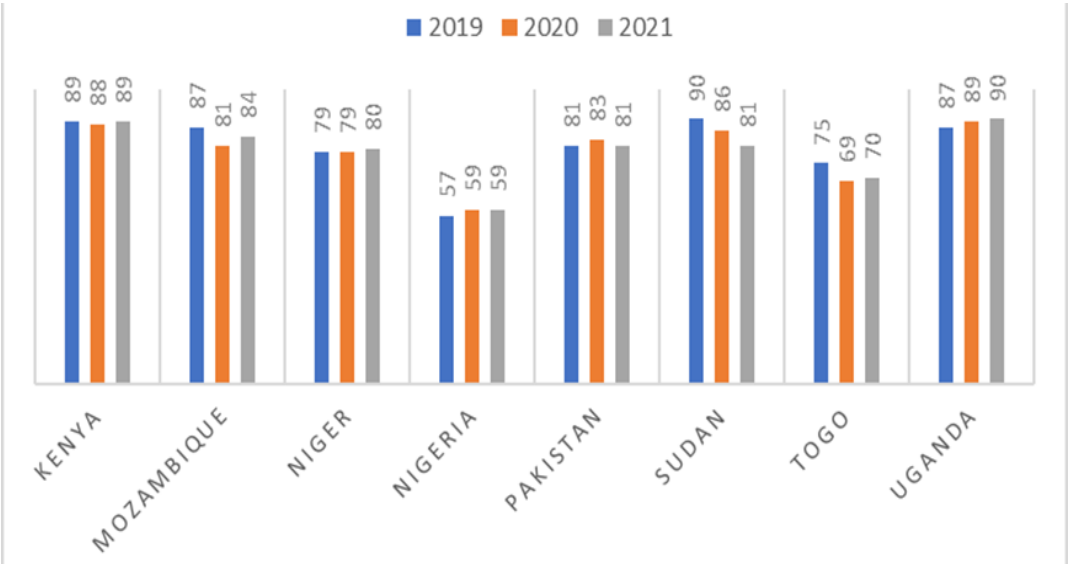
percentage points in 2021 than in 2020, compared to the 2019 baseline in Sudan (-9 percentage points in 2021).[56]

Figure 3. RI development in 2019–2021, in case study countries

DTP3 coverage 2019 - 2021



MCV1 coverage, 2019–2021



Increased VPD outbreaks, especially of measles, also signal disruptions to RI and have been serious in some countries. The surveillance data available on the WHO immunisation website shows an increase in measles cases in 2020 (compared to 2019) in 22% of Gavi countries, including, for example, in four of our case study countries (Kenya, Mozambique, Pakistan and Togo).[57] In 2021, cases were above the 2019 levels in 20% of Gavi countries, including in three of our case study countries (Mozambique, Pakistan and Togo).[58] These data point to the possibility that disruptions to RI might have been more serious and prolonged in some countries than the WUENIC data currently show. This can be seen in Pakistan, for example, where, in 2020 +681, and in 2021 +8,333 more

measles cases were registered than in 2019, despite coverage being reported as higher or at the same level as in 2019, respectively.

COVID-19 vaccine roll out has negatively impacted RI in some countries. According to the third round of the global pulse survey, the COVID-19 vaccination scale-up caused disruptions to the outreach services of RI programmes in 49% of 72 countries, while 45% of 75 countries reported that the COVID-19 vaccination scale-up caused disruptions to RI services for school-aged children and adolescents, and 43% of 86 countries reported such disruptions to services for infants and young children.[59] This is also corroborated by some of our case studies. In Nigeria, for example, RI coverage dipped again when the COVID-19 vaccination was introduced. Our case study analysis suggests that this was largely due to the healthcare workers, M&E officers and EPI managers being overstretched through having to cover both routine programmes and COVID-19 vaccinations, concurrently. Similarly, in Pakistan, approximately 80% of routine vaccinators were involved in COVID-19 vaccinations in the first quarter it was introduced (February 2021) and the monthly RI coverage data shows a decline during that time period. The introduction of new vaccines was also affected, with 2021 being the year with the least new vaccine introductions since 2000 (excluding the COVID-19 vaccine introductions).[60]

These data provide a shifting perspective on the interpretation of the uptake and effectiveness of Gavi's COVID-19 flexibilities, as discussed in the remainder of this report. However, it is important to bear in mind that limited data were available in early 2020, and that existing internal and external data systems did not provide real-time data to enable reviews and course-corrections on a frequent basis (as discussed in Section 4.3.2).

4 Findings

This section sets out the findings from our data collection and analysis for the following three evaluation workstreams: right design (Section 4.1), right ways (Section 4.2) and right results (Section 4.3). At the start of each section, we summarize what is included in each, using a transparent rating[XIII] to show the strength of evidence for each finding.

4.1 Findings: right design

Headline finding	Strength of evidence rating
R&P and M&R&S flexibilities were not substantially different from those offered through the existing policies, with the exception of eligibility freezes and funds being eligible to cover PPE. Adaptations were focused on streamlining internal processes to enhance speed and reduce transaction costs and on allowing existing Gavi funds to be used for a wider range of activities, including the general COVID-19 response.	Strong
GESI considerations did not explicitly feature in the R&P design and guidance, however, they featured more strongly in the M&R&S design and guidance.	Strong
Gavi's rationale for the introduction of R&P and M&R&S was clear and aligned broadly with the perceived key needs. The design of the flexibilities offered under R&P and M&R&S sought to balance these needs against the risks to Gavi's business model and ways of working.	Strong
R&P flexibilities were used to support activities that were in strong alignment with countries' COVID-19 response plans, and, thus, were well-aligned with the WHO's COVID-19 response pillars.	Strong

[XIII] The strength of evidence ratings comprises the following four categories: strong, moderate, limited and poor. A description of each category is shown in Annex 5, Vol. II.

Generally, from multiple interviews with the Gavi Secretariat and partners, there is a sense that Gavi's tendency to be risk-averse resulted in the design of both R&P and M&R&S being overly focussed on minimising risk, at the expense of the need to maximize responsiveness, adaptability and innovation.	Moderate
Gavi's R&P reprogramming was perceived (as intended) to fill key resource gaps, which may not have otherwise been filled in an appropriate timeframe, even though the reprogrammed funds were comparatively small.	Strong
The launch of Gavi's R&P flexibilities was seen as highly relevant in terms of timeliness; however, M&R&S experienced delays, which impacted the timeliness of the offer.	Strong
Overall, there was a sense that, with the information available at the time, R&P's support for the general COVID-19 response was appropriate, but that, especially with the information now available on the long-term impact on RI, Gavi should have been focused more explicitly on RI from the start.	Moderate

4.1.1 Key features of Gavi's R&P and M&R&S and their difference to existing Gavi policies

The types of activities supported under R&P and M&R&S differed intentionally, aiming to respond to the perceived needs at the relevant time period.[61] **(Strong)**

- **The R&P initiative was designed as an immediate response to the acute pandemic situation.** Countries were offered the opportunity to reprogramme existing HSS-related[62] and targeted country assistance (TCA) funds for the general COVID-19 response, as defined by WHO guidelines. In most cases, these funds were already in-country, and Gavi simplified their application and approval processes to maximize timeliness, aiming to approve applications within five days of receipt. Extensions of the TCA timelines were also offered to account for COVID-19-related implementation delays, along with fiscal support in the form of eligibility freezes and co-financing waivers.
- **The M&R&S initiative had a longer-term focus on the restoration and maintenance of RI services and on the strengthening of efforts to reach ZD children and missed communities**. It also offered reprogramming of the current HSS grants and the opportunity to drawdown up to 25% of future HSS grants. Unlike with R&P, additional TCA funds for CSOs were available (albeit time-limited), as well as additional RI vaccines.

R&P and M&R&S flexibilities were not substantially different from those offered through the existing policies, with the exception of eligibility freezes and use of funds for PPE. Adaptations were focused on streamlining the decision-making and reporting processes to enhance speed and reduce transaction costs. They were also focused on allowing Gavi funds to be used for a wider range of activities, including the general COVID-19 response.[XIV] **(Strong)**
Gavi used the flexibilities contained within its Fragility, Emergencies and Refugees (FER) Policy and its existing reprogramming processes as the foundation for many of the flexibilities offered under R&P and M&R&S,[63] while explicitly outlining the risks associated with offering FER-type flexibilities to all Gavi countries simultaneously.[64] In line with this, Gavi sought an appropriate balance between its usual focus on transparency, accountability and risk management, with the need to maximize responsiveness and adaptability.[65] Some flexibilities were also included beyond what was available under the FER policy: TCA extension and reallocation and eligibility freezes. Each of these was included to address one or more specific needs, as previously described.

4.1.2 GESI in R&P and M&R&S design and guidance

GESI considerations, as enshrined, for example, in Gavi's Gender Policy,[66] **did not explicitly feature in R&P design and guidance. (Strong)**. The evaluation team reviewed all available guidance and design documents and found that GESI considerations did not feature strongly in the R&P design or

[XIV] By general COVID-19 response, we mean response in line with WHO's COVID-19 response pillars.

in the production of the related guidance. Among the GESI considerations that were identified as being lacking were geographic equity; gender-related and other barriers to health-seeking and access; and the option to procure different sizes of PPE, although this was a global problem at the time and Gavi reported having worked with partners to advocate for adaptation of PPE for female FHWs (but this could not be corroborated during KIIs). We found only one internal document designed to help Gavi country teams to review requests for the reallocation of HSS grants for COVID-19 responses, which mentioned the need to contract professionals with gender expertise and to translate or adapt materials and the language used for different literacy levels, gender sensitivity and to avoid social stigma. This was an encouraged expense under the risk communication and public engagement[67] aspects of the work.

In contrast, GESI considerations featured more strongly in the M&R&S design and guidance. (Strong). According to several documents, equity was also at the core of the M&R&S design,[68] the assumption being that marginalized communities, especially those with large numbers of ZD and under-immunised children, will be the most impacted by the pandemic and are at greatest risk of VPDs. The guidance also noted that they must be a priority in the response.[69] The need for understanding the gender dimension of the pandemic and to tackle gender-related barriers in the response was also explicit in the available guidance documents.[70,71,72] In particular, a dedicated note was published, entitled: "Guidance to address gender barriers in M&R&S immunisation".

4.1.3 Relevance and coherence of R&P and M&R&S

The relevance and coherence of the flexibilities offered under R&P and M&R&S have been reviewed in terms of country needs (broadly and against WHO/COVID-19 response plan pillars) and Gavi's goals and policies.

Gavi's rationale for the introduction of R&P and M&R&S was clear and aligned broadly with the perceived key needs, including the overall need for timely and accessible resources. (Strong). As highlighted above, case studies confirmed that Gavi's assessment of the key needs, as perceived at the start of the pandemic, was appropriate.[73] Annex 9.2, Vol. II shows that R&P and M&R&S were clearly aligned with these needs, with an emphasis on providing access to rapid financial resources. There were no examples found in which countries requested completely different flexibilities to those on offer, although, some stakeholders did suggest that Gavi could have been more innovative in the design of R&P and M&R&S, and there were cases in which reprogramming requests were at least partially rejected on the basis that the activities included were considered ineligible/inappropriate.[74]

R&P flexibilities were used to support activities that were in strong alignment with countries' COVID-19 response plans, and, thus, were well-aligned with the WHO's COVID-19 response pillars. (Strong). One of the clearest requirements for countries to be able to access R&P flexibilities was that the request for reprogramming must be in alignment with WHO guidance and countries' COVID-19 response plans.[75,76] All the case study countries had a COVID-19 response plan in place, and requests for R&P reprogramming were clearly in line with these plans.[77,78.]

The design of both R&P and M&R&S sought to balance the identified needs with the risks to Gavi's business model, and to ensure consistency with Gavi's usual ways of working. (Strong). R&P and M&R&S flexibilities also took account of Gavi's overall business model and ways of working, as outlined below.

- **Need to protect previous gains:** R&P flexibilities did not align well with Gavi's key policies and procedures, related to sustainability and risk.[79,80] R&P flexibilities posed particular challenges in relation to Gavi's model of supporting sustainable RI through co-financing.[81] Gavi's approach to managing this risk was to position itself as a donor of last resort. This was particularly important

for the co-financing waiver, which posed a risk to the previous gains made in encouraging domestic financing for sustainable RI. Evidence from multiple Gavi Secretariat interviews confirms that Gavi's senior management worked with countries to identify alternative strategies, that the CEO had to approve any waivers, and that most countries still fulfilled their co-financing commitments.[82]

- **Need to be responsive to diverse contexts and to promoting country ownership:** In line with Gavi 5.0 and the move towards greater differentiation of country support, Gavi saw it as important to ensure that R&P and M&R&S flexibilities could be adapted to specific country contexts.[83] As discussed in Section 4.2, R&P and M&R&S flexibilities were offered on a discretionary basis by SCMs, who worked with countries to adapt them, as required.[84]
- **Need to minimize transaction costs to reduce the burden on countries:** Gavi made some important design choices to reduce the transaction costs associated with the application and reporting procedures for R&P and M&R&S. Applications were short and did not have to go to the Independent Review Committee (IRC) for approval. In addition, reporting was minimized and conducted through the GPF to avoid setting up any parallel reporting mechanisms – which, whilst light-touch, had significant implications for Gavi's ability to track progress and adapt accordingly (see Section 4.3 and Box 3 for more on this).
- **Need for partnership and coordination to ensure a coherent response**: The design of R&P and M&R&S flexibilities emphasized the need for strong country ownership and coordination,[85] and, in all case study countries, Gavi worked within the governments' chosen COVID-19 coordination mechanisms.[86] At a global-level, Gavi sought to capitalize on the Alliance partnership model to drive a coordinated response, utilizing the comparative advantages of each partner.[87] For example, the WHO leading on developing RI guidance, UNICEF leading on procurement and delivery and both agencies providing country-level capacity to support countries' COVID-19 and RI responses.[88]
- **Policies and procedures, including risk appetite:** Overall, flexibilities were moderately well-aligned with Gavi's standard policies and procedures, although R&P's design was less well-aligned with sustainability and gender-related policies.[89] Gavi's mandate in response to COVID-19 was on a so-called no regrets basis[90] – to move fast and monitor less, which brought increased risk.[91] Despite this, Gavi maintained a focus on risk management, in line with its position as an organisation that manages public funds and is accountable to donors and their constituent populations. [92,93]

Generally, from multiple interviews with the Gavi Secretariat and partners, there is a sense that Gavi's tendency to be risk-averse resulted in the design of both R&P and M&R&S being overly focussed on minimising risk, at the expense of the need to maximize responsiveness, adaptability and innovation (moderate). Gavi prioritized speed with some success (as discussed later, in Section 4.2), but also accepted that trade-offs were required to increase speed. These included deciding not to track how R&P and M&R&S funds were used, and not having a results framework with indicators, data collection methods and reporting responsibilities in place. With no access to monitoring data on the programme's implementation, it was not possible for Gavi to adapt the design of the flexibilities in response to data. This also limited Gavi's ability to introduce significant innovation. To be more innovative would have required either higher risk[94] or stronger adaptive management systems. However, increasing Gavi's risk appetite further may have been unrealistic, given the nature of Gavi's role as a manager of public funds (as discussed above). In addition, Gavi's ability to work adaptively was undermined by the R&P and M&R&S design choices. Did Gavi strike the right balance between speed and risk? Evidence from the case studies suggests that Gavi's focus on speed was right, and there is evidence that comparable organisations also struggled with balancing speed and oversight.[95] However, it is possible that Gavi could have struck a better balance with risk in order to achieve more innovation, particularly through more regular discussion with the Board on this; however, this would have been challenging to achieve in the context.[96]

R&P reprogramming was reported by some stakeholders as filling key resource gaps that may not have otherwise been filled in an appropriate timeframe, even though the reprogrammed funds were comparatively small. (Strong). Whilst the size of Gavi's financial commitments varied based on the size of the country envelope,[97] and were small compared to the commitments from other partners, many in-country stakeholders felt that the reprogrammed HSS funds did fill key resource gaps, primarily because the funds were, in most cases, already in-country[98] and, thus, were immediately available once reprogramming was approved. Without these immediately available resources, partners in some case study countries felt that supported activities, such as the procurement of PPE, standard operating procedure (SOP) development and training, and communication/public awareness activities, would have been further delayed.[99, 100]

The launch of Gavi's R&P flexibilities was seen as highly relevant in terms of timeliness, however, M&R&S experienced delays, which impacted the timeliness of the offer. (Strong). Initial R&P flexibilities were announced in March 2020.[101] Most case study countries and Gavi Secretariat stakeholders saw the launch of R&P flexibilities as extremely timely, coming in the very early stages of the pandemic. The process of designing the M&R&S flexibilities began in July 2020, and it was initially hoped that these flexibilities would be launched before the end of the summer.[102] However, the M&R&S flexibilities were not launched until October 2020, which was seen as too late by many stakeholders.

Overall, there was a sense that, with the information available at the time, R&P's support for the general COVID-19 response was appropriate, but that, especially with the information now available on the long-term impact on RI, Gavi should have been focused more explicitly on RI from the start. However, this this was not always practically feasible given country-level constraints. (Moderate). When asked to reflect on the initial months of the pandemic, there was a mixed picture from stakeholders on whether Gavi was right to support the general COVID-19 response through R&P, or if they should have been explicitly focussed on RI from the start. As already discussed, the rationale for R&P, in terms of providing rapid resources for the COVID-19 response, was well aligned with the stakeholders' perceived needs at the start of the pandemic. However, stakeholders from several case study countries and the Gavi Secretariat highlighted that this strong initial focus on the general COVID-19 response was, in some cases, at the expense of RI.[103] Given the subsequent influx of donor support for the general COVID-19 response, including the provision of PPE,[104] and given that, in some contexts, PPE arrived more quickly from other sources, some felt that Gavi should have kept its focus on its core business and directed funds towards activities more explicitly focused on RI.[105, 106] Specific suggestions by multiple in-country stakeholders included supporting surge HCW and vaccinator capacity, supporting alternatives to mass RI campaigns, and doing more to strengthen the capacity of EPI teams. Several country stakeholders also indicated that the COVID-19 vaccine rollout diverted focus away from RI, as it was the same EPI staff and HCWs involved in this as in the RI services.[107]

While the flexibilities were, overall, moderately well-aligned with Gavi's programmatic policies,[108] there was a more mixed picture in terms of their alignment with its perceived comparative advantages, including the following:[109] its partnership model;[110] provision of catalytic financing;[111] its CSO partner network, with expertise in reaching missed communities and ZD children; strengthening in-country delivery systems (for vaccines specifically);[112,113] cold-chain infrastructure;[114] and combating disease/vaccine misinformation.[115,116.] Overall, there was a sense that, with the information available at the time, R&P's support for the general COVID-19 response was appropriate, but that, in hindsight, especially with the information now available on the long-term impact on RI, that Gavi should have been focused more explicitly on RI from the start. This would have also supported better alignment with its programmatic policies, goals and comparative advantages. It is, of course, important to note that the design of M&R&S was an explicit move to refocus on Gavi's

core mandate, and that capacity to engage with RI was limited, both within Gavi and within in-country EPI teams (as discussed in Section 4.2.7).

"Anyone can fund PPE; getting to lost children is unique to Gavi" (Nigeria case study)

Box 1. Should Gavi have focused on its core mandate in Uganda?

In Uganda, the MoH requested, and was granted, the flexibility to reallocate US$ 3.12 million of HSS funds to logistics, coordination, risk communication, laboratory support and WHO PSC12. Ultimately, the funds were used to procure testing kits, which in-country stakeholders felt was the country's key need at the time. The application and response processes to access Gavi's flexibilities were simplified: made easy and timely. Facilitated by the SCM, a request was submitted and approved, and the funds were received within twelve days.

Although Gavi flexibilities allowed the country to reallocate and reprogramme 10% of the available HSS funds to the COVID-19 response, the majority of the KIs felt that the funds were insufficient to address the significant RI challenges at hand. The country was unable to create a balance for sustaining RI, and, consequently, lost focus on it as all the engagements were about COVID-19. Whilst Gavi did make M&R&S flexibilities available to address the challenges faced in maintaining immunisation services, Uganda did not access them – possibly due to a lack of awareness and to limited in-country capacity to deal with yet another application process. A KI from an extended partner believed that, although Gavi's support in responding to COVID-19 was relevant, especially when the country urgently needed testing kits at the start of the pandemic and Gavi was the first to respond, it should have minimized its COVID-19 engagement and maintained RI support.

"…if Gavi had not come in, we would still have found a way to fight COVID-19; maybe we would have found more donors to support the COVID-19 response and then Gavi remains accountable to the RI programme..."

"…As a country, we had also prioritized COVID-19; supplementary budgets were approved, and there was support from different donors and partners... So, it would have been ideal if Gavi had otherwise minimized COVID-19 engagement towards COVID-19 response and channelled the support to RI. In other words, Gavi would have just focused on its strengths around COVID-19 vaccines, cold chain, misinformation, etc…." (KIs)

4.2 Findings: right ways

In this section, we provide the following: (1) a summary of what flexibilities were approved across eligible countries,[117] (2) an overview of the approval and disbursement performance under R&P, (3) an overview of factors that appear to have enabled countries to access R&P and M&R&S flexibilities, (4) an overview of factors that appear to have constrained countries in accessing the R&P and M&R&S flexibilities; and (5) observations on how GESI has been implemented within the approved flexibilities.

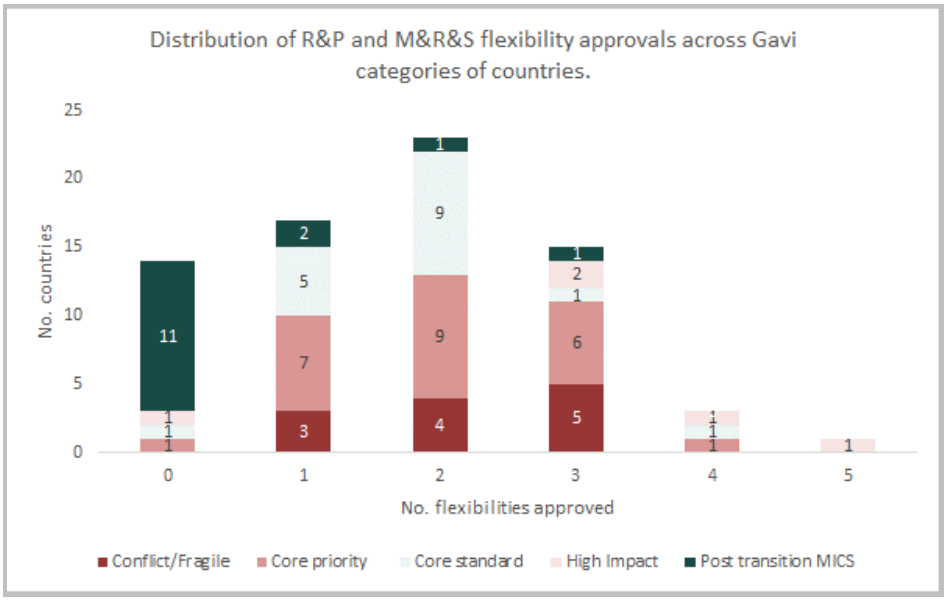
Headline finding	**Strength of evidence rating**
Overall, 81% of the countries eligible to apply for flexibilities (59 of 73) had at least one flexibility approved. Seventeen countries had one flexibility approved, 23 countries had two approved and 15 had three approved. Three countries had four flexibilities approved, and one country (Ethiopia) had five flexibilities approved. Only 14 countries had no flexibilities approved. Eleven of these are currently classified as post-transition, middle-income countries.	Moderate
More countries had flexibilities approved under R&P (58 of 73) than under M&R&S (4 of 73), and there is a high degree of variation in the extent to which countries accessed the funds available through reprogramming (ranging from 8 to 100% and a mean of 39%).	Strong
It has not been possible to identify any reliable data at a portfolio-level that demonstrates how much of the R&P and M&R&S funds were used (absorption), which makes it difficult to assess what the use resulted in and, therefore, what value was	Strong

added through R&P and M&R&S. However, in four of the eight case study countries we did find data on the R&P absorption levels (between 3% and 68%, in 2020).	
It is not possible to provide definitive figures as to the uptake of the M&R&S flexibility. This is due, in part, to the lack of a centralized tracker and a centralized/agreed filing system. No evidence was found to suggest that Gavi intended to track information related to the approvals, use and results related to the M&R&S flexibilities.	Strong
Within Gavi, R&P enabled a quickening of internal processes, albeit varied in terms of timing, with 5 of 8 case studies approvals happening in less than two weeks. Disbursement delays under R&P limited or slowed absorption and, in several countries, delayed the arrival of PPE.	Strong
The Gavi Secretariat's working assumption was that establishing a special arrangement with UNICEF for supply of PPE and IPC would lead to efficiencies in procurement in terms of price, timeliness etc and help manage risk associated with alternative contracting options. Observations based on emerging evidence suggest that the Secretariat assumptions were not completely upheld.	Moderate/Strong
Factors that enabled the uptake of R&P and M&R&S include the following: responsiveness to country needs, fast access to flexible funds and reduced transaction costs for countries.	Strong
Factors that constrained the uptake of R&P and M&R&S include the following: less need for R&P and M&R&S flexibilities than expected (as COVID-19 had less impact on RI than feared, at least initially, and there was less need for Gavi resources due to inputs from other donors); limited benefit for countries in applying for R&P and M&R&S; timing; and competing priorities.	Moderate
There are some good examples of GESI considerations informing the M&R&S-funded interventions, but the involvement of CSOs and communities could have been stronger. Overall, GESI is often misunderstood, generally being taken to mean MNCH and the absence of discrimination. As such, the implementation of more transformative approaches was absent.	Moderate

4.2.1 Overall uptake across countries

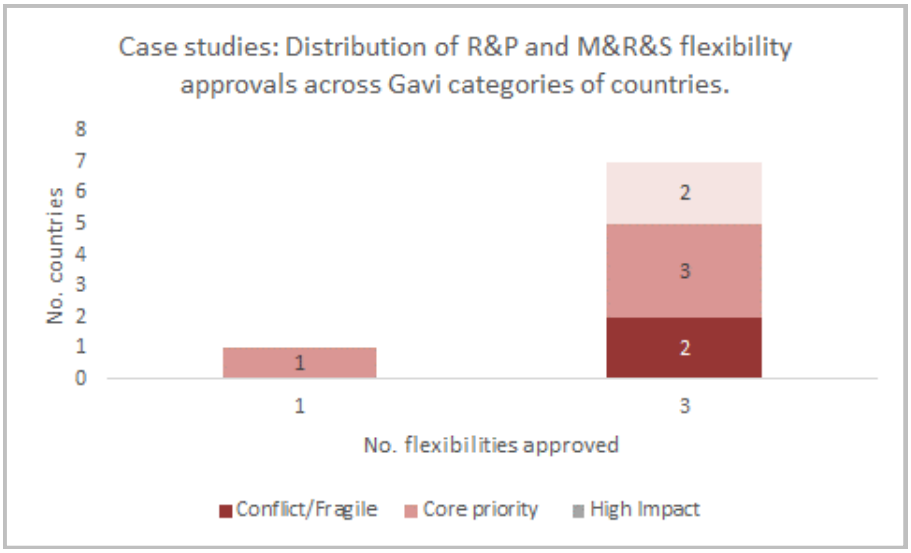
Overall, 59 out of the 73 eligible countries (81%) had at least one type of R&P and/or M&R&S flexibility approved. (Moderate). Analysing the level of uptake by country[118] demonstrates that only 14 of the 73 eligible countries did not take up any flexibility (19%). Seventeen countries had one flexibility approved (23%), 23 had two approved (32%), 15 had three approved (20%), three[119] had four approved and one country (Ethiopia – high impact) had five flexibilities approved. Among the countries that accessed two or more flexibilities, there were 16 core-priority, 11 core-standard, and nine conflict/fragile countries.

Figure 4. Portfolio-level uptake of flexibilities, by country



Among the case study countries, seven of them had three types of flexibilities approved, and one country (Mozambique) had only one approved.

Figure 5. Case study countries: level of uptake of flexibilities by countries



Uptake across the different flexibilities within R&P (58/73 countries) was significantly higher than appears to be the case for M&R&S (4/73 countries), although, despite significant efforts, the evaluation team is not completely clear whether this is an accurate reflection of the actual uptake of M&R&S (see Box 3). (Strong). Annex 10, Vol. II provides detail on the difference in the uptake between R&P and M&R&S. Under R&P, 56% of the countries had reprogramming approved, 48% had TCA reallocation approved, 45% had a TCA no-cost extension (NCE) approved and 30% had economic support (eligibility freeze and/or co-financing waiver) approved.

At the portfolio-level, R&P uptake was the highest in Anglophone Africa countries, high-impact and core-priority countries.[120]

Figure 6. Portfolio-level uptake of R&P flexibilities

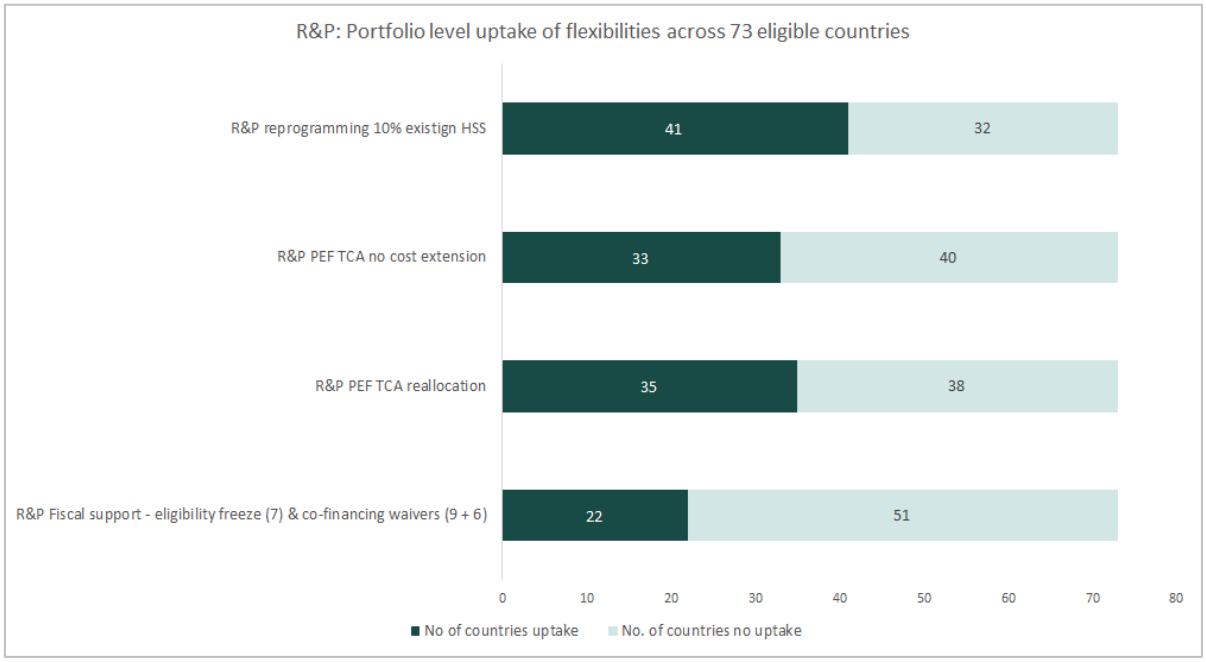
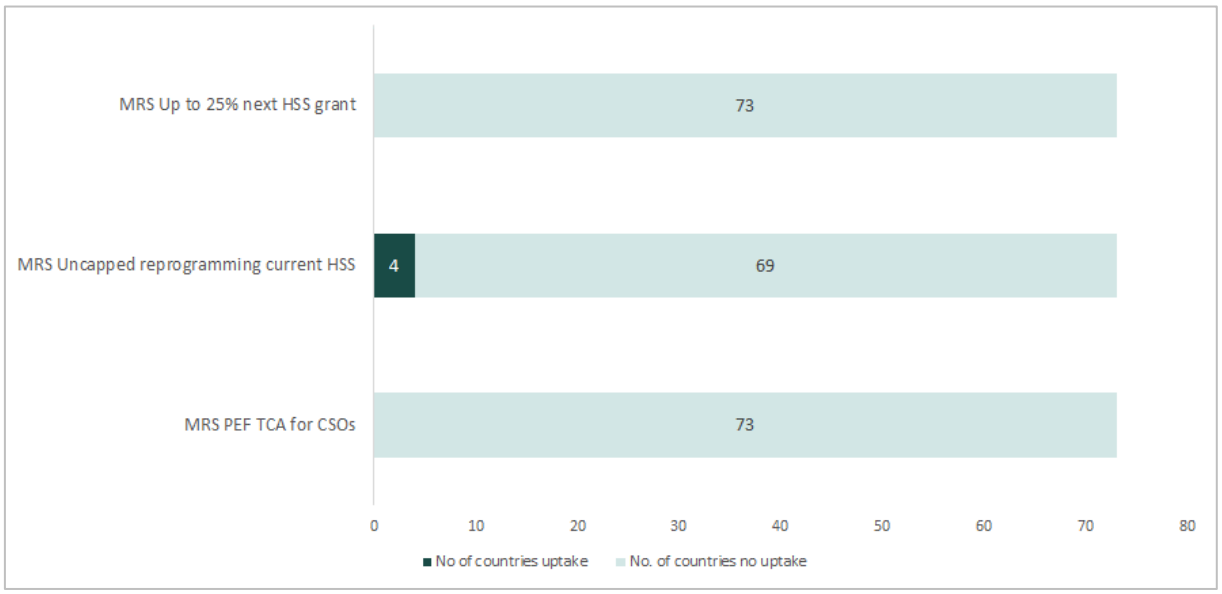


Figure 7. M&R&S portfolio-level uptake of flexibilities, across 73 eligible countries



Box 2. Uptake of M&R&S in Togo

Of the four countries that applied for M&R&S flexibilities, only Togo and Niger were case studies for this evaluation. The approval process in Niger is currently underway.

In Togo, the M&R&S approval request memo notes the intention to work on the areas outlined below.

- **Strengthening outreach and adapted strategies:**
  - Advanced strategy – Togo plans to boost sessions in villages located more than 5 km from a health facility in 39 districts across the country.
  - Mobile strategy – Togo plans to boost sessions in villages located more than 15 km from a health facility. The focus will be on localities around the health facilities whose performance has been impacted by COVID-19 and on helping them to catch up with missed children or those who have not been sufficiently vaccinated.
  - Urban strategy – This is being implemented in the health districts of Greater Lomé. The implementation of this strategy includes community engagement sessions with local officials, social dialogue with slum leaders, collaboration with faith-based structures and private health facilities.
- **Social mobilisation for immunisation through a focus on community engagement –** This mobilisation will be implemented by the CSOs working in the priority districts and the dialogues will target the localities around the health facilities with Penta 3 <80% low coverage.
- **Risk communication and demand generation** – Togo plans to conduct various radio programmes for a national audience and other radio programmes for local audiences to sensitize the public to the importance of immunisation and to generate demand.

Although these activities resonate strongly with the M&R&S aims, the evaluation team have been unable to confirm the level of progress made in the activities outlined above with the country partners, despite several requests. Several interactions with the country partners also demonstrated that they had no knowledge of this work.

In contrast, it is not possible to provide definitive figures on the uptake of the M&R&S flexibilities, for the reasons discussed in 4.2.2.2 below. The evaluation team is only aware of four countries[xv] having officially accessed the M&R&S reprogrammeming of existing HSS grants, including Togo (Box 2) and Niger, from the case studies. When comparing this picture to similar organisations, there is evidence that uptake was not just a challenge for Gavi.[121]

4.2.2 Reprogramming overview – Respond and Protect, and Maintain, Restore and Strengthen

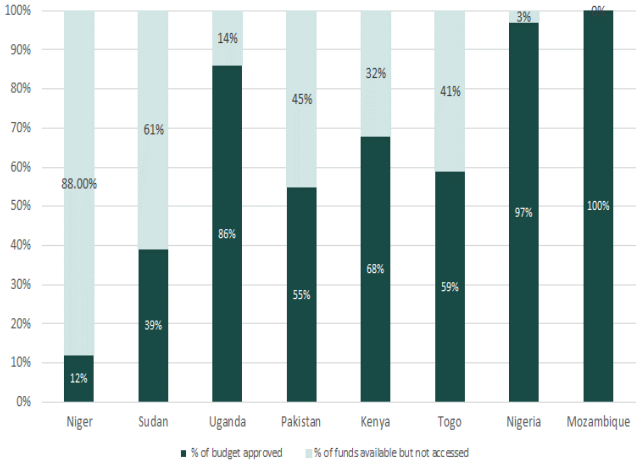
In this sub-section we present the reprogramming findings for R&P and M&R&S, separately.

[xv] Mauritania (Sept 2020), Togo (April 2021), Niger (July 2022) and Ethiopia (application ongoing July 2022)

4.2.2.1 Respond and Protect

There was a high degree of variation in the extent to which countries accessed the funds available through reprogramming, ranging from 8 to 100% and a mean of 39%. (Strong). Annex 10, Vol. II, shows the potential amounts that could have been accessed and the actual amounts that were approved. The proportion of the R&P 10% HSS ceiling funds that were taken up has been highest in the following groups of countries: high-impact countries (Nigeria and the Democratic Republic of the Congo (DRC)); core-priority countries (Myanmar, Malawi, Mozambique and Uganda); and conflict/fragile countries (Mali). An additional analysis on the proportion of the uptake in the case study countries is included in Annex 10, Vol. II. The largest potential amount available in any country was US$ 12 million in Nigeria, and 100% of this was approved.

Figure 8. Case study countries: proportion of R&P 10% reprogramming accessed.



A total of US$ 76.9 million under R&P was reprogrammed.[XVI] **Within this amount, the largest single budget line was US$ 40.5 million, which was approved for PPE- and IPC-related procurement. (Strong).** Out of the US$ 76.9 million that was reprogrammed as part of R&P, across 41 countries, US$ 40.5 million[122] was approved for IPC.[123] Within this amount, US$ 25 million was reported to have been approved for PPE- and IPC-related procurement by the end of July 2020.[124] Eighty percent of the US$ 25 million went to six countries (Nigeria, Pakistan, Mali, Uganda, Ethiopia and Mozambique), of which Nigeria, Pakistan and Ethiopia are currently categorized as high-impact countries.[125] Analysing these six countries further demonstrates that around 40% of the reprogrammed funds (US$ 31.2m) were approved in these six countries alone, and that four of the six countries had over 80% of their maximum ceilings approved.[XVII] Looking at these countries more broadly, four of these countries also accessed three or more different types of flexibilities,[XVIII] with Ethiopia[XIX] having accessed five and Pakistan having accessed four flexibilities.[XX] Within these six countries, there is evidence that the activities/cost categories supported were in alignment with their COVID-19 response plans.

In terms of how R&P funding was allocated across the WHO pillar activities, of the US$ 76.9 million reprogrammed:

- 53% of the reprogrammed funds were intended for IPC
- 11% were intended for risk communication and community engagement

[XVI] To broadly situate the approx. US$ 200m support made potentially available to eligible countries during Gavi's COVID-19 initial response (R&P), the total annual Board-approved expenditure on Jan–December 2020 was just under US$ 1.4bn for the 73 eligible country programmes, covering all types of Gavi grants. The approximately US$ 200m available for the initial COVID-19 response, thus, represented 14% of this annual total amount approved for expenditure. And within this amount available, approx. 38% of was approved under R&P, representing approx. 5% of the US$ 1.4bn total. The amount made potentially available under M&R&S is unclear. One tracker reviewed suggested that this was up to 25% ceilings, across 50 countries (i.e., not the original 73 eligible), totalling US$ 280m.

[XVII] Mali, Mozambique and Nigeria had 100% of their ceilings approved, Uganda 86%, Pakistan 55% and Ethiopia 52%.

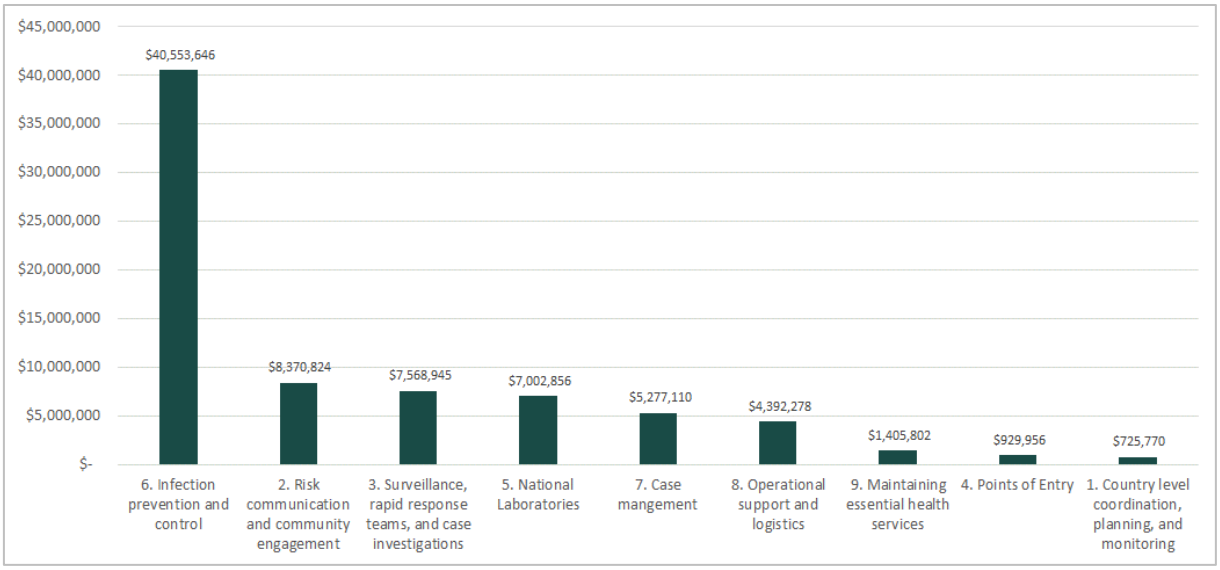
[XVIII] Including Uganda, Nigeria, Ethiopia and Pakistan

[XIX] Including co-financing waiver, TCA reallocation, TCA extension, R&P reprogramming, and M&R&S reprogramming of existing HSS funds.

[XX] Including co-financing waiver, TCA reallocation, TCA extension and R&P reprogramming.

- 10% were intended for surveillance, rapid response teams and case investigations
- 9% were intended for national laboratories strengthening
- the remaining 17% were approved for case management, operational support and logistics, points of entry and country-level coordination, and planning and monitoring.

Figure 9. R&P reprogramming funds approved across the WHO pillars[126]



4.2.2.2 Maintain, Restore and Strengthen

Across the M&R&S reprogramming applications viewed (Togo, Mauritania and Niger), the activities have focused on targeted activities to revitalize and enhance vaccine coverage, mainly through the following: outreach (Togo, US$ 575 000) and communication strategies to address vaccine hesitancy and to increase community engagement (Togo); high-impact activities, including catching up with ZD children and the intensification of outreach and mobile vaccination activity (Niger, US$ 3.95 million); the reinforcement of local immunisation activities (Mauritania, US$ 4.1 million); and social mobilization for immunisation, focusing on the community mobilization of CSOs (Mauritania, US$ 4.1 million). Regarding the other countries, the Secretariat review of TCA activities from October 2020, found that, in 22 countries, many of the 126 M&R&S-aligned activities showed responsive thinking to the challenges raised by COVID-19, with a forward view to equity and ZD work. More detail is provided in Annex 10, Vol. II.

Box 3. Challenges in describing the uptake of M&R&S

As described in Section 4.2.1, tracking the uptake of the flexibilities has been a challenge for the evaluation team.[XXI] This is due to the design decisions taken by Gavi. Whilst the World Bank (WB) and the Global Fund (TGF) appear to have invested more heavily in monitoring processes (Annex 14, Vol. II), this has not been without limitations, as set out in the recent independent evaluation of TGF's COVID-19 response.[XXII]

It is not possible to provide definitive figures as to the uptake of the M&R&S flexibility. This is due, in part, to the lack of a centralized tracker, as well as the lack of agreed document control and revision or a

[XXI] Note that Gavi did agree to circulate a four-question online survey to the SCMs in July 2022, to mitigate this challenge, but this was only completed by 10 respondents, of which four were already in our case study sample.

[XXII] One finding is that: "The evaluation was constrained by the decision to approve C19RM grants without first having a monitoring system in place due to the urgency to 'get the money out the door' to respond to a rapidly unfolding global health crisis. This decision accelerated grant approvals, but slowed downstream implementation, hampered the ability of the GF to take early corrective actions, and reduced the level of accountability and understanding of impact."

centralized/agreed filing system.[127] The evaluation team found evidence that four countries – Mauritania (September 2021), Togo (April 2021), Niger (June 2022) and Ethiopia (June 2022) – have formally accessed M&R&S flexibilities through an application process; however, an internal M&R&S tracker also suggests that discussions on the potential M&R&S reprogramming are underway in a number of other countries. It is not possible to ascertain more detail without reaching out to individual SCMs. The Secretariat also conducted a review of TCA activities in 22 countries and found an estimated 126 M&R&S activities,[128] which were mostly focused on strengthening. It is unclear whether some of these countries had submitted a formal request to reallocate the TCA activities or whether these activities were already focused on the M&R&S objectives before COVID-19.

During R&P and M&R&S, a significant gap in skills, experience and available business/project management systems within the Gavi Secretariat became apparent. This meant that tracking and managing business processes and information was challenging, fragmented and did not allow the teams and senior management team to have an overview of the portfolio performance. This was not helped by the reorganisation of M&E functions within Gavi during the period of interest to the evaluation. There is evidence of multiple attempts[XXIII] (see Annex 10.23, Vol. II) to track the implementation of some (but not all) of the COVID-19 flexiblities, but these are fragmented, incomplete and inconsistent. This is known by Gavi as many Secretariat KIs openly echoed this view, and it is an area that the organisation is already working on, for example, in setting up the Management and Performance Monitoring (MPM) system.

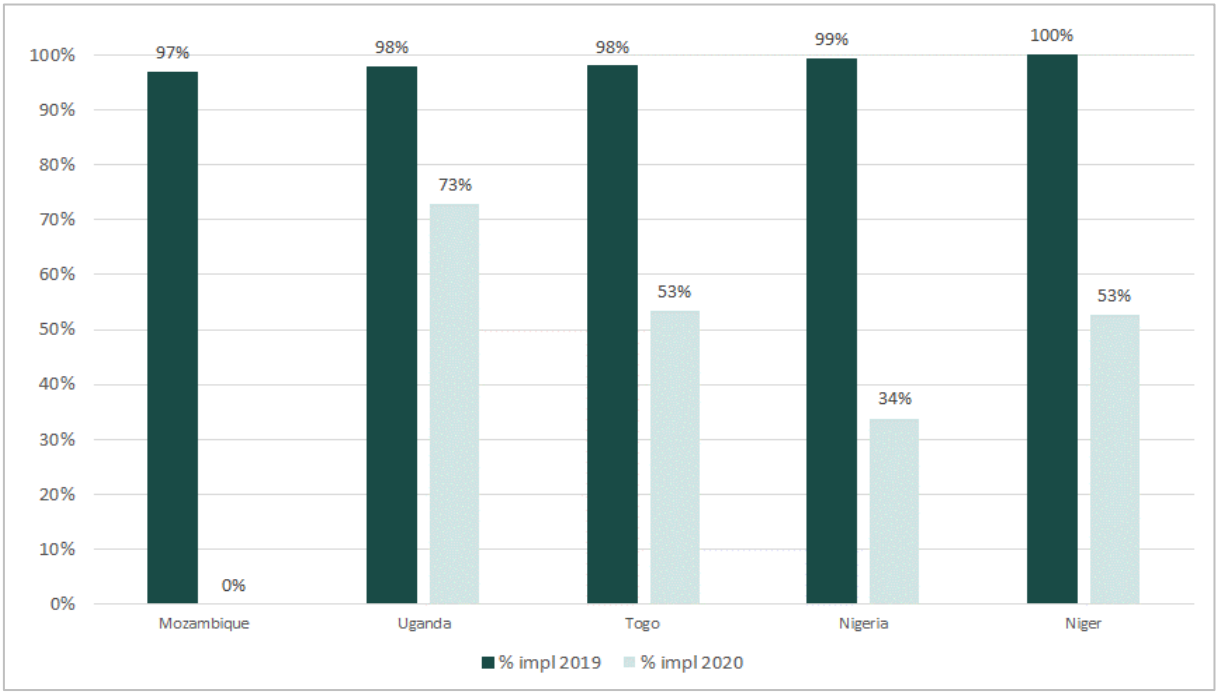
As highlighted above, it was also a challenging area for comparable organisations,[129] who tried different approaches to establish the right level of monitoring effort and encountered similar challenges as Gavi, in particular, around transaction costs. However, there is now the potential to learn from these experiences through more intensive collaboration on this key point.

It has not been possible to identify any reliable data at the portfolio-level that demonstrates how much of either the R&P or M&R&S reprogrammed funds were used (absorption) and what that use resulted in. (Strong). Whilst one R&P tracker that appeared to monitor absorption information was found, it was not possible to verify with the Secretariat staff how up-to-date or reliable these data were. Data in the tracker suggest that, by September 2020, approximately US$ 27 million[130] had been disbursed to countries (c.40% of total HSS reprogramming amount approved), and that at the end of September 2020, US$ 26 million had been drawn down from the UNICEF SD special arrangement[131] (65% of the total US$ 40 million available in the special arrangement). However, the accuracy of the US$ 26 million figure is queried in the tracker, and subsequent feedback and evidence shared by UNICEF and Gavi shows that by the end of September 2020, $ 29.7 million was drawn down from the UNICEF SD special arrangement.

At the country-level, as described in Annex 10.22, Vol. II, evidence from the case studies is sparse. In four countries it is possible to see that the R&P reprogramming funds' absorption was as follows: Uganda, 68% by November 2020; Mozambique, 3% by December 2020, 73% by December 2021 and 91% at March 2022; Togo, 18% by August 2020; and Pakistan, 36% by August 2020. In the remaining four countries (Kenya, Niger, Nigeria and Sudan) it is not possible to say with any confidence how much funding has been used or when it was used (see Box 5).

[XXIII] The evaluation team catalogued 27 different trackers and it is likely there are more trackers internally that we did not see (see Annex 10.4, Vol. II)

Figure 10. Case study countries: WHO **partners' engagement framework** (PEF) and TCA utilisation in 2019 and 2020.



4.2.3 TCA extension and/or reallocation (R&P) and additional TCA for CSOs (M&R&S)

Under R&P, 33 countries were granted an NCE and 35 were granted reallocation totalling approximately US$ 3.5 million. (Moderate). Most TCA reallocations were done with the WHO (17) and UNICEF (eight), with four countries only having reallocated TCA with expanded partners. A TCA agreement with the University of Oslo was also reallocated to cover the installation of the DHIS2 surveillance package for COVID-19 in 15 countries. The figures in Annex 10, Vol. II demonstrate the degree of slow-down in the implementation of TCA during 2020, compared to 2019, due to the bandwidth issues among the in-country partners, alongside the limited travel that it was possible for consultants to undertake.

With the data available, it has not been possible to ascertain whether TCA reallocation under R&P allowed for materially different activities *in practice* than would have been possible to allow for in the absence of the flexibilities.[132] (Moderate). However, an interviewee in the Secretariat noted that reallocation allowed partners to pivot the support they had in-country to address the immediate needs of the pandemic, in accordance with the technical guidance of the WHO. This guidance included protocols to be put in place to meet the safety requirements necessary for a reduction in the transmission of the virus, while aiming to continue the implementation of immunisation services, to avoid backsliding.

Of the approximately US$ 3.5 million reallocated TCA, just under half (47%) was reallocated in Anglophone Africa, followed by 40% in Francophone Africa, and 10% in the EMRO–EURO–PAHO (EEP) region. In terms of the allocation to programmatic areas, as demonstrated in Annex 10, Vol. II, US$ 1 million worth of activities that feature in the reallocated programme areas were tagged as *programme implementation/coverage and equity* and a further US$1 million was tagged to *programme management functions*. Due to data gaps in the tracker that was available to the evaluation team, it was not possible to ascertain whether this same mix of programme areas was

targeted before reallocation. Case study countries provided examples of TCA reallocations being beneficial during the COVID-19 response. These are explored in the next section.

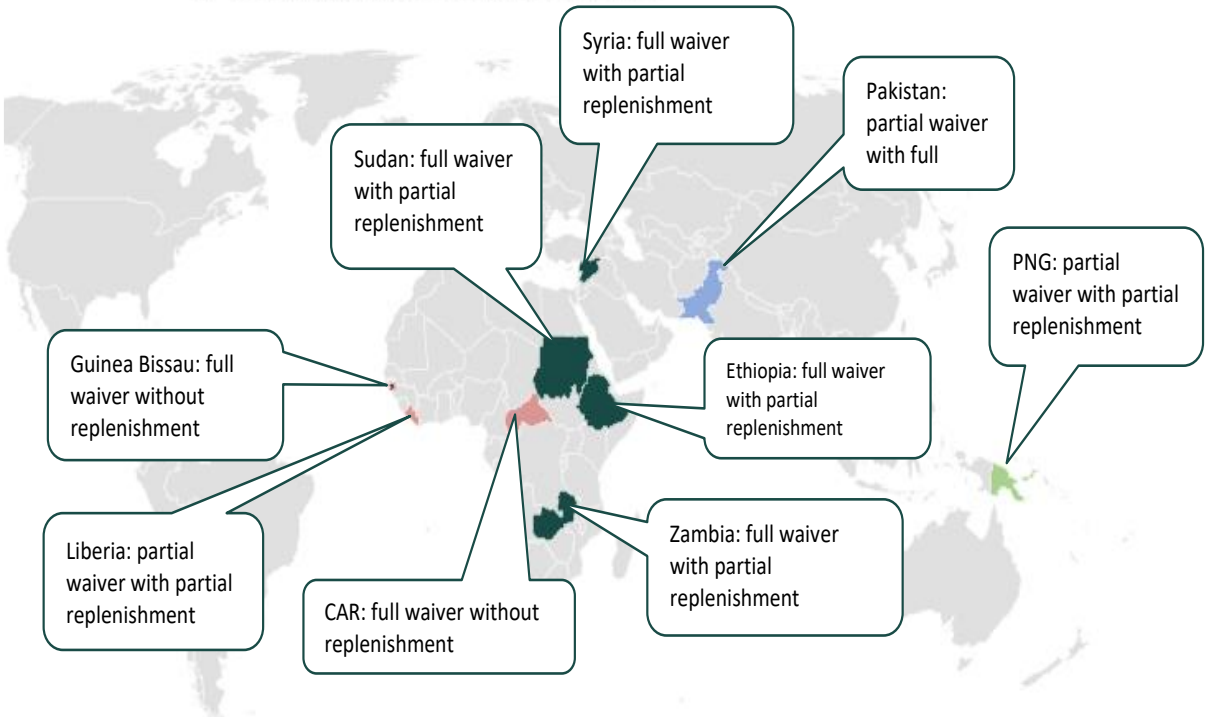
Under M&R&S, the evaluation team found no evidence of any additional TCA having been requested. (Moderate).

4.2.4 Access to fiscal support under R&P

The eligibility freeze was applied to all countries as standard,[133] and seven countries benefitted (moderate) (countries that would have progressed under normal circumstances), however, no further information could be obtained on this flexibility in time for this report.

With regard to the co-financing waiver, countries that received a waiver also happened to be facing a more challenging economic situation, although, this was only one of the factors considered. In 2020, 15 countries applied and nine of these applications were approved. In 2021, six countries applied and were all approved.[134] **(Moderate).** The co-financing for all vaccines was waived with replenishment in some countries (see Box 4 for examples), while others received a partial waiver (due to a re-estimation of the quantities required due to existing stocks, or to other donors procuring a portion). Gavi invested in advocacy and support to help countries identify alternative sources of funding, and evidence from interviews confirms that most[135] of the countries who were not granted the waiver managed to find other sources of funding and/or were determined to not need the full vaccine quantity due to their existing stock levels. Although co-financing waivers could also be requested by countries as per the *then* fragility, emergencies and refugees (FER) policy, the final co-financing waiver guidance that was reviewed[136] noted that, during the COVID-19 response, the Board had authority to approve the waivers "on a much larger scale than ever before".[137]

Figure 11. Co-financing waivers granted for 2020



The approval process for the co-financing waivers was slow and the criteria for approval lacked transparency, which produced challenges for UNICEF and for the countries. (Moderate). Secretariat guidance on the "exceptional co-financing approach under COVID-19" presented principles of the co-

financing waiver offer; provided implementation considerations and a decision-making flowchart; and clarified roles and responsibilities. However, key informants explained how the guidance left room for ambiguity as to the eligible amounts, the criteria (especially the consideration of stock levels), and the data needed for justification. Ultimately, this ambiguity resulted in delayed decision-making and these delays resulted in challenges for countries, as well as for UNICEF's ability to balance country timelines with supplier lead times.

Box 4. Co-financing waiver uptake in Pakistan and Sudan.

When Pakistan submitted their co-financing request, Gavi management was, reportedly, not particularly receptive, as Pakistan is one of the highest co-paying countries in the Gavi portfolio. Internal discussions ensued at Gavi, and it took at least six months to get everyone around the table to discuss what should be done and what should be the decision-making criteria for Pakistan. This was a problem because the process of raising funds from the provinces takes nine months. In the end, Pakistan could not wait and had to raise the finances, even though Pakistan's GDP decreased more significantly than any of the nine countries that eventually ended up benefitting from the co-financing waiver.

We understand that a co-financing waiver was also approved for Sudan, but we have not been able to obtain supporting evidence on this, despite repeated requests. We need clarity whether this was a co-financing waiver in response to the pandemic or in response to the generally dire socio-economic situation in the country, that followed the coup of late 2019.

4.2.5 Other operational flexibilities (R&P)

Additional operational flexibilities were made available, including allowing countries to use existing/out-of-date comprehensive multi-year-plans (cMYPs) as the basis for applications for R&P or M&R&S. (Moderate). We found two examples of this flexibility having been used – in Mozambique, where Gavi agreed to an EPI exemption from presenting audited reports as a condition for disbursement against the 2021 annual plan and the HSS2 year one plan, and in Uganda, where the country was able to use its current cMYP, noted by a core partner as having been helpful and having sped up the application process. This level of flexibility is unlikely to have been tracked, however, it is possible that many countries benefitted from this flexibility. Unfortunately, there is no way of knowing if it was offered and taken up – aside from asking individual SCMs, as we did through the survey.

4.2.6 Additional vaccines under M&R&S

Based on the available evidence, it is not completely clear whether additional vaccines were a formal part of the M&R&S flexibilities. (Moderate). It was included in the official M&R&S guidance, although, it was less prominent than the other flexibilities. This was corroborated by evidence from the interviews. Key informants close to the discussions at the time noted a lot of internal deliberation about whether to include this flexibility. However, we understood that the incentive for countries to access this was not sufficient to encourage uptake. In fact, countries that would have chosen to access additional vaccines and integrate them in existing campaigns would have been financially disadvantaged, compared to those applying for new vaccines as separate grants. This is because countries were not able to include additional operational costs for any integration activity – they could only include the actual costs of the vaccines.

4.2.7 Approval and disbursement performance under R&P

This sub-section includes information only relevant to R&P,[XXIV] as the evaluation team did not find sufficient information to analyse the M&R&S applications' approval and disbursements.

[XXIV] With the exception of the Togo M&R&S example.

Within Gavi, R&P enabled a quickening of the internal approval and disbursement processes, albeit varied in terms of timing, with 5 of 8 case studies approvals happening in less than two weeks. Approval decisions appear to have been substantially quicker than disbursements. (Strong).

4.2.7.1 Approvals

Gavi set targets for the internal approvals. It set five days to approve reprogramming memos and five days to approve disbursement. This appears to have focused the staffs' minds, with one SCM noting that they had met the approval target[138] and another SCM noting that the target was in place. In five of the eight case study countries, the approval of requests was completed relatively rapidly (within two weeks). The internal process for the approval of a country request passing from the SCM up to the CP Director for sign-off is made clear in the Approval Request (AR) memos and internal guidance. The generally rapid turn-around of approvals in the case study countries suggests that these approval and decision-making processes worked well, which is consistent with the WB and TGF experience;[139] however, some potential learning regarding joint approval processes is highlighted in Box 12, which allow approvals within 10 days. However, as highlighted in Section 4.1, even in the absence of the R&P and M&R&S flexibilities, HSS reprogramming can be quick if the grant is well-designed and already includes plans for catch-up and ZD capture. This suggests that some countries had more potential to benefit from the availability of R&P and M&R&S flexibilities than others.

4.2.7.2 Disbursement

R&P disbursement timeframes are more difficult to ascertain and appear to vary depending on whether funds were already in-country; time from approval of the reprogramming request to disbursement, ranged from 1.5 to five months.[xxv] **(Limited).** It is also unclear how these disbursement timeframes differ to so-called regular disbursement practice.[140] Understanding disbursement timelines relies on having access to information from the MoH's and partners' financial records. The time from approval of the reprogramming request to disbursement, ranged from 1.5 (Sudan) to five months (Pakistan). Uganda, Kenya and Sudan (using funds available in-country), and Mozambique (performance-based funding (PBF) funds that had to be transferred) had the fastest disbursement times: between 1.5 and three months. In Niger, there was a severe delay in accessing funds (due to challenges in-country rather than Gavi Secretariat processes), which, as interviewees noted, hindered the country's ability to use the R&P funds. Despite asking several different KIs, it was not possible to ascertain when the funds became available for use. In Pakistan, the PBF fund disbursement to UNICEF and WHO happened in December 2020. However, during this time, the procurement of PPE was possible as supplies are reported to have arrived in August and November 2020. It is unclear how this was possible, as the former and current SCMs have different views on the source of the funds used for PPE, therefore, this question remains unsolved. There is evidence that downstream challenges, such as disbursement and absorption, were also faced by comparable organisations,[141] which may have been overlooked in the design of agencies' COVID-19 responses, as providing timely guidance was given priority.

[xxv] Noting that 'disbursement' here refers to availability for use in country. See Annex 11.20 for discussion on disbursement definition. In case study countries Uganda, Kenya and Sudan (all using funds available in country) and Mozambique (PBF funds that had to be transferred) have the fastest disbursement times between 1.5-3 months. Countries' downstream processes meant that even if funds were available in country, in some instances they needed transferring to a different account before use (e.g. Niger).

Box 5. Niger – low absorption of R&P reprogrammed funds due to challenges in drawing from the pooled fund for health

Key informants in Niger noted their appreciation of Gavi's rapid offer to reprogramme HSS and/or unspent earlier grant funds. The MoH convened Gavi and Alliance partners to discuss and agree how these funds could be reprogrammed. Niger decided to reprogramme unspent earlier grant funds rather than access HSS grant funds for fear of not having sufficient funds to cover immunisation and HSS activities, as programmed in the existing HSS3 grant.

Niger submitted a request to reprogramme and received rapid approval from Gavi. However, the use of these funds was reported to have been significantly hampered by the time it took for the funds to be made accessible from the pooled fund for health. One focus group suggested that approximately 30% of the funds approved (US$ 180 000) were used in practice. It was not possible to verify this figure. The communication challenges experienced among partners of the pooled fund for health was noted to have been the major factor contributing to the delay. This was compounded by bandwidth challenges for the staff working in the pooled fund for health – given the significant increase in the number of partners arriving to contribute to the COVID-19 response.

The Gavi Secretariat's working assumption was that establishing a special arrangement with UNICEF for supply of PPE and IPC would lead to efficiencies in procurement in terms of price, timeliness etc and help manage risk associated with alternative contracting options. Observations based on emerging evidence suggest that the Secretariat assumptions were not completely upheld. (Moderate/Strong). The evaluation team looked at COVID supplies arrival in-country through the UNICEF Supply Division (SD) special arrangement as a proxy measure for Gavi's ability to respond to country needs in a timely way.

In some countries, PPE and laboratory supplies procured by UNICEF SD were problematic in terms of prices and/or timeliness of their arrival, compared to other supply sources in those countries. In brief, in Pakistan, there were significant changes in prices between the UNICEF SD catalogue prices used for the May cost estimate and those used for the final cost estimate in June, with the unit price of a face mask increasing from US$ 0.11 to US$ 0.50, and the price of latex gloves increasing from US$ 0.06 to US$ 0.40[142] The first batch of Cost Estimates reflected the prices of PPE stocks in UNICEF warehouse. At the initial stages of the response to the pandemic, UNICEF supply division stocks of PPEs were depleted rapidly, and country offices were advised to source products locally due to the large gap in access to PPE. For Pakistan, there were changes in prices between May and June, due to increase in the unit prices and shortage of supplies in that period. In Nigeria, prices quoted for liquid gels/disinfectants were also reported to be too high and the government preferred local procurement.

Regarding the timeliness of supply, case studies revealed problems in Nigeria, Pakistan and Sudan. In Nigeria, the rationale given for reallocating EPI resource to procuring COVID supplies was the assumption of achieving increased speed through Gavi/UNICEF SD,[143] however, the PPE did not arrive until November. A Nigerian government official reported that, "Most of the PPEs procured with GAVI funds through UNICEF SD arrived extremely late in the country towards the end of the 2nd wave of COVID-19, to the extent that some of the commodities like the lab reagents were already expiring with short-dated shelf lives, so we had to ramp up the utilization rate of the commodities to prevent expiration of the supplies and to quickly distribute the supplies to various labs across the country and made some donations to the private laboratories to step up the utilization rates." Other Gavi countries cancelled their original intent to buy through UNICEF SD. Niger, for example, decided to buy PPE locally, despite originally intending to procure it through UNICEF SD, according to the reprogramming approval memo. Benin, Chad and Tanzania also cancelled their orders through the SA with UNICEF SD. UNICEF SD did provide PPEs to Benin and Tanzania under different funding sources. While noting that UNICEF SD supplied a much larger amount of PPE and COVID supplies during the

pandemic than is documented through our case studies,[XXVI] and that data from our case studies cannot be assumed to be generalizable to broader UNICEF SD performance, case study findings do suggest that for some countries and some products, the utility of reprogramming EPI funds towards global COVID supply procurement may be questioned. We also note that this area was similarly challenging for the WB and TGF, as they also experienced delays in the delivery of PPE (comparative experience with procurement is documented in Annex 14, Vol. II).

It is important to note that the picture on the uptake of the flexibilities, presented above, may not be complete. In spite of significant efforts made by the evaluation team to identify and analyse relevant data sources on the uptake of flexibilities, including attempts to understand the issues concerning uptake in the case study countries, these data are not stored centrally and accessing them depends on knowing where they are and who holds them, which is not centrally mapped. Box 3 summarizes some key issues that we have encountered.

4.2.8 Factors that enabled the uptake of Respond and Protect

Notwithstanding a degree of uncertainty around the actual uptake, we have identified a number of factors that enabled countries' uptake of the R&P flexibilities. These include the following: responsiveness to countries' needs, fast access to flexible funds and reduced transaction costs for countries. (Strong). Below, we summarize the available evidence for each of these categories, in turn.

4.2.8.1 Responsive to countries' needs – Respond and Protect

As highlighted in Section 4.1, the R&P and M&R&S flexibilities were well-aligned with WHO guidance and country plans and were in line with Gavi's principle of supporting country ownership. In at least two countries – Nigeria and Pakistan – R&P funds were used to support areas that are not funded by other partners. (Strong). In the aforementioned countries there is evidence that Gavi's R&P funding was used for areas that were not normally funded by other key partners (e.g., the WB and USAID), such as operational support for periodic intensified routine immunisations (PIRIs).[144] Therefore, although Gavi's funding was small (compared to the WB and TGF funds, for example) in aggregate, it was large and influential when it came to the operational activities requiring support to recover RI. Countries[145] also appreciated Gavi's support in other areas, including resource mobilization and technical backstopping.

4.2.8.2 Fast access to flexible funds – Respond and Protect

Gavi responded quickly to the emerging pandemic, with R&P guidance issued to countries in early March 2020 (**Strong).** In addition, Gavi R&P funds were reprogrammed and available in-country (in most cases) in a matter of months, and more quickly where there were no material changes to existing programme aims. The *COVID-19 core group* was set up to manage R&P and was in place by mid-March, drawing on existing staff resources.[146] The team was led by HSIS in the Country Programmes Department, with inputs from other teams including the following: Programme Finance (PF), Country Support (CS), Country Monitoring & Measurement (CMM), PEF, Communications, and Knowledge Management and Technology Services (KMTS). Although this was an intense period, [147] the COVID-19 Response Group team was clear on its mandate and worked well during this time-limited period. Recognition of the interdependencies between the teams was clear from the start and was addressed through the team composition. Day-to-day decision-making within the COVID-19 response core group

[XXVI] UNICEF reports that in 2020, UNICEF procured $470 million worth of personal protective equipment, whereas the Gavi/UNICEF special arrangement is a small amount (US $*40 million*) front-loaded with HSS funding for use in Gavi countries.

did not emerge as a bottleneck, or as a specific challenge. R&P guidance was consequently drafted within weeks. R&P country-facing guidance[148] was developed rapidly. A letter to the countries' MoH (which appears to be dated 4 March)[149] offered the countries the possibility ted of reprogramming up to 10% of the existing HSS grants. The evaluation team found that the letter was shared with Togo on 4 March, and with Nigeria on 3 April, suggesting that internal communication was extremely rapid (same day) in some countries, and that in others it took longer. It was not possible to identify the date it was shared with other case study countries, nor was it possible to identify how it was shared. However, the fact that applications had been received by 26 countries by the end of April illustrates how quickly Gavi was able to respond to countries.

Within Gavi, R&P and M&R&S enabled a quickening of internal processes (guidance and templates) but the way countries experienced this under R&P differed. (Strong). As highlighted in section 4.2.1, R&P and M&R&S flexibilities enabled faster decision-making, which was appreciated by countries.

> *"The speed with which the money was made available to access the money was very important compared the other partners.*" (Mozambique).

4.2.8.3 Reduced transaction costs – Respond and Protect and Maintain, Restore and Strengthen

Additional factors that may have helped influence countries' decisions about the uptake of flexibilities, include the light-touch nature of the guidance and templates, compared to the regular reprogramming guidance. (Moderate). R&P application templates and approval processes were intentionally streamlined. Multiple Secretariat staff appreciated this, and Mozambique, Niger, Uganda noted that R&P reprogramming was easier than usual. In the case of Pakistan, which already had strong programming in place to reach ZD and missed communities, the EPI team found the reprogramming process easy to use and their PBF easy and straightforward. This may be related to the fact that it did not need to update any of its grant objectives, as other countries may have needed to do if their programming was not as strong in their existing HSS grants.

Internal R&P and M&R&S guidance[150] to support the process was provided quickly and represented a pragmatic response. (Strong). Internal guidance included two Q&A documents[151] that were used during the implementation of R&P and M&R&S, respectively. These were used to respond to internal and country team questions as they arose. The Q&A documents appear to have been useful living tools. In addition, a regular update for internal staff was developed to share news on Gavi's R&P internal processes and to encourage CTs to use the trackers that were in place. Updates and links to partners' resources, e.g., the WHO, UNICEF, the WB and TGF, were also shared.[152] The evaluation team found the R&P reprogramming and TCA reallocation guidance brief (2–3 pages) and straightforward.[XXVII] Similarly, the Q&A documents appear a pragmatic approach to dealing with a rapidly changing environment and the need for responsiveness to country teams dealing with countries' questions. The fact that the country teams needed to ask questions about the implementation of the intention within both R&P and M&R&S guidance could be construed as evidence of a lack of clarity. However, as this was the first time Gavi has been required to provide an emergency response in this way it is not surprising that all potential questions were not able to be anticipated in advance. In the context of the necessity of speed, the approach that Gavi took to rapidly open up so-called imperfect reprogramming and reallocation processes and guidance, and to recognize the questions that may arise is understandable and seems entirely appropriate to the needs they were attempting to respond to.

[XXVII] We define straightforward here as not being overly lengthy, using accessible language content and structure, and not including multiple links to other guidance documents.

However, the time and the mental strain required by the country teams to familiarize themselves with Gavi's processes and guidance so quickly – including the R&P and M&R&S flexibilities – should not be underestimated. One SCM who joined during the COVID-19 response period commented on how challenging it was to try and understand Gavi's processes and guidance as a new member of staff, who had received no formal onboarding other than being shown a large amount of online documentation**.**[153]

To demonstrate some of the benefits of accessing R&P funding, we provide an overview of reprogramming experiences in Mozambique.

4.2.9 Uptake of Respond and Protect and Maintain, Restore and Strengthen: potential constraints

We have identified several factors that constrained countries' uptake of R&P and M&R&S. These include the following: discretionary offer of flexibilities by Gavi to countries; less need for flexibilities than expected (as COVID-19 had less impact on RI than feared, at least initially, and there was less need for Gavi resources due to inputs from other donors); limited benefit for countries in applying for M&R&S; timing and competing priorities, and unclear guidance. **(Moderate).** Below, we summarize the available evidence for each of these categories, in turn**.**

4.2.9.1 Discretionary: limited uptake is not necessarily a concern

The intentionally discretionary and differentiated approach to offering R&P and M&R&S flexibilities may have influenced uptake, but this is hard to ascertain based on the evidence that we have. (Moderate). It is not possible to say with any degree of confidence which R&P and M&R&S flexibilities were offered to which countries. This is due to the SCM's discretionary and differentiated approach to offering these flexibilities, and to the lack of an operational tracker to document both offering and uptake. It is clear from our case study sample, that M&R&S guidance was not always shared with countries (e.g., in Mozambique).[XXVIII] However, in some countries the M&R&S guidance was, in fact, shared twice: in Niger guidance was shared in October/November 2020 and then again in March 2022, which country partners reported as confusing.

Under R&P, in principle, the offer to reprogramme 10% of existing HSS allocations was open to all countries. In practice, SCMs played a key role working with EPI programmes and in-country partners to broker/influence/discuss the amount and strategic focus of any reprogramming. (Strong). The amounts reprogrammed were not pre-determined but came about through Gavi's engagement with countries and in alignment with guidance based on criteria such as the following: the robustness of proposed activities and the accompanying budget; conformity with WHO guidance and National Preparedness and Response Plans; the availability of other funds; and the opportunity cost to the EPI programme (see Box 6). Documentation of this was provided in the approval memo. The distribution of that funding to different pillars was influenced by the country teams working with the partners and governments. See Annex 11, Vol. II for more details.

[XXVIII] This decision not to share the M&R&S guidance was apparently due to the fact that the additional routine reprogramming of HSS funding was already due to take place in March 2021, which was needed as funds would not be utilized prior to grant completion.

Box 6. Negotiating the 10% HSS flexibility in Pakistan

In the National Immunisation Support Project Steering Committee discussions, KIIs reported that Gavi, the partners and the EPI programmes were not very forthcoming about reprogramming 10% of the trust fund envelope towards the COVID-19 response by cutting fund from the states' HSS allocations. It would have been very complex to renegotiate with states that were already working on HSS and it would have taken too much time. Pakistan's EPI, Gavi's SCM and the technical partners also did not want to put money into PPE because the funds would have been lost to the EPI programme and taken under the control of the National Disaster Management Authority (NDMA). EPI partners wanted to make sure that the PPE went to restoring RI – to make sure that vaccinators would be protected and to give people confidence to come for RI. According to key informants, the EPI programme, Gavi's SCM and the technical partners worked as a team to protect the EPI programmes from larger budget cuts and from their diversion towards a general COVID-19 response and PPE procurement.

However, it is important to note that the apparently limited uptake of the R&P and M&R&S flexibilities is not necessarily a concern. (Moderate). R&P and M&R&S flexibilities were designed to be used if needed by countries. SCMs played a key role in helping countries decide whether they needed to use these flexibilities or whether there were more appropriate alternatives. One key informant argued that the principal indicator of success and need was the impact on RI coverage, which, as explained below, was, initially, not believed to be as adversely affected as it was feared that it might be (see Section 4.3.2 for the more recent data). It is difficult to take a broad view on whether the discretionary offer by the SCMs was done appropriately, although it does introduce the risk of inconsistent application.[154] In our case study countries, we have not observed any examples in which countries needed but were not offered or did not take up R&P and M&R&S flexibilities. However, one key informant in Niger noted that it would have been more beneficial to them had funding been more flexible/fungible.

4.2.9.2 Respond and Protect, and Maintain, Restore and Strengthen flexibilities not needed as expected

Impact on RI coverage did not materialize as feared

The need to focus on preventing backsliding of immunisation services was not clear cut with data available. (Moderate). During R&P in the early stages of the pandemic – during lockdowns and other public health measures – there was clear evidence of the impact of COVID-19 on RI coverage. Countries responded by requesting R&P funding, mostly for PPE and IPC materials to allow health services (including RI) to continue to function.

However, when M&R&S was launched, the impact on RI was less clear. The need to mitigate the risk of continued or deepening impact on RI was a clear motivation behind Gavi's introduction of the M&R&S flexibilities. However, many of the Gavi-eligible countries have dealt with interruptions to their immunisation services and have rebounded in the past. The need to reallocate HSS funding to mitigate the risks of COVID-19, therefore, may not have been felt by countries as strongly as was expected. As discussed in Section 4.3, the 2022 WUENIC data (supported by surveillance data) suggest that the impact on RI, overall, might be more serious and prolonged than originally anticipated. This suggests that there may be an ongoing need for reprogramming (and the concept behind M&R&S) during 2022 and beyond.

Needs were reduced as funds were available from other sources

Global financing data on the COVID-19 response shows Gavi as a relatively small contributor, particularly compared to the WB or TGF. (Strong). Annex 14, Vol. II highlights the scale of Gavi's funding compared to that of the WB and TGF. At face value, this appears important and may have prevented some countries from applying for R&P funding. In practice, however, the funds from other donors were not always available in a timely manner. In Pakistan, for example, the WB's

commitment of US$ 200 million also experienced delays and, eventually, a year later, the commitment was redirected to COVID-19 vaccine purchases (Box 7).

Box 7. World Bank disbursements in Nigeria

In the design of Gavi's COVID-19 flexibilities, a key assumption behind the need for Gavi resources was that other donors' funds would take longer to materialize and that there were immediate gaps that Gavi could fill. The R&P application memo for Nigeria stated that support was urgently needed, and that it would be necessary to ensure that the goods would be delivered as soon as possible: "NCDC has a major challenge with concrete contributions in that there are commitments made by some donors, but the actual support is delayed. We need to work with UNICEF SD to ensure timely procurement and delivery of PPE, lab reagents and test kits."

In Nigeria, the KIs confirmed that there was a problem with the timely release of funds from various partners. As one KI explained: "There were initial delays with release and reallocation of funding, even funds from the World Bank were delayed, there was some reallocation from the regional emergency response operation that was going on. Even to date the World bank is still experiencing some delays with allocation funding... the World Bank's financial resources for COVID-19 response came in a little bit later – the World Bank HQ set up a multi-programmatic approach purse to make funds available for vaccine acquisitions and deployment across the country. Even the Government resources took some time to become available – the funds became available by the 3rd quarter."

Needs were reduced, thanks to Gavi's coordination and advocacy support.

Within both R&P and M&R&S, Gavi worked hard to position itself as a donor of last resort, able to fill gaps that others could not. SCMs and Gavi's senior management focused on advocacy and coordination to encourage countries to leverage other resources, where possible, before resorting to those offered by Gavi. (Moderate). SCMs offered R&P and M&R&S flexibilities on a discretionary basis, using criteria, such as an assessment of risk/potential impact of reallocating HSS on core Gavi-supported activities and RI programmes. SCMs could, for example, encourage the use of other Gavi funds instead of reallocating HSS funds away from planned HSS/RI-focused activities. For example, under R&P, Mozambique, Niger, Nigeria and Pakistan approved funds that were not *really* drawn from the 10% HSS grant ceilings, but that came from PBFs (additional to HSS grant ceilings, if performance targets were met), reallocated Cold Chain Equipment Optimisation Platform (CCEOP) funds and unspent funds from prior vaccine grants (Box 8).

The application process required countries and Gavi to rapidly engage with Alliance partners[155] and to confirm that they were not planning to fund the same activities. This coordination appears to have enabled countries to leverage support from other donors, for example, as seen in collaboration with the WB, the International Monetary Fund (IMF) and the Sustainable Financing Health Accelerator (SFHA) to support decision-making on co-financing waivers. Under R&P, collaboration with the WB was hard-wired into the decision-making and approval processes for the co-financing waivers.[156] Internal reports note that Gavi had leveraged the SFHA to bring the concerns of co-financing to a broad group of partners, prompting a discussion in-country at the COVID-19 coordination group meetings, contributing to Lao PDR fully meeting their co-financing commitments through a combination of WB, UNICEF and domestic financing.[157,158] There are, on the other hand, examples of other key stakeholders emerging as substantial sources of funding (such as the private sector and the Chinese Government, in Nigeria and Pakistan)[159] and Gavi's coordination with these partners was limited, at best. For more on coordination, see Box 8 and Annex 12, Vol. II.

4.2.9.3 Limited benefit for countries in applying for Maintain, Restore and Strengthen (and, to a lesser extent, for Respond and Protect)

There is some indication that countries are likely to have considered there to be insufficient return in investing their limited resources (time, energy, etc) in applying for Gavi's flexibilities, especially the M&R&S. (Moderate). This was on the basis that there were unclear resource implications (due to a lack of conceptual clarity), no additional funding available, limited difference in what the flexibilities offered compared to normal Gavi operations, and a reduced bandwidth (for the EPI team and Gavi country teams) at the time M&R&S was launched. Throughout the pandemic, countries appear to have made rational decisions and to have taken the easiest funding option available, as they were so overstretched. This was a reflection made through the whole pandemic and was not limited to Gavi's COVID-19 response.

Conceptual clarity

The M&R&S team members interviewed suggested frustration at the lack of internal clarity on what would eventually be included in the scope of the funding. (Strong). Disappointment was voiced by some KIs[160] that no additional money was approved by the Board, and that countries coming to the end of HSS grants did not have an assurance that the HSS funds they reprogrammed would eventually be covered. One informant who was pivotal in M&R&S suggested that M&R&S had been a "complete waste of time". Another informant (from the Gavi Secretariat) noted how politically important it was for Gavi to be perceived to be "doing something" visible to protect immunisation services. The following questions from country teams in the M&R&S Q&A document provide an insight into the frustrations and the lack of clarity on the scope of M&R&S among Secretariat staff at the time:

> *"Why are we planning for M&R&S objectives if additional funding is still unclear? Why did the Board not approve in the fall, or interim decision? Is M&R&S not considered urgent by the Board?"*

At the same time, other comparable organisations made additional resources available, either through new commitments by donors or through activating existing emergency or contingency mechanisms (see Annex 14).[XXIX]

Under M&R&S, there appears to have been a lack of clarity in the conceptualisation and definition of what constitutes M&R&S, not only in countries but also within the Gavi Secretariat. (Strong). The aims of M&R&S overlap with the ZD strategy. There is evidence (e.g., in Pakistan and Mozambique) where countries have reprogrammed towards M&R&S-aligned activities without a formal HSS reprogramming request. There are different views, even amongst Gavi staff, about what constitutes M&R&S. In the case of Pakistan, Gavi offered the possibility of accessing PBF, which had not yet been disbursed to the country. As such, it appeared to the EPI team that these were new funds, with little opportunity cost to the ongoing EPI programming. Mozambique used regular reprogramming of so-called bridge funds and PBF to intensify their activities to focus on reaching vulnerable and missed communities. This highlights the possibility that there are more countries supporting the M&R&S aims, but that they are not easily identifiable. This identification was not made easier by the change in SCMs' portfolios, as a result of the organisational review.

Limited size of funds available and lack of additionality

The size and the fact that no additional money was on offer under R&P and M&R&S appears to have influenced countries' uptake. (Moderate). With the exception of additional PEF and TCA for CSOs under M&R&S, countries were offered the flexibility to reprogramme existing grants, instead of

[XXIX] Similar findings emerged from light-touch review of documentation from other organisations, such as UNICEF and UNDP.

receiving additional resources from Gavi. This is distinct from the design choices made by the WB and TGF. Both these organisations made additional funding available *in addition* to making use of reprogramming.[161] Ugandan informants commented on how much they appreciated COVAX Delivery Support (CDS) in this context, comparing CDS to R&P/M&R&S[xxx] and noting the additional money from CDS as a positive incentive.

Under R&P, some countries appear to have been reluctant to reprogramme existing HSS funds because they wanted to protect resources for planned HSS or RI activities in due course. (Moderate). The low level of uptake of the R&P 10% HSS ceiling funds available in Niger is explained in an approval request (AR) that shows the country's reluctance to use funds destined for HSS and RI. It was not possible to triangulate this with the SCMs who were in the post at the time. This was highlighted as a concern by another Gavi Secretariat staff member. Similarly, in Pakistan, the EPI programme, partners and the SCM acknowledged that they "were not very forthcoming" with the offer to reprogramme large amounts of existing HSS funds under R&P towards the general COVID-19 response, wanting to preserve funds for RI-specific aims.[162] Countries' concerns were completely rational: one of the general lessons from COVID-19 evaluations has been that countries, rightly, were very concerned that the UN, international financial institutions (IFIs) and donors would be diverted from supporting ongoing development programming to react to COVID-19.

Limited difference, compared to normal business

The ability to reprogramme in alignment with Gavi 5.0 goals, without making a formal M&R&S request, may also partially explain why there has been limited uptake of M&R&S flexibilities. (Limited). Under normal operations, it is relatively easy for countries to reprogramme HSS grants in discussion with the SCM. Normally, only reprogramming requests that involve a so-called material change require an IRC review, and they are tracked internally. As highlighted above, it may be that countries did not feel the need to apply for R&P and M&R&S flexibilities if they already had the ability to reprogramme. This also appears to be the case for PEF TCA, which can also be reallocated regularly. PEF TCA was not at the forefront of the minds of key informants when they were asked about access to R&P and M&R&S flexibilities. Informants spoke more readily/ fluently about reprogramming of grants. In Pakistan, for example, none of those interviewed knew anything about an apparent JSI reallocation, which is included in the PEF TCA tracker. The evaluation team are unclear why. The lack of views forthcoming in interviews on TCA may be related to the smaller amount of funding the reallocations represent. Or it could be that, as countries are so used to regular TCA reallocation, they did not associate this flexibility with the COVID-19 response, specifically.

The fact that reprogrammed funds were not fully flexible (fungible), in line with regular Gavi processes, may also have limited uptake. One country KI close to the R&P reprogramming process in Niger, suggested that had the funds been more fungible, given the emergency context (i.e., flexible to be used on whatever had been deemed necessary by the country), this would have been more helpful.

4.2.9.4 Timing and competing priorities

Timing

The launch of the M&R&S guidance was delayed, which is likely to have negatively influenced the uptake of M&R&S flexibilities. (Moderate). The aim had been to make guidance available for countries' use during MSD processes (ahead of August 2020, when the MSDs began) to guide/

[xxx] Evidence of concern further in MRS talking points doc. as one of the Q&As is: "Q5 what about those countries where HSS ceilings are significantly cut under 5.0 and thus borrowing from next grant is not feasible? Should we deprioritize MRS activities in these countries? If not, how to finance MRS if no HSS balance available and reprioritisation of other HSS activities would negatively impact RI?"

influence their programming decisions. M&R&S guidance took longer to develop than anticipated for a number of reasons, including: (a) the need to align with WHO guidance on catching up missed children (see Box 8 for more on coordination)[163] and (b) internal disagreement on the design content of the M&R&S flexibilities, which was frustrating for Secretariat staff, according to the Secretariat KIs. MSDs that were carried out before the M&R&S guidance became available had limited ability to account for M&R&S, whereas later MSDs already incorporated ZD work.

Delayed publication of M&R&S guidance also meant that there was a short window of opportunity made available to countries to access additional TCA for CSOs. The M&R&S guidance, which was launched in October 2020, called for applications to be in by the end of November 2020.[164] It does not seem realistic to expect the country teams (within Gavi) or the EPI teams dealing with multiple competing demands (as discussed below) to respond within this timeframe. As noted earlier, the timing of the launch of M&R&S was also not ideal, as staff were fatigued by this point in time.

Box 8. Overview of issues identified around coordination.

The importance of coordination is a cross-cutting theme with relevance to all four WSs. Below, we summarize some of the key issues that have emerged.

Working within the Alliance model

- Gavi's model is built on the comparative strengths of the Alliance core and expanded partners to deliver effective partnerships and is focused on delivering RI in the context of HSS efforts. Existing partnerships have been built to support this, although it is recognized that these could be strengthened (e.g., with CSOs).
- The R&P and M&R&S initiatives were designed with this division of labour in mind – with Gavi providing the funding, WHO providing the Technical Assistance (TA) and country coordination, and with UNICEF focusing on procurement and delivery and GESI (Section 4.1.3).
- In broad terms, this has worked as expected. Gavi has leveraged Alliance funding (4.1.3), drawn on WHO guidance (4.1.3) and on UNICEF procurement and delivery expertise and experience (4.1.3), and has benefitted from WHO support to coordinate at a country- and regional-level (4.1.3).
- However, there have been some limitations: M&R&S guidance was delayed (4.2.2.2), drawing out tensions regarding WHO/Gavi Secretariat role in the production of technical guidance (4.2.9.4); the implementation of special arrangements for procurement experienced some challenges (Annex 10.25, Vol II); challenges with reliable, timely data (Section 4.3.4), albeit broadly-held and not specific to the Alliance; and questions that the evaluation has not been able to explore about the extent to which the Alliance is leveraging UNICEF efforts on real-time assessment.
- Shifting roles under COVID-19 response (e.g., ACT-Accelerator, Health Systems (HS) accelerator and the COVAX facility) have disrupted existing roles and responsibilities and need to be kept under review as GHS architecture is firmed up going forward.

Coordination more broadly

- Responding in emergency contexts is recognized as being of increasing importance. The nature and type of partnerships in emergency contexts is different to more routine work. Gavi has the mandate to develop these partnerships but there is scope to go further.
- Emergency contexts also require strong, effective coordination mechanisms. Emergency contexts also require strong, effective coordination mechanisms that are focused on the emergency response. Among other things, these mechanisms are necessary to manage the risks associated with new entrants. These mechanisms are also required at all levels (global, regional, national and subnational) and within Gavi, as much as with external partners. Gavi has worked hard to participate in coordination at all levels, often leveraging the efforts of WHO, which has a key role to play in coordination at country- and regional-levels (see Annex 12, Vol. II). Gavi also reduced the transaction costs of Gavi processes, although there is scope to reduce these further. Internally, Secretariat staff felt there was scope to be more critical of setting up and/or participating in new internal structures.
- There is evidence of both strengths and challenges in these coordination efforts. The strengths include avoiding duplication, ensuring technical/operational coherence and leveraging non-Gavi resources.

However, the challenges relate to the resource-intensive process of coordination, which was linked to delays in the COVID-19 response (see Section 4.1).

Competing demands and insufficient bandwidth (or operating capacity)

When M&R&S was launched, countries and Gavi Secretariat staff were grappling with competing demands on their available bandwidth, in a context of global uncertainty and change, which seems to have limited the feasibility of the uptake of M&R&S. (Moderate). In October 2020, when M&R&S was launched, the MoH and EPI staff were overloaded with the need to adapt RI activities to cope with the challenges posed by COVID-19 and the need to respond to prepare for the roll-out of COVID-19 vaccines, concurrently. The staff in the EPI teams who were preparing for and rolling out the COVID-19 vaccines were also the ones trying to keep the RI system functioning. At this time, countries were often required to deal with multiple - including new - donors in order to receive support on offer. This additional administrative and coordination burden came at a time when countries' bandwidth was already reduced due to the pandemic situation; and it is an open question on whether this was felt more acutely in less developed LICs and those in crisis, which might have been most in need for these flexibilities but were also less equipped (in terms of human capacities) to understand how to be able to benefit from them. In this context, countries appear to have made rational choices about what to prioritize.[165] With the offer of considerable additional funding through COVAX, it appears that RI was deprioritized by default in at least three case study countries.[166]

At the same time, as shown in Annex 10.26, Vol. II, the Gavi Secretariat was experiencing similar bandwidth challenges relating to: (1) COVAX funding and guidance was available in November 2020 and SCMs were busy supporting countries to access these new and additional funds; (2) the SCMs were attempting to roll-out the full portfolio planning (FPP) for Gavi 5.0 during 2020; (3) the SCMs were being rotated to different countries, with implications for relationship continuity with country ministries of health and partners; (4) the bandwidth of the SCMs to master yet another new flexibility and the associated guidelines was a specific challenge highlighted through the Secretariat interviews; and (5) in this context, multiple Secretariat respondents also highlighted that staff were unclear about what to deprioritize at the time, i.e., COVID-19 versus RI, although this also appears to have been a challenge within comparable organisations.[167]

Under R&P there was no significant commensurate initial response from Gavi to alleviate the bandwidth pressures or to increase capacity within the system, either at a Secretariat-level or in support of expanding EPI teams' capacity. (Strong). Resourcing for surge capacity was clearly a challenge and, in hindsight, at least one key informant reflected that they wished they had asked the Board to approve more resources early in the R&P roll-out. An internal email from late March 2020 suggests that the level of capacity required to administer and manage R&P was estimated at approximately five or six full-time equivalent staff members (FTEs) over the subsequent two-three months.[168] A later spreadsheet, dated 16 July 2020, which quantified estimations of the actual time spent on COVID-19 since March, shows that, in practice, the level of effort spent, based on working a 40-hour week, was close to 14 FTEs.[169] No additional resource was recruited to support R&P initially. Instead, a rotation approach was employed – asking team members if they would like to rotate every 1–1.5 months – which was perceived by one Gavi Secretariat KI to have been seen as a helpful way to operate. Two consultants were recruited later in April, although the challenges of assimilating new staff were noted by two Gavi Secretariat staff members. This experience appears comparable to TGF and WB, at least initially, although both organisations appear to have subsequently diverted more resources and more formal structures to the COVID-19 response.[170]

4.2.9.5 Unclear and not always timely country-facing guidance

In terms of external country-facing guidance for R&P, the evaluation team found mixed views on the extent to which guidance was clear. (Moderate). In the context of R&P reprogramming, one KI

noted that: "We can't say it was clear, it was a total mess. Gavi was clear, in one letter, Gavi saying that Gavi makes 10% of the HSS available to each country. At the time we didn't know if those funds were funds that were already in the country or funds to be made available additionally."

In the context of M&R&S, country-facing guidance was a more professionally produced document, but it was finalized too late to be useful. A review of the M&R&S guidance document, backed by evidence from several interviews with Gavi Secretariat interviewees from different teams suggests that a considerable amount of effort went into developing the M&R&S guidance, aiming to ensure clarity of the scope and application process. The final published M&R&S guidance reads clearly and is visually accessible. However, the delayed finalization, the multiple versions[171] and the sharing of the guidance appears to have reduced its intended utility.

Whilst there were clear successes in streamlining Gavi procedures, it is possible that the legacy of Gavi's grants deterred some countries from applying, based on existing perceptions that reprogramming would be too burdensome, as it was in regular reprogramming times.

> *"Initially, Gavi response was prompt, proactive and extremely resilient and supportive to country context and limitations (R&P) phase – Latterly, they reverted to their [normal] system procedures. The system is slow in responding and had many demanding aspects compared to other funding agencies."* (Sudan)

There is a clear call among the Secretariat staff and the country partners for even greater simplification and streamlining of Gavi's processes and country-facing guidance. Secretariat informants stressed the pressurized context that they and countries' EPI teams were all working in, and the importance of clear, simple, non-technical guidance and streamlined application processes in this context. Two Secretariat staff members noted the tension between Gavi's position as a non-technical/normative agency (i.e., WHO), suggesting it should not be developing technical guidance, balanced with Gavi's need to have sufficiently robust, technical and programmatic guidance available for countries.

4.2.9.6 GESI in implementation practice

There are some good examples of GESI considerations informing the M&R&S-funded interventions, however, the involvement of CSOs and communities could have been stronger. (Moderate). Evidence from the case studies shows that epidemiological profiles were used to inform the targeting of M&R&S-supported activities in a number of cases (e.g., in Kenya, Mozambique,[172] Niger, Pakistan, Sudan and Togo). Enhanced outreach activities have also been carried out to counterbalance the barriers relating to geography, gender and other factors. In Mozambique, the geographic areas that were most affected by COVID-19, and that had low immunisation coverage, were prioritized for the recovery of the so-called lost to follow up and unvaccinated children, through the intensification of mobile brigades, which was supported through the routine reprogramming, undertaken in 2021. In Nigeria, over 71% of the total unimmunised children were located in 145 local government areas (LGAs) across 29 states. The fact that these 145 LGAs were prioritized by the government and partners for the intensification of RI shows strategic focus, in line with GAVI's 5.0 strategy of improving vaccine equity. In Pakistan, the reduction in immunisation uptake was over 50% in slum areas and in places dependent on outreach for service delivery. Enhanced outreach activities started at the beginning of June in the most impacted districts, and tailored services were provided and adapted to the needs of under-vaccinated and ZD areas and communities. Changes in the service delivery models to meet the needs of this target group included extending opening hours to evenings and weekends and the use of mobile vans.

We observed examples of integration of RI with other services (e.g., intensified outreach was integrated with nutrition and maternal and child health (MCH) services to recover dropouts. This was carried out in 66 of the 87 PPR priority districts in Nigeria). We were also able to observe examples of enhanced working with CSOs (e.g., in DRC, Zimbabwe, Malawi and Pakistan), where female CSO mobilizers were used to make house-to-house visits and extend immunisation advocacy to all children, especially girls. A number of stakeholders, however, pointed out that the involvement of CSOs and communities, in particular, could have been stronger, especially in view of the new CSO strategy. We further observed examples of GESI considerations informing R&P activities, beyond simply targeting the most affected areas (e.g., in Togo).

Overall, GESI is often misunderstood, generally taken to mean MNCH and the absence of discrimination. The implementation of more transformative approaches was absent. (Moderate). As corroborated by evidence from the case studies, GESI-related questions and issues often seem to be understood by key informants in terms of non-discrimination or caring for mothers and children. Transformative approaches, such as for example targeting fathers to ensure that the burden of immunising children does not fall disproportionately on women, seem to have been absent from the interventions put in place by countries thanks to Gavi´s flexibilities.

4.3 Findings: right results

This section covers issues related to the following: (1) the monitoring of performance and results under R&P and M&R&S; (2) the **effectiveness of R&P and M&R&S interventions and of Gavi's contribution to the three outputs in the ToA;** (3) the impact on different genders and groups; and (4) **the extent to which the assumptions in the ToA held** across different country contexts.

Headline finding	**Strength of evidence rating**
There was no bespoke ToC or M&E framework in place to track the results of R&P and M&R&S interventions. Learning questions and monitoring activities were set out to gather an understanding of COVID-19 impact on RI and the effectiveness of Gavi's initial response. These were only partially implemented. The GPF was chosen as a monitoring framework, despite its inherent limitations. This, and other factors constrained Gavi's ability to monitor performance and the contribution of the initiatives to the results. The chosen approach, while sensible in the context of an unprecedented crisis, limited opportunities for learning and course-correction.	Strong
The initiatives implemented under R&P and M&R&S have made some contribution to countries' ability to carry out timely and critical COVID-19 interventions in two of our eight cases, whereas the contribution seems to have been limited in another five cases, and negligible in one.	Moderate
The contribution of R&P and M&R&S to countries being able to adapt RI to COVID-19 was rated as important in three out of eight cases, while their contribution to countries' implementation of innovative approaches was rated as important in two out of eight cases.	Moderate
R&P impact on GESI has probably been limited. There are, however, some clear positive examples of M&R&S interventions increasing GESI in relation to geographic equity.	Moderate
The assumptions in our ToA about alignment/relevance, efficiency, coordination and effectiveness were maintained in the majority of cases. However, other assumptions about funding and resources were maintained in fewer cases. The assumption regarding the need for additional COVID-19 response funds did not always materialize as expected, as funding seems to have been available from other sources in the majority of the case study countries.	Limited / Moderate

4.3.1 Theory of Change and monitoring framework

There was no bespoke ToC or M&E framework in place to track the results of the R&P and M&R&S interventions, and the plans to monitor COVID-19 interventions were not widely discussed and only partially implemented. (Strong). In the early days of the pandemic, the Monitoring, Evaluation and Learning (MEL) department conducted a desk-based exercise to elaborate the intervention logic for Gavi's initial response to COVID-19 and issued a guidance document[173] containing a ToC diagram and monitoring and learning opportunities.[174] However, this document was never subject to broader discussion or validation.[175]

Gavi did closely monitor COVID-19 epidemiology and the status on RI (and related proxy indicators such as vaccines stock-outs, outbreaks of VPDs, impact on campaigns, impact on CCEOP implementation, etc.) across Gavi countries. This was done through frequent updates of the COVID-19 tracking parameters on country impact and response decks.[176] Gavi also used PULSE surveys, which covered the disruptions to and the demand for immunisation,[177] analyses of countries' administrative data and yearly analyses of the official WUENIC data.[178, 179] The monitoring of countries' responses and Gavi's contribution to them, however, was much less systematic. The learning questions originally devised do not appear to have been integrated into ongoing studies and evaluations. For example, the FER policy evaluation´s final report only mentions COVID-19 among the limitations, and explicitly states that "The evaluation does not cover Gavi's approach and response to the COVID-19 pandemic."[180]

Gavi decided to use the GPF to monitor R&P and M&R&S, without any clear evidence of learning from best practice on how to structure M&E systems in emergency contexts. (Strong). As discussed in Section 4.1, the choice to use the GPF was motivated by justifiable concerns: minimizing transaction costs for countries who were dealing with an emergency and overstretched country teams and prioritizing speed over the ability to track the results of R&P and M&R&S flexibilities on a so-called no regrets basis.[181] A short guidance note[182] was issued to the CTs to indicate that the GPF[183] was going to be used to track, monitor and report on M&R&S-related activities via the online Gavi Country Portal. Countries were encouraged to use the GPF guidelines to understand the monitoring and reporting implications of this reprogramming and/or new application for the relevant metrics related to both vaccine and HSIS grants.[184] This choice, however, presented the challenges outlined below.

- GPF did not apply to R&P-related activities.
- GPF indicators are usually set at the grant application stage or triggered by an IRC review. While the assumption was that some indicators in the GPF would have to be updated,[185] interviews with Gavi's stakeholders revealed that this was not systematically implemented.
- GPF indicators do not usually track the type of outputs under evaluation, such as the following: (1) countries being able to put in place COVID-19 responses in line with WHO guidelines and in a timely manner; (2) countries being able to adapt RI to the COVID-19 response; (3) countries being able to produce innovations to reach vulnerable and ZD children. GPF indicators also do not usually track Gavi's contribution to these outputs.
- Most GPF indicators are only updated annually, and reporting saw a fall in 2021 compared to previous years. The number of indicators not reported in 2020 across our eight case study countries was 291, compared to 179 in 2019 (that is +62.5%).[186]
- As recognized by multiple Gavi stakeholders, GPF was never geared toward/able to provide a portfolio-level view on performance and Gavi's contribution, which is part of the reason why it is currently being replaced by the Country Programmes Monitoring and Performance Management (CPMPM) framework.

This, and other factors constrained Gavi's ability to monitor the performance of interventions funded under the initiatives and their contribution to results. (Strong). Beyond the limitations

linked to the choice of using the GPF and the decision taken to prioritize speed over monitoring and learning, key informants identified a set of other factors that negatively influenced the ability of Gavi to monitor the performance of the activities funded under R&P and M&R&S and their contribution to the expected results during this period. These are as follows:

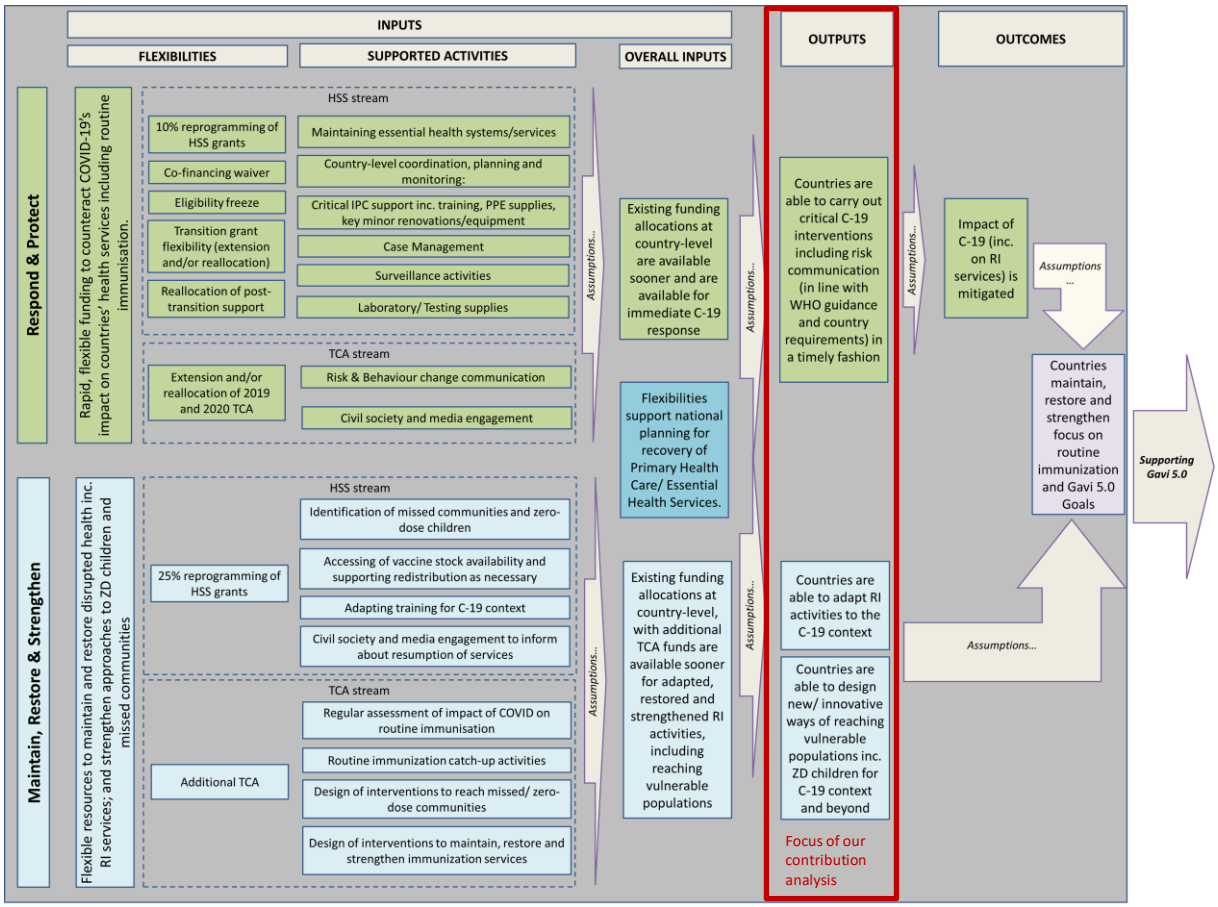
- absence of a central repository to track the uptake of R&P and M&R&S and the activities being implemented with the related funds (see Section 4.2.1);
- limited/shifting human resources with the right skills, especially after the dismantling of the Country Monitoring & Measurement (CMM) function and its transfer to CP;
- over-reliance on the Country Support team to collect data through country engagement (especially during busy times),[187] especially given the SCMs´ inability to travel during this period;
- lack of systems and processes to obtain real-time or close to real-time monitoring data on performance;
- the temporary replacement of joint appraisals with remote MDSs, which had less of a performance-review focus.

The chosen approach, while sensible in the context of an unprecedented crisis, limited the opportunities for learning and course-correction. (Strong). While a number of Gavi's stakeholders confirmed that privileging action and speed during the emergency was the right thing to do, there was also an acknowledgment of the fact that the chosen approach limited the opportunities for learning and course-correction. Moreover, while current gaps in knowledge might have been admissible in a context in which RI coverage quickly recovered in most countries during 2020, the demand for evidence and insights on performance and contribution might be greater now that the 2021 WUENIC estimates have shown that disruptions have been more serious and prolonged than originally expected.

4.3.2 Effectiveness of R&P and M&R&S interventions

Our assessment of the effectiveness of R&P and M&R&S has faced some limitations. This section presents the results of our contribution analysis, which is the main method we have applied to measure the effectiveness of the initiatives. As explained in the Inception Report, it would be challenging to establish the contribution of Gavi's support under R&P and M&R&S towards RI outcomes (i.e., coverage rates), given the nature of the monitoring data collected, the multiplicity of actors and factors involved and the probable small size of visible contribution at that level. Our approach to assessing contribution was, therefore, limited to our case study countries and focused on the output-level in our ToA (see Figure 12, below). For each output in the ToA, in each case study, we have established the three key drivers (or enablers) that allowed countries to achieve such outputs (albeit in variable degrees). We have then assessed and rated the contributions of Gavi's flexibilities to those drivers. This analysis has been complemented by both a review of the coverage data, as additional contextual information, and an assessment of whether the key underpinning assumptions were maintained. The results are presented below.

Figure 12. Theory of Action graph with focus on output level



Through our case study work, we have been able to capture contribution of the reallocations of HSS and TCA funds to the three outputs in our ToA. It has not, however, been possible to establish/ validate the pathways of contribution between the R&P and M&R&S flexibilities, other than the HSS/TCA-related outputs in the ToA. As confirmed by Gavi's key informants, countries were not requested to report in any way on how they used the funds freed up by the eligibility freezes or the co-financing waivers and this did not arise in our case studies. We were, therefore, unable to assess the contribution of these specific flexibilities.

Output 1. Case study countries have been able to carry out critical COVID-19 interventions, including risk communications, in a timely fashion. Gavi has contributed, to some extent, in seven out of eight case study countries. (Moderate). All eight case study countries have been able to carry out timely, critical COVID-19 interventions, including risk communication (in line with WHO guidance and country requirements), to some extent.[188] The main enabling factors that we have identified include: the availability of technical and financial support from partners; strong coordination mechanisms; leadership and oversight by the government; the presence of well-trained frontline health workers; the availability of PPE, other IPC materials and diagnostics; and previous experience in responding to emergencies, including other infectious disease outbreaks.

Initiatives implemented under R&P and M&R&S have made some contribution to this output in two of our eight cases, whereas the contribution seems to have been limited in another five cases, and negligible in one. When contribution has been rated as limited, this is mainly due to the limited volume of funding that Gavi provided, the late arrival of Gavi´s funded IPC materials and the fact that countries chose to use Gavi's support for a limited number of WHO pillars.[189] R&P and M&R&S flexibilities, however, did contribute to strengthening partners' coordination (Niger and Nigeria),

providing diagnostic tests and equipment (Togo and Uganda) and supporting HCWs (Kenya, Nigeria and Pakistan). Other partners, such as the WB, TGF, USAID, the WHO, and UNICEF, reportedly contributed more and across most of the WHO pillars.

Box 9. Multisectoral response in Kenya

In Kenya there is evidence of the government taking a broad response to the pandemic, beyond the WHO pillars, which contributed to keeping the health sector and/or services going, and which seems to have contributed to the limited drop in RI and the quick rebound.

Beyond health, the COVID-19 pandemic had a multi-sectorial effect on education, agriculture, security, economy, businesses, and the overall working environments in Kenya. Mental health also became a big issue because of the rising cases of violence that resulted from the strained economy and the impact of lockdowns. In May 2020, the President of Kenya announced a raft of measures to counter the impact of COVID-19 on various sectors of the economy, including an eight-point economic stimulus programme, amounting to 53.7 billion Kenyan shillings (US$ 452 million). The financing targeted digital learning support, infrastructure, small business loan support, tourism loans to cushion the industry, manufacturing, the reduction of key taxes such as PAYE and value-added tax (VAT), recruitment of an additional 5 000 healthcare workers for a period of one year to enhance the COVID-19 response capability, the implementation of the Universal Health Coverage (UHC) programme, and the expansion of bed capacity in the public hospitals. This also included support toward the manufacturing of local innovations in areas such as PPE, sanitizer, testing kits and ventilator production, due to the disruption in global supply chains.

Countries' ability to adapt RI activities to the COVID-19 context (Output 2 from the ToA) seems to have materialized, or partially materialized, in all cases. Gavi's contribution to this output was more important. (Moderate). All eight case study countries have been able, to some extent, to adapt RI activities to the COVID-19 context. The main enabling factors that we have identified included the following: awareness-raising and other social and behaviour change communication (SBCC) activities; the training of HCWs; the strengthening of the EPI programme; the availability of PPE diagnostics and vaccines; and data generation and its use on missed children and on microplanning to reach them. Support under R&P and/or M&R&S contributed to some (variable) extent to some of these factors, in seven out of our eight focus countries.[190] However, several other partners – including national governments, with their own financial and human resources – contributed to some or all of these factors, and years of previous Gavi investments – especially in supply chain and data systems – were also leveraged in adapting RI to the COVID-19 context.

Countries' abilities to design innovative[191] ways of reaching vulnerable populations (Output 3 from the ToA), have materialized in some cases. Where it has, Gavi's contribution was important in half of the cases (Nigeria and Pakistan) but more limited in others (Niger). (Moderate). Most (five out of eight) case study countries were able to design new/innovative and/or more efficient ways of reaching vulnerable populations, including ZD children, for the COVID-19 context and beyond.[192] In the countries that have been able to achieve this, the enabling factors were diverse. For example, the availability (and training) of HCWs, PPE and other IPC interventions and the availability of resources for effective and enhanced outreach. In the case study countries in which progress was observed, Gavi's contribution appeared to be variable. It was rated as important in Nigeria and Pakistan, for example, while it appeared more limited in Niger, Togo and Uganda.[193]

A positive contribution of R&P and/or M&R&S interventions to immunisation outcomes can be plausibly assumed in three of our eight case study countries. (Moderate/Limited). In Mozambique, Nigeria, Pakistan, Togo and Uganda – where some/an important contribution to Output 2 was found, and where the assumptions between outputs and outcomes held, or at least partially held, (see Section 4.3.4). As WUENIC data has shown (see our analysis for case study countries in Annex 13.12.), however, RI has been substantially affected in Mozambique (with DTP3 and MCV1 coverage further backsliding in 2021) and Togo (with MCV1 further backsliding in 2021). Positive trends, however, can

be observed in Nigeria (where MCV1 coverage has increased in both 2020 and 2021, and DTP3 coverage has been maintained), Uganda (where MCV1 coverage has increased in both 2020 and 2021, and DTP3 coverage shows signs of recovery in 2021), and Pakistan (where DTP3 coverage is almost back and MCV1 is back to pre-pandemic levels).

Box 10. Examples of adaptation and innovation

Gavi's COVID-19 flexibilities were used to support a range of adaptations and innovations to RI services, as discussed in Section 4.3.2, Box 10 and Annex 13.5, Vol. II and set out in Gavi's innovation catalogue.[194] Some illustrative examples are outlined below.

- **Pakistan:** new microplanning and service delivery models have been implemented during COVID-19 to reach under-vaccinated and ZD children. The service delivery and HSS innovations resulted from the need to adapt to COVID-19 – e.g., expanded outreach activities door-to-door social mobilization, extended opening hours, the birth dose initiative, vans, and the geographic information system (GIS) tracker and management information system (MIS) innovations. Data linkages can be exploited to understand the catchment population and the effect of tailoring the service delivery.
- **Niger**: technical support of the Gavi consultant (funded through TCA, via JSI/Expertise France) provided useful, permanent capacity to MoH, and coordination and advocacy with the partners helped to mobilize more resources.
- **Nigeria**: Gavi financed TA to enable RI integration into polio campaigns, primary care services (IMOP) and, latterly, to integrate RI into COVID-19 vaccination campaigns.
- **Togo**: Gavi has supported UNICEF in the development of communication strategies (C4D) and community engagement by civil society. Gavi also supported the performance analysis of health districts and the development of a map showing areas of vaccine hesitancy.

Many of these innovations are not unique to RI and it would be beneficial to compare and contrast their cost-effectiveness with their use in other settings, e.g., campaigns employing door-to-door social mobilisers and service delivery have been done for polio, seasonal malaria, chemoprevention for malaria and mass drug administration for neglected tropical diseases.

4.3.3 Impact of R&P and M&R&S on different genders and groups

R&P impact on increasing GESI has probably been limited (Moderate). Evidence showing the impact of R&P on different genders and groups is fairly limited. Precise data on the use and allocation of materials and equipment procured with R&P funds, for instance, is scarce. However, indications from case studies suggest that impact on increasing GESI has probably been limited.

There are, however, some clear positive examples of M&R&S interventions increasing GESI. (**Moderate**). Examples from case studies, such as Mozambique[195] and Pakistan, where Expanded Outreach Activities (EOAs) were essential not only to restoring RI to missed children but to actually increasing coverage of zero dose children as well, show that activities funded by Gavi's flexibilities are likely to have had a positive impact on GESI in a geographical sense, through reaching out to otherwise missed children.

4.3.4 Extent to which key assumptions held

In this section we summarize evidence on whether the assumptions in our ToA have held (see Annex 13.6, Vol. II). The purpose is twofold: (1) to enable a judgement on the extent to which the ToA was/is validated, and (2) to inform a judgement on whether it is plausible that R&P and M&R&S flexibilities also positively contributed to outcome-level results.

In summary, our analysis shows that Gavi offered relevant and coherent flexibilities under R&P and M&R&S, but the rationale (assumptions or concerns that Gavi sought to address) did not always materialize as expected. (Moderate), as outlined below.

- **Need for additional funding/resources held in a minority of cases**: According to our assumption mapping,[196] the need for additional COVID-19 response funds was not present in at least three out of the eight case study countries. Moreover, the assumption that more appropriate, flexible or timely funding was not available from other sources, such as the WB and other international or bilateral donors, only appears to have completely held in one of our case study countries (Togo). This is more relevant to M&R&S than to R&P.
- **Alignment with Gavi policies and relevance to country needs held in most cases**: In at least six of the eight countries, the types of activities supported by R&P and M&R&S flexibilities were found to be appropriate and the activities remained relevant during the period in which these flexibilities were offered. Sufficient alignment between interventions and existing Gavi policies and goals either held or partially held in all cases but one (Sudan).
- **Coordination between different partners held in most cases:** Coordination mechanisms were found to be effective in at least four out of the eight countries. Adequate partner coordination and consensus among partners/stakeholders regarding priority interventions was present, to some degree, in all cases.
- **Efficiency held in most cases**: While no countries reported that the application processes for R&P and M&R&S flexibilities was overly burdensome (completely held in all cases but one, where it partially held) and all countries used the funds as intended and in line with WHO guidance (six held and two partially held), the assumption about the timely release of funding to the country completely held in only three out of eight cases.
- **Effectiveness held in most cases**: The activities funded were found to be effective in mitigating COVID-19 to a level that allowed RI and health service provision to resume/continue in five out of eight cases (Mozambique, Nigeria, Pakistan, Togo and Uganda).

Overall, the pathways in the ToA were validated to some extent; however, the assumptions about the funding/resources were not validated. (Moderate). For other assumptions, these seemed to hold, or at least partially hold, in most cases in all the case study countries, apart from Sudan. Moreover, as mentioned above, the ToA did not fully capture the pathways of contribution for the flexibilities, other than for the HSS- and TCA-based ones.

5 Conclusions

During the past two years, since early 2020, Gavi has worked hard to identify and implement an appropriate response to an exceptional set of challenges. Neither Gavi nor many countries or organisations had sufficient capacity to respond fully to public health emergencies and maintain routine immunisation. Gavi's initial COVID-19 response was designed to meet a clear set of needs, within the constraints of Gavi's pre-existing commitments and ways of working.

Based on the above findings, which reflect *inter alia* on experience in case study countries with a range of experience in terms of uptake of flexibilities (including examples of no uptake), we present below eight conclusions and seven lessons. Our conclusions focus on the strengths and weaknesses of Gavi's approach to *maintain a focus on routine immunisation,* whereas the lessons we present focus on *Gavi's readiness for future pandemics*. A summary of findings, conclusions, lessons and recommendations is presented in Vol. II, Annex 15, to further clarify this 'line of sight'.

1. **There was a clear and compelling rationale for Gavi's initial COVID-19 response: in terms of enabling countries flexible use of existing Gavi funds to support a timely pandemic response.**

Whilst this entailed going beyond it's core business[XXXI] **(albeit with intended purpose to protect frontline vaccinators and therefore RI) it is hard to imagine a scenario where Gavi did nothing to respond, given the potential impact on its strategic goals.** Decisions on how to respond were taken in challenging circumstances, with imperfect information and based on an emerging understanding of country needs and expected impact on RI. The introduction of COVID-19 flexibilities clarified Gavi's commitment to supporting countries to respond to the pandemic. Essentially, the flexibilities reinforced what was already possible within existing structures and systems, although the decision to design R&P to respond to countries' immediate needs entailed moving away from Gavi's core business through introduction of additional expenditure categories – notably on PPE and IPC. Whilst reverting to Gavi's core focus through M&R&S proved challenging when countries were preoccupied with COVID-19, it is difficult to imagine a scenario where Gavi did not take some form of action to support countries respond to the initial pandemic.

2. **We can conclude, in terms of the primary objective of enabling countries to make quick decisions on reprogramming existing funds, that the R&P flexibilities were a qualified success. It is too early to conclude whether M&R&S will achieve its goals, given a) limited data availability; b) that its implementation is ongoing as it continues to provide a useful framing for Gavi's efforts to refocus on routine immunisation after the initial pandemic response; c) that we the evaluation was not tasked to provide a summative judgement on M&R&S.** For R&P and M&R&S, Gavi made revisions to its internal processes which sped up decision making, albeit with varied success and less so on disbursement and absorption. It is not possible, based on available evidence and during this evaluation's temporal scope, to establish a firm evidence base for the effectiveness of Gavi's COVID-19 flexibilities. It is reasonable to believe, however, that the use of M&R&S as a conceptual framework is continuing to help countries – alongside the ZD agenda and guidance – maintain, restore and strengthen focus on M&R&S objectives. It was not the mandate of this evaluation to conclude on whether M&R&S had been successful (the focus of the evaluation for M&R&S was formative not summative). Yet, from available evidence, given the low formal uptake of M&R&S flexibilities and limited contribution found related to outputs in our contribution analysis, it appears that M&R&S have been of limited success to date.

3. **Adapting existing Gavi systems was insufficient to ensure uptake of M&R&S and protect RI. Due to a range of factors, including limited incentives to apply, uptake of M&R&S was low and RI coverage was subsequently seen to have dropped. Available evidence does not allow us to comment on causality i.e. that increasing M&R&S uptake would have mitigated impacts on RI (although that was its goal).**[XXXII] **However, experience suggests that better incentives to apply, better communication and roll-out of M&R&S and strengthening EPI team capacity could have increased uptake. We also recognise that M&R&S was one part of Gavi's overall COVID-19 response alongside e.g. COVAX, advocacy efforts**. As noted above, the flexibilities essentially reinforced what was already possible within existing structures and systems (albeit with

[XXXI] Gavi's core business is defined in key documents such as Application Process Guidelines and Programme Funding Guidelines. These set out the types of Gavi support (vaccine support, health system strengthening support, equity accelerator funding, cold chain equipment optimisation platform, and Partner's Engagement Framework – Targeted Country Assistance) and the parameters for this support (service delivery; human resources for health; supply chain; health information systems and monitoring and learning; vaccine preventable disease surveillance; demand generation and community engagement; governance, policy, strategic planning and programme management, health financing). R&P & M&R&S went beyond core business through allowing greater flexibilities in use of Gavi funding – e.g. for PPE and IPC, and modifications to internal processes to ensure timely access to existing funds. See Annex 9.1 for more detail.

[XXXII] Or indeed that low M&R&S uptake led to drops in RI coverage – which appear to have been due to lockdowns and other contextual factors such as COVAX scale-up.

additional expenditure categories added). Adaptations were focused on streamlining the decision-making and reporting processes to enhance speed and reduce transaction costs. However, lack of additional funds and limited funding available through earmarking HSS funds was insufficient to convince countries of the benefits. This raises questions about whether M&R&S offered any real added value, other than to emphasise the importance of catching up and meeting the needs of vulnerable populations (which continues to be a useful framing today). The importance of clear and timely guidance and communication with countries on changes to Gavi's model was also underlined through experience with M&R&S roll out. It is important to note that, whilst adaptations to existing Gavi systems were not sufficient to protect RI (see conclusion 7) in and of themselves, these represented Gavi's initial response to COVID-19 and other interventions outside the scope of this evaluation (including COVAX)[XXXIII] may also have contributed to protecting RI.

4. **Gavi Secretariat staff felt that Gavi may not have gone further in developing more innovative measures to protect RI because its prevailing culture (in particular in terms of attitude to risk, and focus on protecting previous gains) and systems (in terms of decision making and prioritisation**,[XXXIV] **partnership, staff resources) presented obstacles that could not easily be overcome within available time and resources. As noted in conclusion 7, it was also not clear how significant the risk to RI was**. Flexibilities sought coherence between responding to the pandemic and other key elements of Gavi's business model such as the need to protect previous gains, the need to be responsive to diverse contexts and to promote country ownership, the need to minimize transaction costs to reduce the burden on countries, the need for partnership and coordination to ensure a coherent response. Lack of additionality was a key gap in the suite of flexibilities, and it is not completely clear why additional funds were not made available; although it appears that Gavi did not request additional funds from the board. Other innovations that might have enabled countries to maintain a stronger focus on RI include, for example, surge capacity within the Secretariat or EPI teams, or new partnerships to deliver RI, or development of separate systems for COVID-19 vaccine delivery (to reduce the burden on RI delivery systems).[XXXV] A range of factors constrained Gavi's ability to go further, including a combination of bandwidth (i.e. Gavi Secretariat did not have time or resources to design appropriate solutions,[XXXVI] and EPI teams didn't have time to engage); incentives (it was not clear that more was needed – see conclusion 7); and Gavi's attitude to risk (with an emphasis on effective management of public funds, accountability to donors and their constituents). Decisions on priorities, and how to organize Secretariat resources (i.e. lack of clear signals on what could be deprioritized in the face of overburden within the Secretariat) also affected the space Gavi could give to developing both immediate and longer-term solutions, and present important lessons for future pandemics.

   On risk, we understand that systems are set for managing risk to ensure value for money of public funds. And there is recognition within Gavi that responding to the pandemic and similar contexts with high uncertainty requires a different attitude to risk, different checks and balances to provide reassurance and balance speed/flexibility of Gavi's response. The principle of 'no regrets' appears intended to enable greater risks to be taken with acceptance of greater uncertainty on delivery of results and could be explored further, both for COVID-19 integration and future pandemics (lesson 6 for more on this).

[XXXIII] Gavi noted that the best way to protect RI was to stop the pandemic.

[XXXIV] In terms of the consultative, consensus-based style of decision-making within Gavi, and lack of clear signalling on what could be dropped in face of overburden for staff.

[XXXV] One Gavi source noted that the second dip coincided with the largest vaccine rollout in history with Gavi countries delivering 3.5x more vaccine doses in 2021 than 2020 utilising many of the same systems as RI.

[XXXVI] E.g., to differentiate support based on where countries sit on a spectrum of health system strength.

5. **Whilst some Gavi stakeholders felt that Gavi could have given stronger priority to its core mandate (RI) instead of diverting to focus on the immediate COVID-19 response, this was not always practically feasible given country-level constraints to respond to COVID-19 and RI in parallel**. When asked to reflect on the initial months of the pandemic, there was a mixed picture from stakeholders on whether Gavi was right to support the general COVID-19 response through R&P, or if they should have been explicitly focussed on RI from the start. As already discussed, the rationale for R&P, in terms of providing rapid resources for the COVID-19 response, was well aligned with the stakeholders' perceived needs at the start of the pandemic. However, in hindsight, stakeholders from several case study countries and the Gavi Secretariat highlighted that this was, in some cases, at the expense of RI.[197] Given the subsequent influx of donor support for the general COVID-19 response, including the provision of PPE,[198] and given that, in some contexts, PPE arrived more quickly from other sources, some felt that Gavi should have kept its focus on its core mandate and directed funds towards activities more explicitly focused on RI.[199,200] Specifically in-country stakeholders suggested Gavi could have supported surge HCW and vaccinator capacity, alternatives to mass RI campaigns, and done more to strengthen the capacity of EPI teams. Several country stakeholders also indicated that the COVID-19 vaccine rollout diverted focus away from RI, as it was the same EPI staff and HCWs involved in this as in the RI services.[201]

   It is, of course, important to note that the design of M&R&S was an explicit move to refocus on Gavi's core mandate – although uptake of M&R&S was low, albeit beset by a range of contextual constraints (as discussed in section 4.2); capacity to engage with RI and COVID-19 in parallel was also limited, both within Gavi and within in-country EPI teams; we also note that whilst other donors' funds did come onstream for purchase of PPE and IPC, they were not available as quickly as Gavi funds – real value was added through R&P in terms of filling key gaps in countries COVID-19 responses

6. **Gavi had limited availability of data on uptake and performance of R&P and M&R&S as a result of its justifiable decisions to reduce transaction costs for countries to allow them to focus on the emergency response. Lack of data in turn prevented Gavi from both systematically reflecting on the appropriateness of its offer and from learning lessons about what worked. Gavi also suffered from lack of timely access to strategic data (in terms of external systems to track effectiveness) which could have helped to respond sooner to the double dip of RI coverage.** Gavi sought to balance reducing reporting burden for countries' on use/uptake of R&P and M&R&S with trade-off in terms of oversight and performance management. Justifiable decisions were made to reduce transaction costs for countries to allow them to focus on the emergency response instead of reporting to Gavi. However, these decisions meant that key assumptions about the design of R&P and M&R&S were not tracked, and made it difficult to establish a clear picture on implementation and effectiveness of the flexibilities. This has had significant implications for Gavi's ability to systematically reflect on the appropriateness of its offer, to learn lessons about what worked and to practice adaptive management (which is essential in responding to uncertain and changing contexts). Gavi did make substantial efforts to work around this, but these were fragmented, often incomplete, and inefficient; although we note that similar challenges appear to have been faced by comparable organisations,[XXXVII] offering potential learning through collaboration on these points. The costs of collecting this information should not be overlooked, and we do not suggest these should have fallen on EPI or Ministry of Health teams. It is an open question on whether Alliance partners should have played a stronger role in providing this kind of country-level intelligence, or whether surge capacity in MoH could have been provided to focus on data. We also note that making this data available is necessary but not sufficient – i.e. depends on the ability to make changes based on what's observed.

[XXXVII] Real-Time Assessment of the UNICEF Response to COVID-19: Global synthesis report; 'Audit of the COVID-19 Response Mechanism 2021' March 2022

7. **Notwithstanding these data challenges, uptake appears to have been low, especially for M&R&S. Initially this was considered acceptable given understanding of COVID-19 impact on RI coverage, but with the publication of WUENIC data in 2022 (which saw the biggest falls in RI coverage for 30 years) the low uptake of M&R&S could be interpreted as a missed opportunity**. Initially, based on WUENIC 2021 data (which showed an initial drop in RI during 2019 and recovery in 2020), low uptake of M&R&S was not necessarily seen as a concern by Gavi. However, WUENIC 2022 data highlights the largest reductions in RI coverage for 30 years and raises questions on whether Gavi could have done more or differently.

8. **Low uptake appears to have been linked more to lack of operating capacity in Gavi and country EPI teams than to concerns about the relevance of the flexibilities offered under R&P and M&R&S; and, whilst comparable organisations experienced similar challenges, the need for surge capacity (both within the Secretariat and at country-level) is highlighted as a key lesson**.[202] Resourcing for surge capacity was clearly a challenge. Initial estimates of the capacity required to administer and manage R&P were approximately 5-6 full-time equivalent staff (FTEs); analysis of actual time spent showed this be closer to 14 FTEs.[203] No additional resource was recruited to support R&P initially; instead a rotation approach was employed – asking team members if they would like to rotate out every 1 to 1.5 months; two consultants were recruited later in April, although the challenges of assimilating new staff were noted by two Gavi Secretariat staff. This experience appears comparable to the Global Fund and World Bank, at least initially, although both organisations appear to have diverted more resources and more formal structures to the COVID-19 response in slower time.[204] At the country level, when M&R&S was launched, Ministry of Health and EPI staff were overloaded with the need to adapt RI activities in times of COVID-19 and at the same time to get COVID-19 vaccines up and running. The people in the EPI teams dealing with preparing for and rolling out COVID-19 vaccines, were the same ones trying to keep the RI system functioning. In this context, countries appear to have made rational choices around what to prioritise.[205] With the offer of (large) additional funding through COVAX it appears that RI got deprioritised by default in at least three case study countries.[206]

6 Other lessons learned

This section presents the evaluation team's perspective on the lessons that Gavi could draw from the narrow experience of Gavi's initial response to COVID-19. Three explicit learning questions were set out in the EQs.

We have, both in this section and throughout the report, sought to comment on the generalisability[207] of Gavi's experience in responding to COVID-19, through comparing and learning lessons from other organisations' experiences in facing similar challenges. This was primarily done through looking at the Global Fund and World Bank experience (summarised in Box 12) and was supplemented through a review of the following two types of secondary sources:

1) selected and reliable evaluations and equivalent analytical reports commissioned by relevant organisations (i.e., funding bodies or multilateral organisations), which are useful in generalizing lessons from Gavi's experience; and
2) documentation from other organisations that reflect on so-called best practice in relevant areas, e.g., pandemic preparedness and response, adaptive programming, etc.

We made comparisons with the findings presented above, supplemented by a systematic coding of evidence[XXXVIII] against three learning questions[XXXIX] and on the unintended consequences of implementing R&P and M&R&S (as summarised in Box 13). From these coded excerpts, we

[XXXVIII] Including learning identified by key informants
[XXXIX] EQ17-19 as set out in Vol. II, Annex 3.

undertook a process of synthesis and discussion between the Team Leader and the Learning Adviser to generate a set of potential lessons, which were validated and refined through feedback from Gavi staff. Where relevant and appropriate, we indicate where Gavi is already giving thought to these issues (informed by the co-creation workshop held with Gavi's staff in late August 2022).[208]

Box 11. Headlines of the Global Fund and World Bank responses to COVID-19

The following headlines indicate how The Global Fund and the World Bank have approached similar challenges to Gavi in responding to COVID-19. More detail is included in Annex 14.

While initial responses to the COVID-19 outbreak focused on the WHO COVID-19 Strategic Preparedness and Response Plan pillars, all three organisations' subsequent support reflected their core mandates, as follows: Gavi on RI, the Global Fund on the three diseases and the World Bank on general health service delivery.

Besides funding through reprogramming, both TGF and the WB had substantial, additional new funding available for the initial and subsequent response, US$ 4.75 billion and US$ 12 billion, respectively. In addition to reprogramming existing grants, the WB used (a) the emergency components of existing projects and (b) global and regional catastrophe-deferred drawdown options, which serve as bridge financing while funds from other sources are mobilized. The Global Fund used the first US$ 750 million for the C19RM V 1.0 application round. In addition, it also had an emergency fund that provided funding within days to support the provision and continuity of essential prevention and treatment services, which cannot be funded simply through the reprogramming of existing grants. Gavi's main funding for the INITIAL COVID-19 response was the reprogramming of (a maximum of) 10% of the existing HSS grant already in-country.

Both ad-hoc and (semi) permanent organisational structures (including staffing) were put in place at the WB and TGF, which allowed for faster application reviews and approvals. The WB reassigned staff in the global health office, with support from the regional offices, country task teams and specific expertise consultants (i.e., ICU and oxygen), to review the initial fast-track application. It used an earlier approved general mechanism (the Multiphase Programmatic Approach) that allowed countries to structure a long, large, or complex engagement as a set of smaller, linked operations (or phases), under one programme, in this case, fast-track applications. Two fast-track applications had to be forwarded to the board for approval, with subsequent ones approved by the regional Vice President. At the Global Fund, they initially reassigned staff to a coordination unit (C19RM Secretariat) that reviewed initial C19RM V1.0 applications. With additional funding (US$ 4 billion), more staff were hired, and the C19RM Secretariat became a permanent structure. Like the WB, the C19RM Secretariat set up different functional groups to use a group approach to review the applications. This was considerably faster than the single technical and administrative reviews in Gavi.

Both TGF and the WB had weekly updates from the country-level to monitor the disruption to their services. The Global Fund used this both to show emergency needs and as justification for grant approval. Regular head of agency meetings reviewed the pandemic but did not check on the duplication of efforts. There was also limited coordination at the country-level between the WB's task managers, TGF's FPMs and Gavi's SCMs.

Overall, **all three agencies had quick review and approval processes** in place and were able to award funding within a month after receiving a country's application. But they also **witnessed significant delays in implementation downstream**, due to government processes and delays in the provision of PPE and other medical supplies.

We have identified seven key lessons that offer potential value in strengthening Gavi's future resilience in emergency contexts. A summary of findings, conclusions, lessons and recommendations is presented in Vol. II, Annex 15, to further clarify this 'line of sight'.

1. **Ultimately, neither Gavi nor its counterparts were well-prepared to respond to a pandemic of this nature, hence the need to develop R&P and M&R&S to protect RI. In the October 2022 PPC papers, Gavi underlines the need to 'quickly mobilise in a worst-case scenario'[209] and, to this end, Gavi can learn lessons from its initial COVID-19 response in terms of the need to strengthen strategic planning, articulation of priorities to support decision making in emergency contexts, and ensuring sufficient capacity at country and Secretariat level**. The introduction of COVID-19 flexibilities clarified Gavi's commitment to supporting countries to respond to the pandemic. The need to produce separate guidelines was a reflection of Gavi's level of

preparedness for this kind of emergency; it is worth noting that most equivalent organisations found themselves in a similar position. Gavi may have been able to avoid the need to introduce R&P and M&R&S flexibilities had there been existing plans in place for how to respond in a pandemic, although the scale of this pandemic was unprecedented. The lack of an existing plan or guidelines placed a constraint on Gavi regarding how it had to respond (i.e. it needed to place effort on developing rather than executing the response) and the speed at which it was able to definitively do so. Given the complexity of Gavi's operating environment (internally and externally) the design and introduction of new guidelines was challenging to get right within the required timeframes and yet introducing new guidelines served to further complicate Gavi's model. A strong message from key informants was on the need for a plan that can be activated in a pandemic, and there are now many resources available that would support Gavi in producing one.[210] Lessons from responding to previous pandemics, and from the COVID-19 response itself, is increasingly available[211] can inform Gavi's future response.[212]

As discussed above, mobilisation for future pivots is also likely to require new/additional work. Experience with R&P and M&R&S was that it was not possible, within existing resources, to respond effectively to the pandemic and continue with 'business as usual'. Either additional capacity (at country and Secretariat level) and/or prioritisation was required. Gavi was committed to its strategic priorities but lacked or did not use necessary decision-making tools to support effective prioritisation. Being clear on strategic priorities, with principles to guide decision-making, is essential as the basis for decision making in a pandemic. How priorities will be set, roles changed etc. needs to be clear to ensure timely, efficient response when needed.

2. **Gavi has an important comparative advantage in supporting and advocating for RI,[XL] and clear experience in having supported RI-related aspects of PPR (e.g. in terms of responding to outbreaks). It is not clear however that it was a good use of limited Secretariat resources to broaden the remit of targeted RI programming funds to support countries in financing their broader pandemic response efforts (albeit with intended purpose to protect frontline vaccinators and therefore RI); although Gavi did this for good reason - because other funding sources were expected to take time to reach countries**. Gavi's role in the global health response is focused on vaccinations and associated systems. As such Gavi has supported countries response to outbreaks of vaccine preventable diseases in many countries over the past two decades. As noted above, R&P required moving into areas outside Gavi's usual business (even if in line with or justified by focus on Gavi's comparative advantage), in particular the provision of PPE and IPC for countries' COVID-19 responses. As noted in conclusion 1, the rationale for doing this was clear and justified particularly in view of delays in funding from other sources taking time to reach country-level (e.g., in Pakistan and Nigeria). However, re-emphasising Gavi's core focus under M&R&S proved challenging when countries were preoccupied with COVID-19. Under different circumstances, or with different decisions, it is plausible that time spent on responding to the immediate crisis (design and roll out of R&P) could have been put to diagnosing structural and emergent obstacles to RI and solutions that Gavi could fund to address these (as discussed under conclusion 2).

3. **Experience from R&P and M&R&S suggest Gavi can provide timely access to flexible funding and so may have a comparative advantage in this regard, providing that internal processes are efficient and downstream issues (related to disbursement and absorption) are managed to ensure performance in terms of delivery**. In terms of the primary objective of enabling countries to make quick decisions on reprogramming existing funds, we can conclude that R&P successfully enabled rapid reprogramming of R&P funds in many countries. This success is qualified, however, by disbursement and absorption challenges and delays: the majority of countries noted concerns about the timely release of sufficient funding. Whilst relevant documentation[213] acknowledges

[XL] See conclusion 1 footnote for description of Gavi's core business.

that challenges with disbursement exist, and equivalent challenges have been experienced by other comparable organisations, the evaluation team understands that the recently launched EVOLVE programme seeks to address this through driving operational excellence in Gavi's programmes (although we have not seen documentation on this initiative); this is expected to lead to adaptations to Gavi's core ways of doing business.

4. **Based on the country case studies, experience suggests that making additional resources available to countries could help make their investment of time to access funds seem worthwhile. This in turn could help countries to maintain focus on RI as well as responding to new threats. From experience with the initial COVID-19 response alone, it is not clear to what extent this would have led to different outcomes in these exceptional circumstances**. Experience with R&P and M&R&S has highlighted how the lack of additional resources did not provide sufficient incentive to drive the uptake of Gavi's flexibilities. Evidence from country case studies highlighted that country teams were wary to divert existing Gavi funding to the COVID-19 response, given the potential to create uncertainty for future RI interventions. At the same time, having fast access to flexible funds appears to have been important in supporting a timely and responsive initial response to an emergency. Additional funds do not necessarily have to be provided by Gavi, but it is in Gavi's interest to ensure that they are available so that risks to RI are mitigated.

5. **Based on the experience of Gavi's initial response to COVID-19,[XLI] efforts to respond to pandemics and maintain RI depend on country capacity (EPI teams)**. Low uptake appears to have been more linked to operating capacity in Gavi and country EPI teams than to concerns about the relevance of the flexibilities offered under R&P and M&R&S. Countries were unable to focus on RI at the same time as a pandemic because of insufficient local capacity, particularly in MoH EPI teams. Gavi's model relies on Alliance partner capacity at the country-level to support tailored, contextualized approaches. Gavi has also taken steps to increase Secretariat capacity in this regard, as underlined by multiple Gavi Secretariat interviewees – e.g., through the reorganisation of country programmes around three regions, which has reduced the number of countries that SCMs have to cover (albeit with scope for the inconsistent application of Gavi's policies and guidance remaining). This was particularly relevant in supporting countries to make decisions on how to use the flexibilities (e.g., regarding which WHO COVID-19 pillars to support) or about the availability of funding from other sources (e.g., co-financing waivers or funding for activities outside Gavi's core focus). However, this was insufficient to bolster the EPI teams, and the Alliance's country-level capacity was also insufficient to address these constraints. Comparable organisations have also experienced constraints linked to country-level capacity, which have limited their implementation of proposed activities.[214] There is scope and demand among stakeholders for Gavi to go further with strengthening country-level capacity – Alliance partners and Gavi Secretariat interviewees highlighted the potential to strengthen the EPI teams with PMU-style support and/or through establishing a Gavi in-country presence. However, Gavi appears to have been constrained by the existing culture, systems and policies in terms of support in this area (although there are some examples, e.g., in Sudan and under COVAX) that offer potential for learning.

6. **Balancing risk and innovation is challenging, but the concept of 'no regrets' (i.e. the option to take greater risk with acceptance of greater uncertainty on delivery of results) offers a way of exploring, between the Secretariat and Board, and within the Secretariat, risk-appetite in different scenarios if supported with relevant, effective monitoring systems. Use of the 'no regrets' concept for COVAX could offer lessons for future work on RI**. As discussed under conclusion 2, risk aversion appears to have contributed (amongst other factors) to limiting innovation in design of R&P and M&R&S. And yet a 'no regrets' principle for Gavi's decisions was

[XLI] which prioritised increased flexibilities for limited funding and not Gavi's full response to pandemics

discussed with the Board which could have provided a basis for exploring solutions and trade-offs – e.g., to gauge whether the decision to reduce the monitoring and reporting transaction costs for countries[XLII] was working as intended. However, the operational implications of no-regrets have not been consistently understood across Gavi, which appears to have limited its potential to encourage more innovation and risk. This was exacerbated by lack of systems to support adaptation to implementation experience or to changes in context. The implications of 'no regrets' needs to be better understood and further thought given to appropriate balance between transaction costs, adaptive management, learning and accountability. We note that the introduction of the CPMPM and the monitoring and learning plan looks set to strengthen internal monitoring (if adequately resourced and operationalized) and may offer the opportunity to also address adaptive management.[215]

7. **Responding effectively to emergency situations requires partnerships are in place in addition to those required during "normal times". Partnerships need to be in place in advance of need, as there are contractual and systems-related issues that can prove time consuming to address**. The partnerships accessed under COVID-19 flexibilities were necessary but insufficient to deliver the best possible outcomes. Whilst the case for leveraging the existing capacity and expertise of alliance partners (in particular, UNICEF and WHO) to support country-level action is clear, this does not always work as smoothly as intended – e.g. in terms of sharing data or supporting optimal procurement. This is not new to Gavi or Alliance partners, and requires further concerted effort to strengthen effectiveness of cross-Alliance working at country-, regional- and global-levels. The COVID-19 flexibilities also highlight the importance of flexible and broad partnerships to complement the core Alliance partners. New or stronger partnerships (beyond existing Alliance and extender partnerships) with expertise in emergency settings, delivery in remote settings, demand generation, community access could have strengthened Gavi's response to maintain and protect RI. Gavi was given the mandate to establish new partnerships to maximize the effectiveness of their response to COVID-19.[216] There is some evidence of new, non-traditional partnerships having been used, e.g., AU working with MasterCard on the delivery of vaccines and[217] that Gavi leveraged its pre-existing strategic partnership with UNICEF for procurement under R&P (as described in Annex 10.25, Vol. II). As noted above, Gavi has also strengthened its approach to partnership by working with CSOs and communities, including through earmarking funds – which was unsuccessfully offered as part of the COVID-19 flexibilities.[218] However, there is limited evidence of Gavi having developed new partnerships, particularly with private sector organisations, which some key informants considered a missed opportunity,[219] although challenging and risky to start during the pandemic[220]; similar challenges emerged through our review of comparable organisations.[221] In the context of a rapid, emergency response R&P and M&R&S experience suggests there is insufficient time to set up new arrangements and that the default will be to existing arrangements.

[XLII] Gavi's decision was to reduce the monitoring and reporting transaction costs for countries[XLII] with the associated trade-off that Gavi was reliant on imperfect (untimely) country data as the basis for its decisions

Box 12. Unintended consequences

We identified a limited number of both positive and negative unintended consequences or outliers from the country case study data collection. Below, we present a summary of themes that respondents raised, many of which are framed as surprises rather than as being unintended by Gavi in the design of R&P and M&R&S.

On the positive side, respondents highlighted themes that fell into three broad categories:

1. **Performance specific to R&P and M&R&S**: Whilst it was clearly a central goal of Gavi's flexibilities, respondents in Sudan expressed positive surprise about the timeliness of Gavi's initial response, and of the low cost of supplies that were procured. Contrary to the experience in other countries, respondents in Sudan also expressed surprise that funding shifted to EPI and was not diverted to COVID-19. In Kenya, some surprise was also expressed about Gavi working closely with the Global Fund.
2. **Health system effects**: Respondents in Kenya noted how increased handwashing had positive effects on some diseases, and how the improved performance of primary health facilities (which was better than the larger ones) had demonstrated what was possible with a limited amount of capacity building. The positive contribution of a trained roster of epidemiologists (FELTP) was also noted as helpful. Secretariat respondents noted how new partnerships for moving vaccines to decentralized levels had emerged.
3. **Innovations that the COVID-19 response seemed to catalyse**: Respondents highlighted a range of innovations or issues that were catalysed through the COVID-19 response, including: local production of supplies, the use of online platforms for training and the use of hand sanitisers in Kenya. Secretariat respondents noted how R&P and M&R&S had advanced thinking on what was possible in terms of flexibility and efficiencies within Gavi's processes. Others noted innovations in areas such as digital vaccine certificates and in the accelerated publication of WHO's guidance on catch up.

Less positive consequences (whether unintended or surprising) were noted in the areas outlined below, some of which relate to R&P and M&R&S and others to the consequences of the pandemic and broader response.

1. Design: Concerns were raised in Kenya, Uganda and Niger about the poor communication around the flexibilities, delayed timing (Uganda and Mozambique) and insufficient funding (Kenya and Uganda). One unintended consequence of the design was highlighted by Secretariat and Alliance staff, in relation to the discretionary roll-out of the flexibilities, which created the potential for inconsistent decisions.
2. Implementation: A range of unintended consequences relating to how R&P and M&R&S were experienced were reported, including in terms of:

1. Expecting countries to budget based on the available resources and not on the basis of needs (Mozambique) meant that Gavi's initial response risked being supply-driven (Kenya). This was exacerbated by difficulties in Mozambique in relation to planning and budgeting for vaccine campaigns where vaccine supply was unpredictable.
2. Contrary to the experience in Sudan, respondents in Uganda and Mozambique felt that COVID-19 and catchup efforts proved to be a distraction from RI efforts.
3. Concerns about the funding modality were raised in Mozambique, with the MOH feeling like a donor (transferring money for procurement), which contributed to delays in budget execution.
4. The principle of country ownership was reported as being too narrow in Kenya, with the government (national committee) in control of the response, without sufficient accountability due to the limited involvement of broader country stakeholders.

3. Outcomes: A number of unintended consequences were highlighted in terms of the impact of the COVID-19 response, itself. These included the negative effects of social distancing and vaccine hesitancy on RI and on other health issues, such as cancer, which required considerable work to recover from (Mozambique, Uganda, Kenya and Niger) and increases in outbreaks of measles and other VPDs.

These experiences led Secretariat staff to reflect on the need for Gavi to be able to adapt better, strengthen SCMs' roles and to decentralize decision-making.

7 Recommendations

The following recommendations were developed based on a review of the conclusions and lessons presented above. They were discussed with Gavi stakeholders at a co-creation workshop in late

August 2022, and refined through responding to comments from the Gavi Secretariat, including a request to achieve a balance between strategic focus and operational detail. Whilst we have made an attempt to assign recommendations to broad stakeholder categories, we understand this will be further specified as part of Gavi's management response to this evaluation report. Given the focus of our contribution analysis (at output level, as noted in the report) and limited data on effectiveness our ability to identify strategic yet specific recommendations is limited. Where appropriate and feasible, we have started to include some resources that we found during our evaluation, which may be helpful in considering how to implement these recommendations.

The literature on organisational resilience and crisis preparedness suggests that Gavi needs to take an integrated approach to pandemic preparedness. The recommendations we present are a set of equal priority and should be implemented as a package for the best results. The 'line of sight' from findings to recommendations is set out clearly in Annex 15, Vol. II.

1. **The Board and Gavi Alliance should work with other partners to guarantee a strategy is in place to ensure fast access to additional, flexible funding to support emergency responses from Gavi funding and other sources**. Recognising that access to existing resources was a barrier in some cases, Gavi Secretariat should also ensure, including through the recently launched EVOLVE initiative, that countries' access to Gavi funding is not constrained, through addressing e.g. downstream bottlenecks to disbursement and absorption (such as availability of other donor funds).

   Gavi positioned itself as a donor of last resort in its initial response to COVID-19, yet countries accessed Gavi funds because funding from other donors took longer to come onstream. Gavi funds and efforts could have been protected for RI if other flexible funding sources were available equally quickly. Gavi should continue to work with other donors to ensure the availability of contingency funding that is additional to routine funding for RI, e.g., through resource mobilization efforts to set up a mechanism similar to the International Financing Facility for Immunisation, which is focused instead on ensuring contingency funding for PPR (as highlighted in the co-creation workshop).

   Gavi should also assess the extent to which there is equitable access to funding at country level – e.g. work with countries to identify if/where they have insufficient capacity to engage with multiple donor approval processes. Where relevant and appropriate, Gavi should support countries to understand options to access funding. The evaluation also noted some challenges with downstream issues which may have undermined the relevance and contribution of the Gavi's flexibilities. Gavi should identify those bottlenecks that need addressing ahead of the next pandemic, for faster disbursement and absorption, building on the recently launched EVOLVE initiative.

2. **The Board and Gavi Alliance should review and agree options to ensure adequate capacity can be put in place quickly, when needed, to engage in context-specific dialogues with country partners and to respond efficiently to country needs.** The Gavi Secretariat should ensure SCMs, and EPI teams are adequately resourced to engage with COVID-19 and RI concurrently.

   A key reflection from this evaluation is on the effect of the chaos and pressure that the first waves of COVID-19 caused in most of the countries, highlighting the future need for innovative ways to improve communication and coordination between the international level (in this case Gavi) and country decision makers. This communication relies on having sufficient capacity or bandwidth in place at Secretariat and country level. The Secretariat should ensure SCMs are adequately resourced to work with EPI teams and Alliance partners in collating, analysing and using country-specific information as the basis for developing, reviewing and adapting differentiated country-specific strategies that maximize synergies between RI and COVID-19; and

in advocating for RI. This could include strengthening the role of Alliance partners at country level.

The evaluation also found that low uptake, of M&R&S in particular, was linked to lack of capacity at country-level to engage with both RI and COVID-19 in parallel. Options to strengthen capacity to engage could include strengthening country teams within the Secretariat (continuing what was started under the recent reorganisation, potentially looking to strengthen the consistent application of policies and guidance), establishing country-level capacity in some form (e.g., similar to PMUs in Sudan), and better leveraging the country-level capacity of Alliance partners (e.g., on sharing country-level data and analysis). This could also include developing options for how to provide surge capacity for EPI teams, which was identified as a key obstacle to maintaining the focus on RI throughout COVID-19 and with potential to learn from Gavi's related efforts under the COVAX initiative. As noted in the co-creation workshop, any new capacity that is proposed should avoid establishing new/separate channels of dialogue with governments and adding to existing coordination challenges - it is important to build on existing mechanisms.

3. **The Board and Gavi Alliance should ensure there is a) clear agreement on a minimum set of evidence to enable strategic decision-making in pandemic response (e.g. on RI coverage and performance of interventions); b) a strategy for how to achieve this including at the level of the Alliance and country partners.** Gavi Secretariat and Alliance should ensure they a) have monitoring systems in place to make available timely data on implementation performance of Gavi support and b) strengthen country information systems (data collection, analysis and sharing) to improve availability of data on relevant RI indicators.

   A key theme running through the evaluation findings is on the implications of Gavi decisions to employ a light-touch approach to monitoring uptake and performance of R&P and M&R&S. Strengthening both internal and external monitoring systems will enable better oversight and decision-making about how to respond to changing circumstances at a country-level. As noted above, this comes with costs as well as benefits, and is in no way straightforward: it isn't within Gavi's control, requires inputs from others incl. Alliance, and is complicated by sensitivities about access to data; we also recognize that this has proved challenging for other organisations. It will take time to make progress, particularly in terms of work at country-level. However, Gavi should define what progress it can make towards these goals building on work ongoing, including under the Gavi Measurement & Learning Strategic Focus Area (SFA).[222] Progress will necessitate working with relevant partners to develop, strengthen and adequately resource internal (Secretariat) and external (Alliance partners and country-level) systems.

- For **internal systems** (within the Secretariat), as noted under conclusion 4, ongoing work related to the CPMPM and the monitoring and learning plan provide an opportunity to strengthen Gavi's capacity to monitor performance and make adjustments, accordingly. In line with best practice,[223] these systems should specify which quality-assured, disaggregated (based on GESI considerations) data will be collated/collected, from which sources, by whom and with what frequency.[224] These data should not only be on RI coverage and children being missed out or caught up, but also on whether the funded interventions are implemented as planned and contributing to the right results.[225] To the extent possible, they should also strike the right balance between transaction costs and benefits in terms of learning and course-correction; striking this balance should be based on explicit agreement with senior management about what information is needed for decision making – including what are the minimum requirements to be fulfilled in the case of a future crisis. Together this should enable the adequate resourcing of M&E functions within transaction costs that are considered acceptable by key stakeholders.
- For **external systems** (including in Alliance partners, but primarily at country-level), recognising that Gavi is already investing in countries' ability to collect and report quality-assured data on RI coverage indicators this should cover disaggregated by gender, age (to monitor catching up of

older children previously missed) and geographic areas with the aim of achieving real-time data availability. Country systems could also be strengthened to facilitate collection and reporting on programme implementation and achievement of results. This could be done through ensuring Alliance partners play a stronger role, or through providing additional capacity to EPI teams (as above). It is important to recognize that sharing of country-level data may be politically sensitive and not feasible in all countries. As noted in the co-creation workshop, Gavi's levers to support country systems are well articulated through the digital health strategy and are differentiated for different country contexts. However, Gavi's support is likely to be insufficient, and coordination with other donors for those investments will be needed. There is scope to draw on lessons from COVAX in improving countries' information systems.

- Gavi Alliance should also ensure effective, relevant systems and **mechanisms to enable regular, timely review of progress** are in place at country, regional and global level (including with Alliance partners and internal to Gavi sec). The effectiveness of these mechanisms should be reviewed periodically to maximise their contribution in terms of adaptation for results.

4. **The Gavi Secretariat should review and ensure a partnership strategy which identifies the strategic partnerships that are needed (e.g., with private sector or emergency and humanitarian organisations) to provide effective, efficient pandemic preparedness and response.** The Gavi Secretariat should work with partners identified in the strategy to ensure that partnerships can be activated when needed to enable a rapid Gavi response to emergency or other context-specific needs.

   This should be based on a division of labour that identifies Gavi's comparative advantage[XLIII] in pandemic response, which should be clearer by the end of 2022, as addressed through PPC and Board processes. The evaluation noted how Gavi moved into areas outside its expertise and existing capabilities, which may have been better addressed through specific, targeted partnership. The emphasis here is for example on identifying partners that are used to operating in emergency contexts and humanitarian crises and putting in place systems to engage them quickly and efficiently when needed. This could include, for example, stronger engagement with larger international non-governmental organisations (INGOs) (in addition to local non-governmental organisations (NGOs)) to provide specific expertise or "to bring the best of the best and work in their sweet spot".[226] The evaluation team notes recent developments in this area already, through the appointment of a regional INGO[227] to further work in reaching ZD and missed communities through the Equity Accelerator Funds, and through the recent update to the CSO engagement framework.

   During the co-creation workshop and subsequent feedback from Gavi staff, it was highlighted that the process of contracting new partners can take time and as such needs to be done in advance of need. The Gavi Secretariat should work with partners identified in the partnership strategy to establish relevant and appropriate contractual arrangements that enable fast, responsive 'call down' of new partnerships at the time of need. This should be grounded, as appropriate, in ongoing Secretariat work around the humanitarian buffer[228] and the Zero-dose immunisation Programme.

5. **The Gavi Secretariat should ensure a strategy(ies) are in place for Gavi's role in PPR, which incorporate lessons from COVID-19 and COVAX.** Gavi should complement strategy(ies) for Gavi's role in PPR with implementation plans which set out key decision criteria (e.g., on trigger points, conditions in which Gavi will fund outside its CA), roles and responsibilities etc to ensure Gavi is able to quickly mobilise; this should facilitate upfront discussion with stakeholders to avoid

[XLIII] Evidence from the evaluation reaffirms the relevance of several of the Gavi 5.0 principles and objectives to Gavi's role in future pandemics, in particular in the following areas: CSO engagement – *Gavi 5.0 principle: community owned;* Advocacy for RI – *Gavi 5.0 objective: 3a) strengthen national and subnational political and social commitment to immunisation;* Identifying and leveraging innovation – *Gavi 5.0 principle: innovative.*

having to address this in the moment of an emergency. The Gavi Secretariat should also work with the Board and other governance structures to ensure that there is an aligned understanding of the operational implications of 'no regrets' and this is communicated to all Gavi Secretariat staff and Board members.

The evaluation has identified how Gavi was ill prepared to respond to a pandemic of this nature and the fact that the Secretariat needed to spend time developing a response, rather than implement an already-agreed plan, created risks and potential inefficiencies. A detailed operational plan is needed, but needs to be guided by a strategy with clear vision, goals, resources and priorities/trade-offs.

This should include making clear any changes to risk appetite in emergency contexts, in order to strike a balance between fiduciary risk management and the ability to move quickly, innovate and take risks. A review of the modifications to approval processes that were introduced for R&P and M&R&S, to identify which to retain going forward, could add value. The purpose of exploring 'no regrets' is to ensure that pre-existing ways of working, cultural expectations, attitudes to risk and accountability, do not present obstacles to innovation and increased tolerance to risk in pandemic responses. It is important to ensure roll-out or execution of this approach is sufficiently resourced to enable awareness and implementation by all staff.

A PPR plan should be based on Gavi's agreed comparative advantage as set out in a corresponding strategy and covering the respective roles of the Gavi Secretariat and Alliance partners. It should specify how Gavi will adapt systems/ processes and take decisions (e.g., on what Gavi will prioritize) to respond efficiently and effectively to future pandemics and make sure all grants and guidelines refer to it appropriately. A plan should set clear roles and responsibilities for the Gavi Secretariat and the Alliance partners and be in line with its current strategy and policy commitments.

Our findings suggest that a pandemic response plan should include the points outlined below:

- Effective coordination, including a clear division of labour and mechanisms at country-, regional- and global-levels.
- Local leadership and workforce capacity, e.g., whether flexibilities could be used to mobilize and pay for additional human resources for health at a country-level.
- Additional and flexible resources to respond to emergency contexts, whether staff-related or financial, e.g., surge capacity at country- and global-levels, contingency/pooled funds and reassurance on additionality and the impact on RI funding.
- Differentiation – the term pandemic primarily refers to the geographic reach and not the severity of an illness. Thus, other factors outside of the illness itself, such as the strength of local health systems, will determine how severe a pandemic will be. This explains some of the variability in the impact COVID-19 has had on different countries' RI and, potentially, on their uptake of R&P and M&R&S.
- Providing relevant and timely data to support decision-making and coordination at all levels (including subnational, national, regional and global),[XLIV] including for forecasting, identifying needs/funding gaps and cost estimates, building on existing investments; and developed with the right participants (e.g., non-state actors).
- A clear set of values-based principles, which can be shared with stakeholders to support quick and decentralized decision-making.[229]

In formulating the plan, it would be important to:

- Bring together existing or new work that is already moving forward. For example., the policy evaluation framework for diseases of pandemic potential, and work done in recently

[XLIV] Recognising that, at global-level, we primarily mean the Gavi Secretariat, whereas at country-level we mean Alliance partners.

approved FED policy and existing operational guidelines (co-financing, transition and flex for future pandemics).

- Reflect on different stages of pandemics – what is Gavi going to do pre-pandemic and once the response is activated? This should be developed in collaboration with partners (the WB, WHO, etc.) that are not in competition. There is a need for more discussions ahead of time regarding who is going to do what – cross-organisation planning.
- Provide for different contingencies – some pandemics/emergencies are different from others, the plan needs to deal with different scenarios, etc.
- Set clear expectations for partners, especially if Board authority or funding is required.

Annexes (separate volume)

1. Description of flexibilities available under R&P and M&R&S
2. Terms of reference
3. Evaluation matrix with evaluation questions
4. Mapping evaluation questions onto report sections
5. Evaluation methodology & limitations
6. Case study summaries
7. Bibliography
8. Key informants interviewed
9. Supporting evidence (figures and charts) for WS1
10. Supporting evidence (figures and charts) for WS2: right ways
11. Approach to analysis of the efficiency of Gavi's COVID-19 flexibilities
12. Gavi's role in coordination mechanisms
13. Supporting evidence (figures and charts) for WS3
14. Summary of learning from World Bank and The Global Fund experiences
15. Overview of findings, conclusions and recommendations
16. Cross case analysis

Endnotes:

[1] Noting that further 230 documents were received and reviewed but not coded, mostly this was because documents related to COVAX
[2] This was described as a comparator study in the inception report. In discussion with Gavi it was agreed to describe the exercise differently, to emphasize the learning focus and value in terms of contextualising Gavi challenges. Given availability of key informants and documentation, a more formal process was not realistic at this time.
[3] This is further summarized in Annex 5, Vol.II
[4] See Annex 2, Vol. II, Minor departures were made in relation to VfM: focusing on efficiency, effectiveness and equity (not on economy) following advice from the evaluation steering committee; exploration of a Theory of Action instead of a theory of change. Deadlines for deliverables also shifted, in agreement with Gavi's EVLU.
[5] COVID-19 Tracking Parameters
[6] https://www.who.int/news-room/fact-sheets/detail/immunization-coverage
[7] The evaluation team did not find any internal target timeframes for M&R&S, in contrast to R&P where approval and disbursement targets were 5 days each.
[8] Noting that the added value of R&P flexibilities was relatively small compared to what countries could have requested anyway through reprogramming of HSS grants and reallocation of TCA plans during non-COVID-19 times.
[9] including lack of clarity on whether additional resources would be made available for HSS needs should they be needed later on.
[10] 'Audit of the COVID-19 Response Mechanism 2021' March 2022; Annex 14, Vol.II.
[11] Gavi's role in a future COVID-19 vaccine programme, Agenda Item 04. Report to the PPC 31 October – 1 November 2022.
[12] Including HPV, polio, Japanese encephalitis, meningitis A and MMR
[13] Health system and immunisation strengthening (gavi.org)
[14] Civil society organisation support (gavi.org)
[15] Facts and figures https://www.gavi.org/programmes-impact/our-impact/facts-and-figures
[16] https://www.gavi.org/news/media-room/covid-19-gavi-steps-response-pandemic
[17] 2020_2025 Guidance for M&R&S https://www.gavi.org/sites/default/files/support/Gavi-Guidance-immunisation-during-COVID-19.pdf
[18] See Annex 1, Vol. II for a full description of the flexibilities under each initiative
[19] Based on M&R&S releasing guidelines in October 2020, with Gavi support available for 12-18 months from this date
[20] See Annex 2, Vol. II
[21] See Annex 3, Vol. II
[22] A mapping of EQs to report sections is provided in Annex 4, Vol. II
[23] See Annex 9 for a full list of stakeholders interviewed. Case studies were conducted in Kenya, Mozambique, Niger, Nigeria, Pakistan, Sudan, Togo, Uganda. These were selected in consultation with Gavi, informed by the following criteria: regional coverage, trend in RI coverage, # children missing vaccinations, uptake of R&P/M&R&S (based on understanding developed during inception phase), Gavi country category, impact of COVID-19.
[24] see Annex 6, Vol. II for a summary of findings for each case study
[25] The Global Fund and World Bank's experience in responding to COVID-19. This was described as a comparator study in the inception report. In discussion with Gavi it was agreed to describe the exercise differently, to emphasize the learning focus and value in terms of contextualising Gavi challenges. Given availability of KIs and documentation, a more formal process was not realistic at this time.
[26] See Annex 7, Vol. II
[27] See Annex 8, Vol. II
[28] A ToA "explains how programmes or other interventions are constructed to activate their theory of change. "Funnell, Sue, 2011. Purposeful programme theory: effective use of theories of change and logic models. pp31.
[29] See Annex 5, Vol. II
[30] See discussion in section 4.3
[31] During internal discussions, Board meetings, etc.
[32] See section 4.3.4 for more on this
[33] KIIs and ToA workshop: Gavi Secretariat x 5

[34] MRS talking points and Q&A
[35] M_R_Guidance_Overview_July
[36] Maintain and restore - Merged with zero dose - v1
[37] MR_EO update_VStrawman.KS.KB (002)
[38] KEN-HSS-2-COVID-19; MOZ-HSS-1-COVID-19; NGA-HSS-2-COVID-19; PAK-HSS-2-COVID-19; PAK-HSS-2-COVID-19; SDN-HSS-2-COVID-19; SDN-HSS-2-COVID-19; TGO-HSS-2-PBF-COVID-19; UGA-HSS-2-COVID-19; NER-HSIS-COVID-19
[39] Interviews and ToA workshop: multiple Gavi Secretariat Interviews;
[40] Gavi (2020): Report to the Board, 19 March 2020 – Gavi's Engagement on COVID-19
[41] Communication_4.01.2020_Update to Guidance and Alliance COVID-19
[42] Guidance on Gavi Flexibilities for COVID19_3.30.2020
[43] DRAFT memo programmatic risks and mitigation 02042020.docx
[44] 18 May- Co-financing approach under COVID-19 - draft for circulation
[45] Interviews: 2+ national stakeholders in each case study country
[46] KEN-HSS-2-COVID-19; MOZ-HSS-1-COVID-19; NGA-HSS-2-COVID-19; PAK-HSS-2-COVID-19; PAK-HSS-2-COVID-19; SDN-HSS-2-COVID-19; SDN-HSS-2-COVID-19; TGO-HSS-2-PBF-COVID-19; UGA-HSS-2-COVID-19; NER-HSIS-COVID-19
47 Interviews: country-level stakeholders in all case study countries
[48] https://immunizationdata.who.int/
[49] Gavi. 2022. Webinar on 'Progress and Challenged with Achieving Universal immunisation coverage'
[50] Gavi. 2022. Webinar on 'Progress and Challenged with Achieving Universal immunisation coverage'
[51] Gavi. 2020 & 2021. Covid tracking parameters on Country Impact and Response. Various dates
[52] See Annex 13.2, Vol. II
[53] COVID-19 Tracking Parameters
[54] WHO. 2022. Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021. Available at: who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1
[55] https://www.who.int/news-room/fact-sheets/detail/immunization-coverage
[56] see Annex 13.2, Vol II
[57] see Annex 13.2**,** Vol. II for more details
[58]
https://immunizationdata.who.int/pages/incidence/measles.html?CODE=PAK+TGO+KEN+NGA+NER+UGA+SDN+MOZ&YEAR=
[59] WHO. 2022. Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021. Available at: who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1
[60] Gavi. 2022. Webinar on 'Progress and Challenges with Achieving Universal immunisation coverage'
[61] A fuller description of key flexibilities under each initiative is included in Figure 1 and at Annex 1, Vol. II.
[62] Including VIG/Ops grants; post-transition support; transition grants
[63] See Annex 9.1, Vol. II summarizes the overlap between R&P and M&R&S and FER flexibilities
[64] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Gavi-Risk-Appetite-Statement
[65] Ibid
[66] Gavi. 2020. Gavi Alliance Gender Policy V.3.0. June.
[67] Gavi. 2020. COVID-19 Programmatic Considerations
[68] Strategy and implications of COVID-19.pdf
[69] COVID-19 Pandemic Response_An Alliance update.pdf
[70] Use of Gavi support to MRS in the context of COVID-19.pdf
[71] Reaching missed communities in light of COVID_v3.docx
[72] Gavi_Guidance-to-address-gender-barriers-in-MRS-immunisation_ENG.pdf
[73] It is important to note that as the pandemic progressed, key needs changed, e.g., as other resources became available
[74] For example, in Niger risk communications was rejected as per diem costs were considered too high. See Mozambique case study for further examples

[75] All case study countries developed these quickly (March/April 2020) so working versions of these were in place at time of R&P launch and there were no reported delays to R&P applications related to Plans not being in place
[76] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Key updates to internal guidance and news on COVID-19 from the Alliance & UN.pdf
[77] Multiple national stakeholders in each case study
[78] Annex 9.3, Vol. II summarizes which WHO-pillars R&P flexibilities supported, and Section 4.2.2.1 discusses in more detail the volume of funds reprogrammed to these areas
[79] As highlighted in Annex 9.2 , Vol. II.
[80] Gavi-HSIS-support-framework.pdf; risk-policy.pdf; transparency-and-accountability-policy.pdf; Gavi-Risk-Appetite-Statement
[81] Appendix 5 - Implementation of exceptional COVID-19 co-financing waivers.pdf; Strategy and implications of COVID-19.pdf; Guidance Co-financing approach under COVID-19 (2921).docx; Appendix 3 - Co-financing and fiscal space for health in Gavi-eligible countries.pdf
[82] See section 4.2.4 for more on uptake of this flexibility.
[83] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Key updates to internal guidance and news on COVID-19 from the Alliance & UN.pdf
[84] Ibid
[85] Ibid
[86] Country-level stakeholders in all case study countries
[87] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Key updates to internal guidance and news on COVID-19 from the Alliance & UN.pdf
[88] See Section 4.1.3, Box 9 and Annex 10.25, Vol. II for more on this
[89] See Annex 9.2, Vol II for full overview of alignment with key policies
[90] It is not clear whether this was the original intention (documentation is undated) but evidence from Secretariat and Alliance interviews confirmed that by June 2022 the Board was thinking about flexibilities in these terms.
[91] gavi-fragility-emergencies-and-refugees-policypdf; Gavi-Gender-Policy; gavi-HSIS-support-frameworkpdf; risk-policypdf; transparency-and-accountability-policypdf
[92] As discussed above, this innate risk aversion was perceived by some to negatively impact on the design and adaptability of flexibilities
[93] risk-policypdf; transparency-and-accountability-policypdf; Gavi-Risk-Appetite-Statement
[94] E.g. through being willing to roll-out new and untested models of flexibilities, rather than adjusting existing ones
[95] 'Audit of the COVID-19 Response Mechanism 2021' March 2022 noted that 25% external reviewers unable to submit comments on time.
[96] See section 4.2.8 and 4.2.9 for further information
[97] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Key updates to internal guidance and news on COVID-19 from the Alliance & UN.pdf
[98] reallocation request Final 300320.pdf; Narrativa PPR 27062020_Preliminar-GAVI en-GB.docx
[99] In some cases, PPE procured through Gavi funds arrived later than that from other sources - see Section 4.2.7
[100] It is important to note that it has been challenging to establish a definitive picture on financing gaps in case study countries. As described in Annex 10, Vol. II, it has been difficult to triangulate this finding using global datasets. Furthermore, although R&P grant reprogramming Approval Requests (AR) as well as MSD reports provide data on COVID-19 contributions by all partners, this data is out-of-date, incomplete (does not factor in, e.g., private sector, Chinese government) and it is based on commitments rather than actuals.
[101] COVID-19 Gavi immediate and interim response; DRAFT memo programmatic risks and mitigation 02042020; Key updates to internal guidance and news on COVID-19 from the Alliance & UN.pdf
[102] multiple Gavi Secretariat KIIs
[103] Multiple Gavi Secretariat; multiple in-country stakeholders (Niger, Uganda, Mozambique); data referred to by Alliance partner
[104] Which as discussed in Section 4.4.4.1 was what most R&P reprogramming was used for
[105] Gavi Secretariat and multiple in-country stakeholders (Niger, Uganda)
[106] It is not possible to verify if in fact RI coverage reduced more than it would have done if Gavi and others had maintained more focus on RI

[107] As discussed in section 4.3, RI coverage was affected by the COVID-19 vaccine rollout in many countries
[108] See Annex 9.2, Vol. II for details and exceptions, including R&P lack of alignment with gender and sustainability related policies
[109] In addition to the obvious comparative advantage in relation to supporting roll-out of COVID-19 vaccines,
[110] See Gavi, The Vaccine Alliance: Doubling Down on Coverage, Partnerships, and Transition Incentives for the Next Phase - World | ReliefWeb
[111] P31, Ibid
[112] P12, "Break COVID now: The Gavi COVAX AMC Investment Opportunity" (Gavi, 2022) – available from Break COVID now - the GAVI COVAX AMC investment opportunity.pdf (reliefweb.int)
[113] Also referenced here default (parliament.uk) ("DFID supplementary submission Funding for vaccines, treatments and tests research: COVID and GAVI")
[114] COVID-19 Pandemic Response An Alliance update.pdf, COVID-19 Gavi immediate and interim response
[115] Mentioned here Gavi@20: What's Next for Global Immunization Efforts | Center For Global Development (cgdev.org)
[116] See Annex 9.4, Vol. II and Box 1 for more details
[117] A full mapping of all R&P and M&R&S flexibilities is available in Annex 10, Vol. II.
[118] Per Annex 10.1
[119] Guinea-Bissau – core priority, Liberia, core-standard, and Pakistan – high impact.
[120] Annex 10, Vol. II, shows all the countries that accessed R&P reprogramming
[121] 'Audit of the COVID-19 Response Mechanism 2021' March 2022; Annex 14, Vol.II
[122] Tracker no. 27 COVID-19 Approval Budgets_zzMASTER - editable
123 See Annex 10.9, Vol. II
124 Slide source: Status of Covid-19 Commodities Funded by Gavi, November 2020 citing UNICEF SD Report of 31 July 2020
[125] Slide source: Status of Covid-19 Commodities Funded by Gavi, November 2020
[126] Source data: Tracker #27
[127] The impact of other issues, such as the use of the GPF and lack of ToC are discussed in section 4.3
[128] MRS Gavi Internal Review slides, October 2021
[129] As well as annex 14, review of secondary data from UNICEF (Real-Time Assessment of the UNICEF Response to COVID-19: Global synthesis report) and other organisations highlighted efforts taken and challenges faced.
[130] Tracker no. 5: HSIS COVID Tracker 13-05-2020
[131] Tracker no. 8: COVID HSS Tracker updated for Finance - June 2020
[132] Reallocation TCA guidance (undated)
[133] Appendix 4 - Further details on the economic impact of COVID_Oct 2021 (Appendix to PPC papers)
[134] see Annex 10, Vol. II
[135] Implementation of exceptional COVID-19 co-financing waivers_Oct 2021
[136] 20200924 Co-financing approach under COVID-19 - FINAL
[137] Co-financing waiver guidance document
[138] Guidance on use of HSIS, PBF, PTE and PEF TCA_Response to Covid-19, multiple Gavi Secretariat KII
[139] Annex 14, Vol. II
[140] When reviewing Gavi's Financial Management and Reporting Guidance online (accessed Sept 2022) it was not possible to determine disbursement targets, nor standard disbursement practice.
[141] 2020 Assessment Cycle United National Children's Fund (UNICEF) MOPAN Assessment Report; 'Audit of the COVID-19 Response Mechanism 2021' March 2022
[142] In the early phase of the global pandemic, the situation regarding critical supplies of PPEs was well-known. A confluence of events, notably including a concentration of PPE manufacturing and supply in China and lock-down of the Asia region disrupted global supply chains and worked to drive up demand and costs worldwide. The response that UNICEF took to serious constraints in PPE was to lead a joint-PPE tender (with other UN agencies). This served as a mechanism to negotiate PPE pricing and to update pricing in line with market development.
[143] The assumptions behind the need for reprogramming EPI funds towards covid supplies purchase were that other donor funds would take longer to materialise, and that there were immediate gaps which Gavi could fill, especially related to targeting community level and frontline health workers. The AR memo stated that support was urgently needed, and there would be a need to ensure the goods will be delivered as soon as possible given the evolving pandemic situation and major impact on PHC and RI services. "NCDC has a major challenge

with concrete contributions in that there are commitments made by some donors, but the actual support is delayed. We need to work with UNICEF SD to ensure timely procurement and delivery of PPE, lab reagents and test kits." ....
"Once approved, the activities proposed by the country will increase capacity to rapidly scale-up testing, surveillance, contact tracing, infection prevention and risk communication, especially at community level. …The support includes provision of PPEs to 25% of PHCs to ensure that frontline health workers are equipped to continue immunisation and other PHC services."

[144] e.g. SOP development and training, support to service delivery innovations including paying vaccinators
[145] Niger, Pakistan and Gavi Secretariat KIIs
[146] KII Gavi Secretariat
[147] Internal emails, COVID-19 response group meeting minutes, multiple KIIs with Gavi Secretariat.
[148] Which we believe included a letter sent to countries' MoH, plus a reprogramming memo template and budget template (referred to in Guidance on use of HSIS, PBF, PTE and PEF TCA)
[149] The letter is undated but refers to WHO having declared the pandemic the day before, which we know took place on 3rd March.
[150] Internal Guidance on use of HSIS, PBF, PTE and PEF TCA_Response to Covid-19 (undated) and Reallocation TCA guidance (undated) & Q&A on COVID-19 Country Programmes Response + Targeted Country Assistance Reallocation Guidance in the context of COVID 19 pandemic, undated, classified Internal + 20200924 Co-financing approach under COVID-19 – FINAL + Q&A on COVID-19 Country Programmes Response and Maintain, Restore & Strengthen (M&R&S): talking points and Q&A on M&R&S activities and associated funding in the context of COVID-19, V. 16/09/2020
[151] Q&A on COVID-19 Country Programmes Response and Maintain, Restore & Strengthen (M&R&S): talking points and Q&A on M&R&S activities and associated funding in the context of COVID-19, V. 16/09/2020
[152] E.g. 5th partner update 24-30 April
[153] Note that the evaluation team has not had opportunity/time to review Gavi processes for staff induction.
[154] Alliance partner and Gavi Secretariat KIIs
[155] WHO, UNICEF, World Bank and Bill & Melinda Gates Foundation
[156] 20200924 Co-financing approach under COVID-19 - FINAL
[157] CEO Report of December 2020
[158] Appendix 5: Implementation of exceptional COVID-19 co-financing waivers, Oct 2021
[159] Nigeria and Pakistan case studies
[160] Multiple Gavi Secretariat KIIs
[161] See Annex 14, Vol. II
[162] Also noted in Alliance partner KII, referring to data [uncorroborated by evaluation team].
[163] also covered in Annex 12, Vol.II
[164] MRS Guidance: Submission of the 'TCA request' to the SCM must occur by 30 November 2020.
[165] As discussed in section 4.2.9.3
[166] Niger, Sudan, and Pakistan
[167] Audit of the COVID-19 Response Mechanism 2021' March 2022
https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf
[168] Internal email correspondence
[169] 20200716 Time Spent on COVID response
[170] Annex 14, Vol. II
[171] One country KI (Niger) noted this caused confusion; they were unclear which one to refer to and why.
[172] Using R&P funding and regular bridge funding as opposed to funding obtained through an M&R&R 'official' application
[173] Gavi. 2020. COVID-19 Monitoring and Learning Overview
[174] Including potential data sources, learning questions and monitoring activities (e.g. integration of relevant questions in other ongoing studies and evaluations). Gavi's proposed to gather understanding in the following areas: i) evolution of COVID-19 situation, ii) status of RI; iii) effects of RI disruptions; iv) status of Gavi's response and v) the effects of RI response efforts
[175] The EHG evaluation team
+developed a ToA during the inception phase based on interviews and a desk review. This ToA served as basis for our evaluation but it was never intended for use by Gavi (e.g. tracking results).

[176] Gavi. 2020 & 2021. Covid tracking parameters on Country Impact and Response. Various dates.
[177] Gavi. 2020. Covid tracking parameters on Country Impact and Response. 22 July
[178] https://immunizationdata.who.int/
[179] Gavi MEL team. 2021. WUENIC initial briefing. 21 July
[180] hera. 2021. FER Policy Evaluation. Final Report. Available at: https://www.gavi.org/sites/default/files/evaluations/Gavi-FER-Policy-Evaluation-Final-Report.pdf
[181] As noted above, it is not clear whether this was the original intention (documentation is undated) but Secretariat and alliance interviews confirmed that by June 2022 the Board was thinking about flexibilities in these terms.
[182] Gavi. 2020. Use of Gavi support to Maintain, Restore and Strengthen Immunisation in the context of COVID-19. Updates as of October. Available at: https://www.linkedimmunisation.org/wp-content/uploads/2020/11/Gavi-Guidance-immunisation-during-COVID-19.pdf
[183] The GPF is the output of an explicit agreement between countries and Gavi on the key metrics used to monitor and report on progress of all Gavi grants during their implementation. Gavi. 2019. Guidance for Gavi Grant Performance Frameworks. Available at: https://www.gavi.org/sites/default/files/document/guidance-for-gavi-grant-performance-frameworkspdf.pdf
[184] Gavi. 2020. Use of Gavi support to Maintain, Restore and Strengthen Immunisation in the context of COVID-19. Updates as of October. Available at: https://www.linkedimmunisation.org/wp-content/uploads/2020/11/Gavi-Guidance-immunisation-during-COVID-19.pdf
[185] Gavi. 2020. Use of Gavi support to Maintain, Restore and Strengthen Immunisation in the context of COVID-19. Updates as of October. Available at: https://www.linkedimmunisation.org/wp-content/uploads/2020/11/Gavi-Guidance-immunisation-during-COVID-19.pdf
[186] Evaluation team´s analysis of extracted GPF data
[187] Gavi. 2021. M&R&S review. October.
[188] See Box 10 and Annex 13.3, Vol. II for more details
[189] e.g. in Sudan, Mozambique, Uganda. This was outside Gavi's control but not outside its influence; although multiple factors were at play and countries made rational choices about how to resource their responses (section 4.2.9.3)
[190] See Annex 13.4, Vol. II for more details
[191] For the purposes of our analysis, we count those innovations that are listed in the Gavi innovations catalogue.
[192] See Box 11 and Annex 13.5, Vol. II for more details
[193] Analysis on the efficiency implications of these innovations is included in Annex 11, Vol. II
[194] https://www.gavi.org/sites/default/files/2020-09/Gavi_Innovation-catalogue.pdf
[195] Using R&P funding and regular bridge funding as opposed to funding obtained through an M&R&R 'official' application.
[196] see Annex 13.6 in Vol. II
[197] Multiple Gavi Secretariat; multiple in-country stakeholders (Niger, Uganda, Mozambique); data referred to by Alliance partner
[198] Which as discussed in Section 4.4.4.1 was what most R&P reprogramming was used for
[199] Gavi Secretariat and multiple in-country stakeholders (Niger, Uganda)
[200] It is not possible to verify if in fact RI coverage reduced more than it would have done if Gavi and others had maintained more focus on RI
[201] As discussed in section 4.3, RI coverage was affected by the COVID-19 vaccine rollout in many countries
[202] 'Audit of the COVID-19 Response Mechanism 2021' March 2022; Annex 14, Vol.II.
[203] 20200716 Time Spent on COVID response
[204] Annex 14, Vol. II
[205] As discussed in section 3.2.3
[206] Niger, Sudan, and Pakistan
[207] Section 2 highlights a limitation to our approach in our restricted ability to generalize from eight case studies. However, we have sought to comment on the extent to which challenges faced by Gavi are unique to Gavi or more generally experienced by similar organisations.
[208] The cocreation workshop was held on 31st August with participants from across Gavi. The purpose was to help ensure relevant and actionable recommendations through: sense checking proposed recommendations, against key findings; discussing feasibility per recommendation (in addition to suitable prioritisation, operationalisation,

roles and responsibilities, etc.); and confirming if there are any other recommendations that should be considered or not adequately covered that the evaluators should take into account. Findings and feedback from the workshop were incorporated in a subsequent revision of the conclusions, lessons and recommendations presented in this report.

[209] Gavi's role in a future COVID-19 vaccine programme, Agenda Item 04. Report to the PPC 31 October – 1 November 2022.

[210] For example: https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/getting-ahead-of-the-next-stage-of-the-coronavirus-crisis;

[211] https://www.oecd.org/dac/evaluation/jointevaluations.htm

[212] See for example https://www.adb.org/sites/default/files/evaluation-document/565391/files/ll-covid-19.pdf

[213] https://www.gavi.org/sites/default/files/board/minutes/2022/22-june/03%20-%20Strategy%20Programmes%20and%20Partnerships%20Progress%20Risks%20and%20Challenges.pdf

[214] The Global Fund notes lack of implementation of the concept of continuous re programming due to transaction costs at country-level. Global Fund's C19RM V1.0 evaluation

[215] Gavi Secretariat Interviews

[216] Alliance partner interviews;

[217] Gavi Secretariat interviews

[218] Additional TCA funds to CSOs were offered as part of MR&S. Lack of uptake appears to have been mostly due to timing; see section 4.2.9.4 for more details.

[219] Alliance partner Interviews, also a feature of the response in Pakistan and Nigeria case studies.

[220] Alliance partner interviews

[221] Real-Time Assessment of the UNICEF Response to COVID-19: Global synthesis report

[222] Gavi noted that it's current vision of success for the Gavi M&L SFA (Formerly Data SFA) is for Gavi countries have strengthened data systems and tools to provide timely insights, enhance immunisation programmes, and support delivery of Gavi 5.0. As part of this vision, one of three criticalpillars/priorities is to strengthen underlying information systems and data tools for enhanced capability to: a) detect drivers of, gaps (e.g. missed communities) and disruptions to RI and monitor coverage across the life-course and in marginalized populations; b) improve interoperability of immunization data systems; c) use subnational data and surveys; d) implement regular monitoring reviews and feedback loops across the health system. To achieve this vision, Gavi is investing in a number of activities through our core and expanded partners by strengthening data systems for RI monitoring to sustain effective and resilient immunisation programmes. These investments are meant to be catalytic and time limited but eventually want to scale this up to more sustainable means through funding like HSS and TCA. For example, global investments in partnership with university of Oslo, WHO, UNICEF, and other key stakeholders DHS2. Gavi is also developing a framework and ToC to help us better organize our data related investments beyond SFA so that it's more holistic.

[223] DFID SMART rules 2020, see guidance on developing high quality results frameworks.

[224] Updated as regularly as possible, ideally in real-time although recognising that real-time data is an ideal and often unattainable goal.

[225] Ideally this should be done against country level theories of change, including monitoring assumptions made regarding factors that Gavi cannot control.

[226] Gavi Secretariat KI

[227] World Vision has been appointed to support seven countries in the Sahel, for example (Gavi Sec)

[228] https://792907441.flowpaper.com/takingstockofhumanitarianaccesstopandemicvaccinesdp/#page=8

[229]

See for example ' A Compass for the Crisis: Nonprofit Decision Making in the COVID-19 Pandemic': https://www.bridgespan.org/insights/library/organizational-effectiveness/nonprofit-decision-making-in-covid-19-crisis