

Gavi – The Vaccine Alliance EVALUATION MANAGEMENT RESPONSE

Evaluation of Gavi's contribution to reaching Zero Dose children and missed communities (phase 1)

Business Owner/s: Programme Team, Strategy Team

Evaluation Title: Evaluation of Gavi's contribution to reaching Zero Dose children and missed communities (phase 1)

Study Evaluation Year: September 2022 – February 2024

Evaluation Purpose: The purpose of this evaluation is to inform the Gavi Board, Secretariat and Alliance partners on how their work is contributing to immunising children in the poorest and most marginalised communities in Gavi-eligible countries.

Evaluation Key Objectives: The evaluation looks back to Gavi 4.0 for lessons learnt and forward to Gavi 6.0 to guide the design of the next phase. This report covers Phase 1 (2022-2023) of a three-stage evaluation and provides a baseline in eight case study countries against which change will be tracked in Phase 2 (2024) and Phase 3 (2025). The evaluation has four specific objectives, of which Objective 1 was expected to have the strongest evidence in Phase 1:

O1: Evaluate the relevance and coherence of ZD Agenda in terms of Gavi 5.0/5.1;

O2: Assess the operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers and programmes;

O3: Estimate the plausible contribution of pro-equity grants initiated under Gavi 4.0 with continued implementation in the Gavi 5.0/5.1 period, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities; and

O4: Generate lessons learnt on the implementation of the ZD Agenda to inform course correction and development of the Gavi 6.0 strategy.

Gavi Secretariat
Overall Response
to the Evaluation

Gavi appreciates and welcomes the recommendations (strategic and operational implications) provided in the report of the phase 1 of the Zero Dose evaluation by the independent evaluation team. We are pleased that this thorough independent report will be made publicly available, significantly contributing to the body of evidence on the Zero Dose agenda. Our commitment to ongoing evaluation and learning remains strong, and we will continue to contribute to this area over the coming months. This includes the forthcoming phase of the evaluation, which will focus on the period from 2023 to 2024 and tailored to useful topics to inform the Health systems strengthening (HSS) refresh and

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We broadly concur with the findings ¹and implications, many of which we are already actively addressing and will help enhance our effectiveness and impact. The findings will also help information development and operationalisation of Gavi 6.0.

Implication 1: Simplify funding levers and guidance

Gavi has multiple funding levers that do not appear to deliver significant marginal added value. While there may be trade-offs with ability to earmark funding for particular Gavi strategic objectives, at the country level, different funds are often combined into one overall Gavi contribution to national immunisation programme budgets, yet still require separate application processes which require additional resource investments by stretched national partners. The EAF 'expires' in 2027 and Gavi should at that point consider further simplification of grant levers, including potentially the HSS, the EAF and the CCEOP, into one overall input to strengthening health systems to deliver immunisation outcomes, while adopting other means to ensure all funds contribute to ZD goals. In addition, update guidance in light of simplified funding levers to make it less complex and more user friendly and ensure its flexibility to different country segments.

Alliance Management Response (Agree, Partially Agree, Reject)

Agree

Actions planned

- 1. Agree on revised and streamlined funding lever architecture
- Start to operationalise new funding architecture and guidelines

Implication 2: Make a stronger case for Gavi to work through broader HSS, PHC and UHC processes by leveraging pooled funding and other development

Gavi 5.0/5.1 acknowledges that its focus on ZD children encompasses communities that suffer multiple health deprivations. In these eight countries, the evidence suggests that supporting systems and interventions to meet their immunisation needs interacts with comprehensive PHC and ensuring UHC. Improving support for HSS is the focus of the 2023 Future Global Health Initiatives process, in which Gavi is

¹ The external evaluators presented the findings under each objective. Findings on Objective 3 (assessing the contribution of grants to ZD outcomes) were presented first, enabling comparison with subsequent findings on Gavi 5.0/5.1, as Objective 3 focuses on this year on Gavi 4.0 grants only. Findings on Objective 1 examine the relevance and coherence of new Gavi 5.0/5.1 ZD approach. Findings on Objective 2 assess the operationalisation of new grants to date.

harmonisation opportunities.	a core partner. In the current strategic approach, these ideas are not fully developed and Gavi 6.0 could make a clearer case for how they propose to work more closely with other development partners at the country level, including how they can leverage opportunities offered by pooled funds to deliver immunisation outcomes and target ZD and marginalised communities more effectively and what the trade-offs are with more targeted actions and approaches.
Alliance Management Response (Agree, Partially Agree, Reject)	Agree
Actions planned	Clarify Gavi's approach to PHC integration as part of Gavi 6.0 and health systems strategy
	Strengthen alignment with other GHIs on HSS as part of FGHI agenda
	3. Strengthen partnership with WHO and UNICEF PHC / HSS teams beyond immunisation
Implication 3: Clarify relationships with and expected outcomes from non-traditional partners	The new CSO focus of Gavi 5.0/5.1 is to be commended for facilitating access to marginalised communities that by definition are beyond the reach of government health systems. However, the implications of this approach have yet to be fully operationalised, particularly in relation to demand generation, community engagement and gender. Early evidence on CSO funding in these eight countries suggests potentially significant shifts in direction of Gavi funds and expansion of non-traditional Alliance partners, although this has yet to be operationalised. The implications of this shift go beyond a set of new contractual relationships and the policy could be more fully developed under Gavi 6.0. Examples might include greater clarity on Board appetite for fiduciary and operational risks or identifying ways to work with other development partners (such as the Global Fund) to coordinate support to non-state implementing partners. We recommend that the Secretariat uses the ZIP monitoring and evaluation plan to learn from previous experience working with NGOs to set out expectations of the kind of outcomes to be delivered by different types of non-state entity, how to contract most effectively to deliver them and how to manage the associated operational and fiduciary risks.
Alliance Management Response (Agree, Partially Agree, Reject)	Agree

Actions planned

- Refine and adjust CSCE apprach for Gavi 6.0
- 2. Enhance cross-learning between ZIP and Gavi's wider CSO engagement initiatives
- 3. Drive CSO and local partner engagement agenda as per Board steer
- 4. Establish outsourced CSO and Local partner fund management mechanism
- 5. Expand and strengthen the CSO and Local Partner MEL system
- 6. Systematically engage with CSOs on specific thematic areas and learnings

Implication 4: Develop a more nuanced approach to difficult resource allocation choices

Targeting ZD children and missed communities is clearly the right thing to do from a justice perspective. Yet in these eight countries, partners, from national programme managers to frontline providers, have had to make difficult choices in their efforts to maximise impact. A value for money approach is one way to develop a framework to guide such choices. Others might entail greater clarity around the public health value of targeting different population groups or focusing on un-immunised to the exclusion of under-immunised children. While balanced with minimising complexity, under Gavi 6.0, we recommend a more nuanced approach to assisting programme managers and country teams to make difficult resource allocation choices.

Alliance Management Partially agree Response (Agree, Partially Agree, Reject)

lf recommendation/impl ication is rejected/partially accepted, indicate reasons:

Gavi agrees that there is a need to enhance support to countries to prioritise activities within their immunisation programme given the growing number and complexity of new vaccines available, and increasing resourcing constraints. However, it is risky to take a purely value for money approach to the zero-dose agenda. Equitable programming is by its nature expensive with marginalised communities often among the most difficult and costly to reach. Zero-dose children are a marker for these communities and Gavi has been clear that it's intent in reaching these communities is to ensure all missed children (zero-dose and under-immunised) are fully vaccinated. Equity is the organising principle of Gavi 5.0 so it will be important to continue to prioritise these communities, even if this is more expensive, in order to to close immunity

	gaps and deliver on the SDG aspiration to leave no one behind.
Actions planned	Ensure Gavi Board provides clear direction on trade-offs, including on ZD vs. Other priorities, as part of Gavi 6.0 process
	Reinforce communication around the zero-dose agenda to ensure that in-country stakeholders understand zero-dose are a tracer for targeting immunisation programming but that goal is to ensure all children in targeted communities are fully immunized
	Strengthen Alliance support to countries for prioritising immunisation programming
Implication 5: Intensify focus and resource allocation to implementation, disbursement and grant absorption.	grant disbursement and absorption at the country level, particularly since the JA process halted under COVID. The implications of these are relatively inefficient use of Gavi resources to support immunisation interventions, including those intended to contribute to reaching ZD children and communities. Under the EVOLVE process, there are multiple opportunities to streamline these processes, but progress has been slow, and we recommend expediting these as soon as possible. In addition, we recommend fully reinstating the JA process as a mechanism for shared oversight of grant implementation
Alliance Management Response (Agree, Partially Agree, Reject)	Agree
Actions planned	Implement new target operating model under EVOLVE with accelerated pilots in pathfinder countries
	Continue to reinstate Joint Appraisals; ensure semi-annual review of funding utilization at portfolio level with Alliance Partnerships and Performance Team
Implication 6: Support country teams to operationalise their grants more effectively.	Policies designed to accompany and support interventions to target ZD communities, such as FED, differentiation and segmentation, are not yet fully operationalised. The implication of this is that, at the country level in different settings, there is relatively little variation in grant application

	and implementation processes, which is inefficient and a poor use of resources. We recommend that the Secretariat learns from and uses the extensive evidence being generated to refocus on supporting country teams to operationalise their grants more effectively, grounded in local contexts and sufficiently flexible to respond to emerging data or other relevant information. This should include specific measures of progress against intended milestones and outcomes in terms of grant differentiation
Alliance Management Response (Agree, Partially Agree, Reject)	Agree
Actions planned	Operationalise FED policy with a suite of flexible process approaches to these settings.
	Implement differentiated grant management processes as part of EVOLVE programme and building on IRC evaluation
	Further differentiate health systems programming approach through clearer Gavi policies and guidance
Implication 7: Invest in internal data systems for grant oversight and accountability	Gavi has surprisingly weak data on grant implementation, compared to other global health initiatives, such as the Global Fund. As a result, grant managers have relatively little insight into grant disbursement, absorption or the implementation of supported interventions. Even where information is intended to be collected, such as in the CPMPM, there are significant gaps in data across countries, which does not allow either the Secretariat or the Board to exercise usual oversight of progress against intended goals. We recommend intensified focus on ensuring internal data systems are fully used, to facilitate oversight and accountability for expenditure, alongside reinstatement of the full JA process
Alliance Management Response (Agree, Partially Agree, Reject)	Agree
Actions planned	Further enhance design and use of MPM dashboard as well as grant implementation monitoring
	Pivot focus of grant mangement from design towards monitoring and course correction as part of EVOLVE initiative
	Roll out cross-Secretariat initiative to enhance use of data and analytics for management



The Full detailed version can be assessed by request to the Gavi Secretariat