



# Synthesis Report of PEF-TCA Assessments in High-impact Countries

## Final Report

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# Acronyms and abbreviations

CDS	COVID-19 Vaccine Delivery Support
CM	Country Manager
COVID-19	Coronavirus SARS-CoV-2
CSO	Civil Society Organization
DQM	Data Quality Management
DRC	The Democratic Republic of the Congo
DTP3	Three doses of the diphtheria, tetanus and pertussis vaccine
EPI	Expanded Program on Immunization
EVM	Effective Vaccine Management
FPP	Full Portfolio Planning
FS	Foundational Support
Gavi	Gavi, The Vaccine Alliance
GPEI	Global Polio Eradication Initiative
HIC	High-impact Country
HPV	Human Papillomavirus
HSS	Health System and Immunization Strengthening
ICC	Interagency Coordination Committee
IRC	Independent Review Committee
JA	Joint Appraisal
KAP	Knowledge, Aptitude, Practice
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MCV	Measles-containing Vaccine
MoU	Memorandum of Understanding
NITAG	National Immunization Technical Advisory Group
PEF	Partner Engagement Framework
PEF-TCA	Partner Engagement Framework - Targeted Country Assistance
RI	Routine Immunization
SCM	Senior Country Manager
SFA	Strategic Focus Area
TA	Technical Assistance
TCA	Targeted Country Assistance
ToC	Theory of Change
UNICEF	United Nations International Children's Emergency Fund
VPD	Vaccine-preventable Disease
WHO	World Health Organization

# Introduction

## Review Objectives and Scope

This synthesis report brings together findings from the rapid country assessments of partner engagement framework-targeted country assistance (PEF-TCA) in three of Gavi's high-impact countries (HICs): The Democratic Republic of the Congo (DRC), Ethiopia and Nigeria<sup>1</sup>.

The aim of the individual assessments has been to better understand how technical assistance is being delivered by partners; the quality of this targeted country assistance (TCA); and the extent to which the procurement, planning, implementation, monitoring and accountability arrangements are fit for purpose. Each country report included country-specific findings and recommendations as to how the design, implementation, impact and monitoring of PEF-TCA can be improved. This synthesis of the findings from the three country reports identifies common themes, trends and challenges, and generalizable findings, which may be pertinent across HICs, or which may provide strategic learning for Gavi regarding the PEF-TCA model.

The aim of this synthesis is to provide Gavi with findings and recommendations that will be used to inform the redesign of PEF-TCA, ensuring its fitness for purpose going into Gavi 6.0; to strengthen the management and monitoring of PEF-TCA going forward; to inform PEF-TCA learning events; and to facilitate engagement with partners and donors.

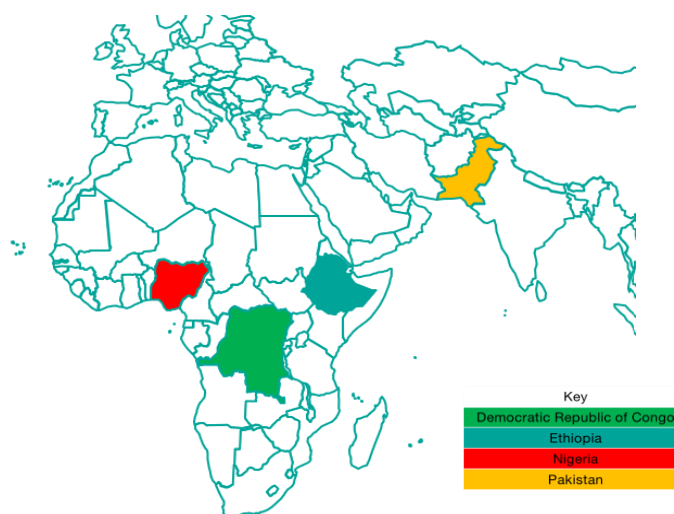
### Countries in focus:

For this round of assessments, a decision was made by Gavi to focus on HICs<sup>2</sup>.

This decision was made against the backdrop of US\$524m having been approved for TCAs in Gavi 5.0, where a total of US\$103m (19%) has been set aside for Nigeria, DRC, Ethiopia, and Pakistan<sup>3</sup> (all HICs).

Gavi has designated a segment of countries as 'high impact.' Due to their large share of 'zero-dose' children (those who have not been reached by routine immunization services), these countries are critical to Gavi's ability to reach the ambitious goals it has set for the 2021–2025 strategic period.

Figure 1: HICs that are in scope for this assessment



<sup>1</sup> As explained under limitations, this was originally intended to include Pakistan as well.

<sup>2</sup> HIC are large countries with large populations that have a large share of the 'zero-dose' children. See [Focusing on 'High Impact' countries brings a local lens to national immunisation programmes](#).

<sup>3</sup> India is a HIC, however, it is not a TCA-recipient country as it is not eligible.

**Timing:** The country assessments took place between December 2023 and May 2024. The regional synthesis then followed between June and November 2024, building on the country findings.

## Methodology

### Inception and review design

Between December 2023 and February 2024, the team undertook a series of introductory and inception discussions with the PEF-TCA team, senior country managers (SCMs) and Core partner<sup>4</sup> representatives at a global level, as well as a review of key global-level documents. They were then able to develop a global-level enquiry framework to inform the rapid country assessments, which also created an awareness of the country assessments and supported engagement with them.

*Table 1. Enquiry framework*

Overarching Enquiry Question	Sub-question
1 To what extent were the expectations regarding partner outputs and outcomes clearly articulated and understood during the TCA planning?	1.1 To what extent has there been strong government ownership and leadership of PEF-TCA?
	1.2 How have the newly aligned full portfolio planning (FPP) and PEF-TCA processes brought changes to timeliness, transparency, multiyear funding, and performance monitoring?
	1.3 To what extent has PEF-TCA been aligned to identified country needs?
2. To what extent have the intended PEF-TCA results been achieved?	2.1 To what extent are the partner action plans/agreed priority areas being implemented/delivered to the agreed workplan?
	2.2 To what extent are countries satisfied with the quality of the inputs provided by partners and with the results generated through the TCA inputs?
	2.3 What outcomes has PEF-TCA contributed to? (E.g., strengthening the Expanded Program on Immunization (EPI); data quality, analysis, and use; or procurement, capacity, and skills development.)
	2.4 To what extent are necessary grant management processes in place (e.g., reviews, regular program cycle meetings and monitoring and evaluation (M&E)) to enable the delivery of TCA results?
	2.5 To what extent has the COVID-19 pandemic (and other contextual changes) impacted on the implementation of PEF-TCA and how have these impacts been mitigated?
	2.6 How has PEF-TCA been complimentary to the support delivered by other Gavi funding levers and to the

<sup>4</sup> Core Partners for TA include the WHO, UNICEF, CDC, CDC Foundation, and the World bank. Expanded Partners for TA include all other implementing partners (see June 2024 PEF TCA Guidance for 2022-2025 MYP).

	immunization technical assistance (TA) provided by other donors?
3. What are the key factors that have constrained or enhanced the achievement of TCA-related results?	3.1 Factors enhancing the achievement of results
	3.2 Factors constraining the achievement of results
4. Recommendations	

The country assessments took place between February and May 2024. Each included an inception phase, with an initial meeting with the country portfolio teams from Ethiopia, DRC, Nigeria, and Pakistan. There were subsequent interviews with the SCMs and core partners, which promoted the participation of relevant stakeholders in the assessment from the outset, enhancing their ownership over and engagement with its findings. An initial country document review was also conducted to familiarize the team with the key issues and to map the available data. The global enquiry framework was then expanded and refined to include country-specific questions to promote the utility of the reports to country-specific audiences. The overarching country framework supported the triangulation of evidence, which enabled the team to develop robust findings and clear, meaningful, evidence-based conclusions and recommendations.

### Data collection for country assessments

Each of the country assessments used a mixed methods approach (interviews, focus groups and a documentary review) to collect and triangulate qualitative and quantitative data from a range of sources. This established a robust evidence base for all aspects of the assessment, which was informed by the enquiry matrix. In all of the data collection and analysis activities, the team ensured that approaches and tools were adapted to the context and were consulted in a balanced and representative way<sup>5</sup>. The data collection tools considered aspects of gender, equity, and human rights.

The primary data collection consisted of key informant interviews (KIIs) and country visits to Ethiopia, DRC, and Nigeria. The country visits lasted for five working days and included time primarily in the capital city to conduct interviews and focus group discussions with government, Core and Expanded partners, and other stakeholders, such as civil society organizations (CSOs) and community groups. Secondary data were identified and reviewed in the preliminary document review, with additional documents being integrated in the later data collection phase. Each country study culminated in a debriefing meeting with key stakeholders to present and validate the emerging findings, check data accuracy and identify any other data gaps.

### Country analysis and reporting

The country enquiry framework was the guiding tool used by the team for each of the country assessments to analyze data from the main data sources and to organize and tabulate it in relation to the assessment questions. A country report was developed for each country and shared with Gavi for comment before being finalized.

### Regional enquiry

Once the country reports were completed, the team conducted an initial analysis session to identify the key trends and themes emerging from the country reports. This was used to inform a preliminary findings presentation, which was presented to Gavi and the partners during a

<sup>5</sup> See country reports for further details of the approaches and tools used and consultations held for each country

Geneva-based workshop in September. This served to strengthen the stakeholders' ownership over the findings and supported a 'no surprises' approach, where stakeholders already have an indication of the assessment's findings before they receive the written draft.

The team then conducted additional interviews with global stakeholders, which aimed to identify the extent to which the emerging findings resonated across HICs more broadly (beyond the sample of three). These interviews also helped the team to understand the potential global-level bottlenecks that might affect the implementation of PEF-TCA at a country level, such as procurement, planning and design, implementation, monitoring, accountability, and capacity building.<sup>6</sup>

## Regional analysis and reporting

Once additional global-level data were collected, the team held a further team analysis session in order to systematically review the data and to verify and identify the main findings as a group. This was undertaken to ensure validity, establish common threads and trends, and to identify divergent views. The team then developed this report, which was shared with Gavi and presented at an internal learning event in November. The report was finalized, taking into account the feedback from Gavi and partners and shared at a learning event for Gavi and the core and expanded partners in December.

## Limitations

A number of limitations were identified during the design and implementation of the country assessments. The most significant of these was that the team was unable to undertake a full country assessment for Pakistan. While there was some limited engagement remotely with Pakistan's government and Core partner colleagues in the inception phase, for reasons that are unclear and despite repeated requests, the country partners in Pakistan declined to issue visa letters to the team to enable them to travel for data collection purposes. To mitigate this, the team undertook a limited number (four) of remote interviews with one provincial government representative, two core partners and one expanded partner, but federal government representatives did not engage. This limited the quality of the data which could be collected and meant that the team were unable to develop a report for Pakistan. Nonetheless, these limited interviews were used to inform the development of findings for the synthesis.

Another major limitation was the lack of engagement and feedback from SCMs. For example, in Ethiopia, this presented a problem throughout the inception phase, the data collection phase, and the analysis and reporting stages. The Ethiopia country team staff were stretched during the period between March 2024 and May 2024. Accordingly, they were not able to respond in a timely way to requests to provide input on the inception report or to review the enquiry framework. They were also unable to attend the debrief at the end of the country visit. However, the comments from the country team on the final assessment report were received after extending the feedback timelines and multiple follow-ups. In Nigeria, the SCMs' comments on the enquiry framework were delayed and not all Core partners made themselves available for inception interviews.

As noted later in this report, there seems to be little accountability for TCA results monitoring and performance management. The lack of engagement from some countries during this review process suggests this is a low priority and not seen as a requirement.

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<sup>6</sup> Please see a list of global interviewees in Annex 1.



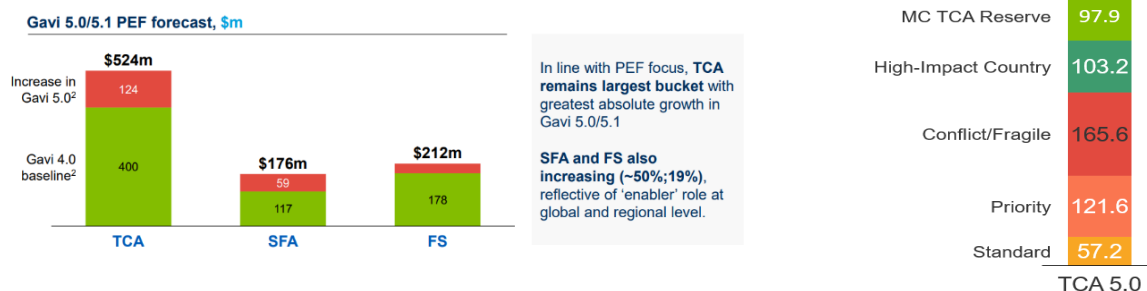
## PEF-TCA

Gavi has provided funding to partners through the partner engagement framework (PEF) to allow them, in turn, to support countries' immunization programs. Support under PEF is divided into three areas: TCA, strategic focus areas (SFAs) and foundational support (FS). Most PEF funding is allocated to TCA. Over the 2021–2023 period, more than US\$300m of TCA funding has been disbursed to more than 60 partners (Core and Expanded) to support immunization programs in 57 countries. Partner reporting is conducted through the PEF portal, where process/activity level milestones are reported on by each partner twice annually.

The total PEF envelope in Gavi 5.0–5.1 is US\$912m for 2022–25. Within the PEF envelope, the largest share is US\$454m for TCA, followed by US\$209m for FS and US\$176m for SFAs. Added to this, a further US\$60m was approved for COVID-19 vaccine delivery support (CDS).

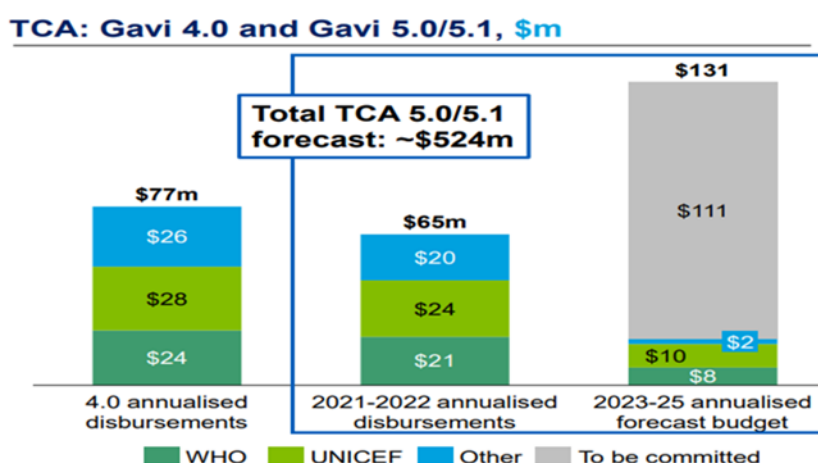
Figure 2: PEF-TCA envelope (in US\$)

**Gavi 5.0/5.1: PEF envelope increased from \$694m in Gavi 4.0 to \$912m in Gavi 5.0/5.1, strengthening country-level focus further**



Within the US\$524m approved for TCA, a total of US\$103m (19%) has been set aside for Nigeria, DRC, Ethiopia, and Pakistan. The largest proportion of the TCA fund is allocated to conflict/fragile countries (US\$165.5m), followed by priority countries (US\$121.6m), and then to HICs (US\$103m).

Figure 3: PEF-TCA forecast (in US\$)



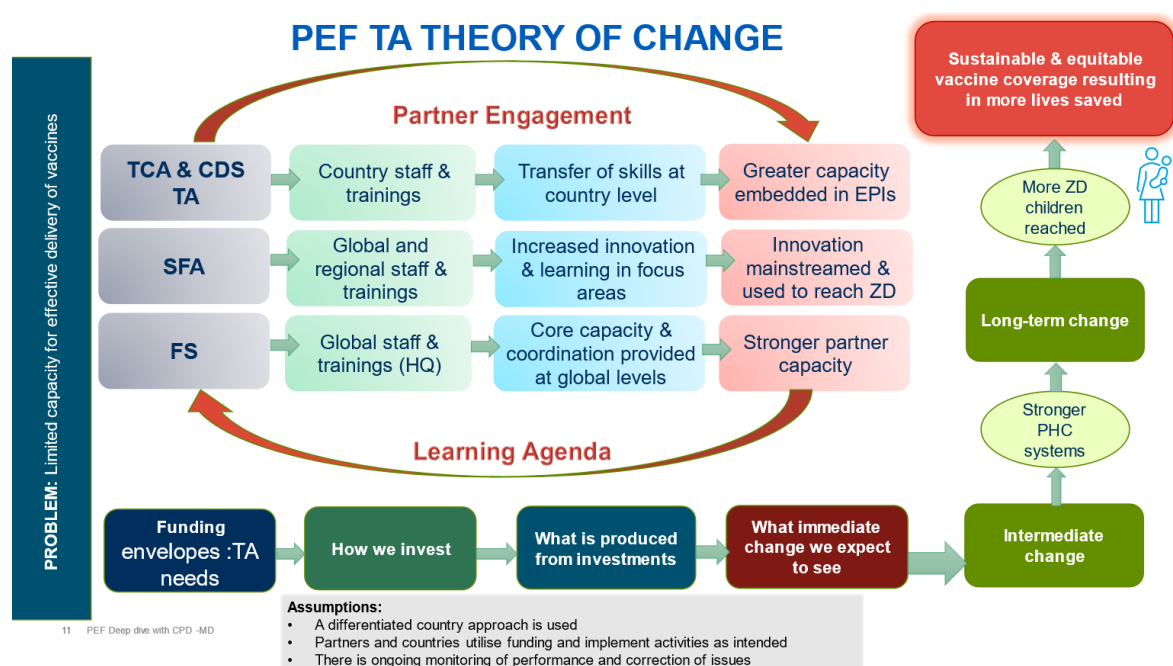
Under Gavi 4.0, the annualized disbursements were US\$77m, of which 36% was disbursed to the United Nations International Children's Emergency Fund (UNICEF), 31% to the World Health Organization (WHO), and 34% to others. The latest update on TCA utilization (March

2023), showed that there was an annualized disbursement of US\$65m in 2021–22, with a similar percentage allocation by partners, indicating a stable share of Core partners in 5.0 versus 4.0 to date.

## Monitoring of PEF-TCA

To help oversee PEF TCA, a high-level Theory of Change (ToC) was introduced in 2021. The ToC applies to all PEF TCA supported by different funding levers. It sets out the importance of partner engagement and the learning agenda, as well as the critical links between the funding envelopes, how much is invested, and what to expect in terms of intermediate and long-term changes against Gavi's goals.

Figure 4: PEF Theory of Change

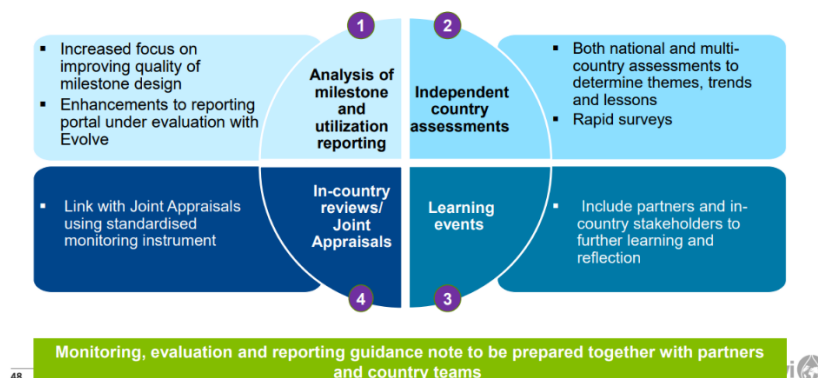


In March 2023, a PEF partner performance monitoring framework was approved by the partnership team. The framework was developed to provide a holistic approach to tracking and reporting on partner performance, as detailed in Figure 4, below. Performance monitoring has the following four key components:

1. Analysis of milestones and utilization reporting
2. Independent country assessments
3. Learning events
4. In-country reviews and Joint Appraisals (JAs)

Figure 5: PEF-TCA monitoring framework

### Proposals: PEF TCA partner performance monitoring framework



## Findings

### 1 To what extent were the expectations regarding partner outputs and outcomes clearly articulated and understood during the TCA planning?

#### 1.1 To what extent has there been strong government ownership and leadership of PEF-TCA?

Gavi's PEF-TCA support aims to promote strong government ownership and leadership and to ensure that TCA is country-driven. The **country assessments** found that the TCA planning process under the FPP has been nationally led and participatory. Partners and TCA stakeholders highlighted the positives of deriving TCA activities from the FPP exercise, sharing that it has served to identify priorities, activities, and outputs for all partners to deliver on.

The extent of **government ownership and leadership** can be explored further by looking at the various stages of the PEF-TCA cycle, as outlined below:

#### Planning

The role of governments in the planning and design of PEF-TCA is generally considered to be **strong**. In Nigeria and Ethiopia, increased engagement of government EPI teams was observed for this reporting period. However, the FPP planning and timelines can be an additional (burdensome) planning requirement when national health and immunization strategies are already in place, resulting in complaints of duplicative plans and lengthy consultations taking up too much government time<sup>7</sup>. It is expected that the EPI team should have a strong voice to identify and plan the activities; however, when there is no strong EPI presence, the partners can sometimes influence the priorities made and activities planned.

#### Implementation

The role of government in selecting and leading implementing partners to deliver TCA is **mixed**. In some cases, the EPI team is strong and engaged in implementation, with involvement in the selection and oversight of TA positions, roles, and locations. In other cases,

<sup>7</sup> KII respondents suggested that, ideally, if the cycle of FPP is synchronized with country EPI plans' development time then the burden might be eased.

the partners operate more independently, and the government is not involved in selection and limited oversight of the TA provided. There are differences too among Core and Expanded partners regarding their degree of joint working with governments: some welcome more government engagement, but this varies by country and by the type of activities delivered.

### Performance management

The role of governments in managing the results and the performance of implementation partners is **weak and unclear**. It is expected that governments will lead the JA and that this will coordinate the partners; however, in practice, JAs do not serve to manage TA performance. There is also no clear role for the National Immunization Technical Advisory Group (NITAG) or the Interagency Coordination Committee (ICC)<sup>8</sup>. Governments do not have full oversight of the results or budgets agreed between Gavi and Core and Expanded partners, making it difficult for them to make partners accountable for performance or to take corrective action in cases of underperformance. It was also highlighted that PEF-TCA can unintentionally weaken government capacity and reduce government ownership, as government staff often move to work for the PEF-TCA provider because of higher salaries. Because of this, government employees are reluctant to criticize PEF-TCA and its quality, for fear of impacting upon their future employment opportunities.

During Gavi 5.0, there has been an increase in the TA assigned to **decentralized levels** in the large HICs assessed. The complexity of decentralized governments creates **dispersed ownership** challenges, with different responsibilities at different levels. Sub-national entities (with weaker capacity and experience) often need the TA the most but have less of a role in the planning and implementation decisions. This means that they become a recipient, welcoming any TA that may be provided. Decentralized entities also report that they have virtually no avenues through which they can signal the quality of PEF-TCA providers' performance (Core or Expanded).

The **funding modality** of the PEF-TCA direct to partners (with no funds going directly to governments or no co-financing from governments) reduces the transparency/visibility and affects government ownership and leadership, with **unclear accountability** lines as a result. When key EPI roles are outsourced to Gavi partners (sometimes for multiple years), then governments take a less prominent role and become less likely to undertake certain tasks or fund critical positions.<sup>9</sup> This was highlighted as a particular challenge in Pakistan, where the TCA funding was agreed bilaterally between Gavi and the partners, which may have further reduced the government's ability to hold the partners to account. Added to the confusion, is the unclear role of the Gavi SCMs and country teams, who are seen as having considerable authority, but are sometimes powerless to address underperformance. Each SCM can approach performance management differently. Some focus just on the milestones reported, saying that it is challenging to enforce accountability for performance beyond this. Others shared that they do not even look at milestone reporting, preferring to focus on other results that are measurable at a country level instead.

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<sup>8</sup> The ICC plays a key role in the national EPI team's support of the priority plans and actions identified at the national level, in coordination with a country's bilateral and multilateral partners. However, the composition and level of functioning of the ICCs vary among countries. Likewise, the linkages differ among countries' ICCs, NITAGs and health sector coordination committees. [9789290234708-eng.pdf](#)

<sup>9</sup> The PEF In-country Audit 2022 also found it concerning that the partners' reporting lines were often directly into Gavi, with little (if any) national engagement or oversight.

## 1.2 How have the newly aligned FPP and PEF-TCA processes brought changes to timeliness, transparency, multiyear funding, and performance monitoring?

The challenges of the annual PEF-TCA planning and implementation cycle were keenly felt by Gavi, governments, and Core/Expanded TCA providers, as documented in the previous PEF-TCA review in 2019.<sup>10</sup> The subsequent gradual roll-out of the FPP process has brought a notable improvement in terms of planning and design and has been welcomed by most stakeholders, with some caveats (as noted above). Nevertheless, additional steps would be needed to fully realize the potential offered by the FPP.

**In terms of timeliness**, in some ways the FPP process has actually exacerbated existing problems. In a number of the reviewed countries, the long timeframe for FPP preparation (a year or more) resulted in funding gaps between the end of previous PEF-TCA funding cycles and the start of the new PEF-TCA funding cycle. Although in some cases partners received extra funds to bridge the gap, many partners did not and were forced to let go of experienced staff and discontinue activities. Furthermore, once the FPP process was completed, a new phase of competitive bidding for Expanded partners had to be started to award the PEF-TCA contracts for specific components. Delays in starting the procurement process, in procurement timelines and awards, and in subsequent contract negotiations all led to significant disruptions in TA. Some Expanded partners also reported ongoing delays in the disbursement of agreed funds, creating further financial pressures and challenges.

**In terms of transparency**, as noted above, there has been increased transparency in terms of TA needs (although limited sub-national participation in some FPP processes remains an area for improvement in some countries). Transparency in terms of the allocation of work between Core and Expanded partners remains limited, with several stakeholders noting that Core partners continue to receive funding for certain TA functions, even when past performance was perceived to be sub-optimal. Several actors also questioned the allocation of work for competitively awarded Expanded partner contracts, although there was a general consensus that the process was not subject to undue influence. Government stakeholders, in particular, complained of a lack of transparency regarding the financing of PEF-TCA. However, the review team also noted that the FPP template does allow for an analysis of funding amounts, at least in the planning phase (although these may differ from the final amounts awarded and disbursed).

While most of the countries we reviewed were either in the midst of or had only recently completed their FPP processes, **partners indicated that having a multi-year funding perspective for TA could be helpful**. The extent to which this delivers the intended results remains to be seen. For Core partners<sup>11</sup>, it is hoped that the longer timeframes will enable them to recruit and retain staff and potentially shift their emphasis to more capacity-building approaches, which were quite challenging in the previous 12–18-month cycles. However, for Expanded partners, the 4–5-year planning horizon of the FPP has not necessarily translated into multi-year contract awards; in fact, many of them continue to receive 12–18-month contracts, significantly limiting their capacity to take a more long-term, sustainable view. It was also noted that having a multi-year funding commitment is a necessary but insufficient condition to increase the focus on capacity development where appropriate.

It is perhaps **too early to tell whether the new FPP framework enables more effective performance management, however, the initial signs are not encouraging**. Many of the challenges related to performance management (see further sections below) relate to processes, systems and approaches that have not been fundamentally impacted by the FPP. While the FPP should provide opportunities to improve performance management – for example, by making an assessment based on medium-term outcomes rather than short-term

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<sup>10</sup> Gavi PEF-TCA Country Assessments Meta Review, February 2020

<sup>11</sup> UNICEF and the WHO, in particular, for this example.

activities, outputs, and milestones more realistic – other changes will be required to reap the benefits of the FPP framework.

### 1.3 To what extent has PEF-TCA been aligned to identified country needs?

Gavi's shift to multi-year planning through FPP is intended to promote a focus on high-level strategic EPI objectives, in addition to grounding TCA within a country's health system and immunization priority areas. The FPP requires a strong situation analysis and needs assessment as the starting point for the multi-year planning process, balancing predictability with flexibility according to countries' needs. The intent is that integrated planning through FPP will ensure that the TCA is also aligned with other funding levers, drawing from a single strategic narrative.

The FPP has promoted an improved analysis of country EPI and health system needs, including the identification of key challenges, underserved communities, and infrastructure and service delivery gaps. However, there is still a major gap: there is no systematic capacity needs assessment approach, and no assessment of the key competencies/functions needed at institutional and individual levels, or of what is required to strengthen these. As a result, the FPPs do not contain rigorous capacity-building plans to guide the TCA allocations.

In order to examine the extent of the **alignment of PEF-TCA to country needs**, it is helpful to focus on the various stages of the PEF-TCA cycle, as outlined below:

#### Planning

In principle, the PEF TCA should be fully aligned to the identified country needs. In a number of countries, the FPP was developed in addition to the existing national health/EPI priorities and plans. Due to the separate process and timing differences, the priorities identified in the FPP may not be a complete match to the priorities and needs in governments own immunization strategies or in the Memorandums of Understanding (MoUs) that they have agreed with Core partners.

#### Implementation

In many cases, implementation has been delayed and there have been gaps in TCA funding. In countries with FPPs, there have been gaps/lags between the needs identified and the needs supported<sup>12</sup> due to the lengthy processes and timelines. While Core partners may have received continued funding, there have been contracting delays for Expanded partners<sup>13</sup>. This has had the following impacts:

- Reduced delivery timelines. By the time Expanded partners receive their funds, they may have to focus on what can be done in the remaining period rather than on the priorities identified at the planning stage.
- Contracted milestones are mismatched (with poor outcome measures). When results are agreed with procurement teams these may not match the original priorities set in the FPP.

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<sup>12</sup> Links to findings from the 2022 PEF In-country Audit Report, which found that the monitoring of TCA activity implementation was insufficient, both at in-country level and at the Gavi Secretariat level. Although Gavi's guidance set out key requirements, its operationalization was incomplete, resulting in an absence of well-defined processes and mechanisms to which all relevant stakeholders subscribed.

<sup>13</sup> The average length of contracting delays varied depending on when the previous TCA cycle ended, when the PFF was approved, when contracting RfP's were launched, and when contracts were issued. See country reports for further examples.



## Performance management

It is expected that TCA should remain aligned to country needs over time, with regular engagement between Country Managers (CM)/SCMs, EPIs and partners, and that it is flexible to respond to any changes. However, there are a number of challenges, as follows:

- The feedback mechanisms for managing performance, making improvements, or managing changes are weak.
- In countries where FPP has been introduced, there has not yet been a JA or any attempts to gather the lessons learned on alignment to country needs. There is an assumption that the FPP, the competitive tender process, and 30% allocation<sup>14</sup> via CSOs will result in improved alignment to local needs – this assumption needs to be tested.
- There is a lack of clarity as to who is in charge of the FPP and alignment across Gavi's funding levers.

Given the above, it is too early for this assessment to judge the extent of the alignment of delivery to national needs.

It would be helpful to consider whether the potential shift to Core partners being funded by Gavi foundational support would make the WHO and UNICEF more aligned and more accountable to government needs. It would also be helpful to consider how to make them more accountable for national-level immunization outcomes (and long-term results) through foundational support.

## 2. To what extent have the intended PEF-TCA results been achieved?

The findings of this review were mixed regarding the extent to which PEF-TCA is delivering against the intended results. Numerous instances were identified where all stakeholders acknowledged the important contribution of PEF-TCA to various functions and systems – in some cases, even suggesting that without PEF-TCA vital functions might not have been assured. However, there was also widespread skepticism about the cost-effectiveness of some TCA, and a lack of alignment on how results should be defined and measured (and by whom). The following sections delve deeper into different aspects of the response to this overall question, attempting to point to factors that influence the impact of PEF-TCA across the different country contexts.

### 2.1 To what extent are the partner action plans/agreed priority areas being implemented/delivered to the agreed workplan?

One challenge in effectively tracking the performance of PEF-TCA is that the current system is based on partners self-reporting against milestones via the Gavi partner portal.<sup>15</sup> There are many limitations to this system, including the quality and usefulness of the milestones<sup>16</sup>, the delays in reporting against them, and the challenges partners have faced in accessing the portal (and others). Nevertheless, it did provide us with several years' worth of data. Each of

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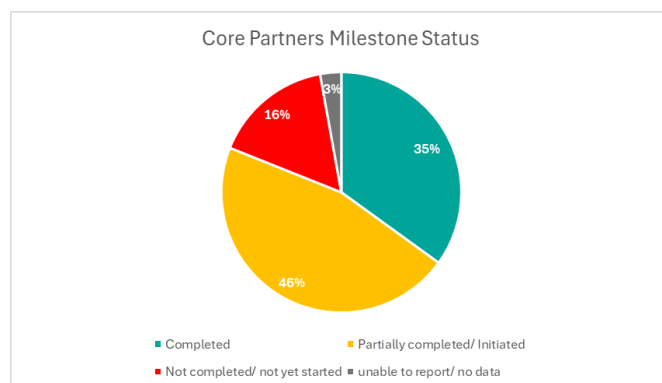
<sup>14</sup> 30% to local partners is set out in PEF-TCA Guidelines, updated June 2023

<sup>15</sup> PEF In-country Audit 2022 also found that the documentation evidencing the effectiveness of TCA support was often incomplete or missing. Various gaps were noted between the planned TCA activities and the actual activities that were undertaken and reported on. There was insufficient reporting on activities even though it was mandated, and there were some inconsistencies on the milestone reporting for TCA activities.

<sup>16</sup> Ibid, many milestones were found to lack sufficient detail in the granularity regarding what TCA implementing partners chose to share regarding their TCA performance, undermining transparency principles, and frequently resulting in government perceptions that they were under-informed or not consulted

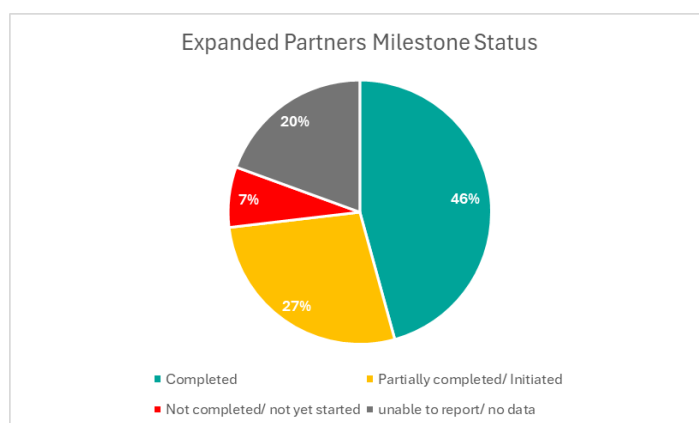
the individual country reports provided a more detailed analysis of partners' performance<sup>17</sup> against their milestones. However, it can be helpful to take a broader view across the three countries (Ethiopia, Nigeria, and DRC).

*Figure 6. Core partner milestone status*



Aggregating across the countries and years covered by our review (for Core partners only), approximately one third of the milestones were listed as completed by their expected due date. Roughly 50% were listed as having been started or partially completed, while 16% were either not completed or not yet started. Overall, this suggested a mixed record in terms of the timely completion of PEF-TCA workplans, although the averages do mask significant variations across the Core partners and from country to country.

*Figure 7. Expanded partners milestone status*



In terms of the Expanded partners, almost half of the planned milestones were reported to have been completed on time, with 27% in progress and only 7% not completed or started. It is important to note that no data was available for approximately 20% of the Expanded partners' milestones. The reasons for this vary by country and partner, but some partners did not initially use the platform to report their results (as contractual reporting had different requirements).

*Figure 8. Milestones with major delays or reprogrammed*

<sup>17</sup> It should also be noted that not all partners are active in all countries. Details of the partners active in each country are contained in the country reports.



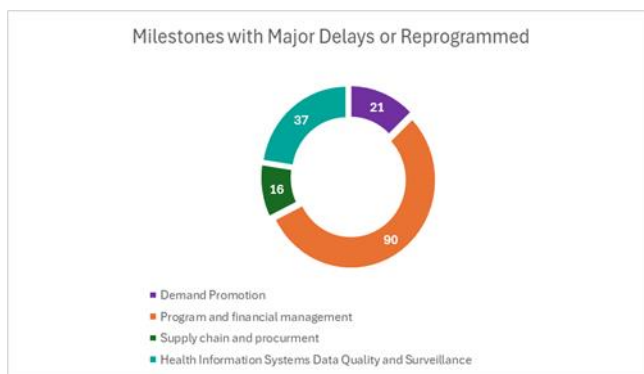


Figure 8 shows the total number of milestones (164) with major delays or those that were reprogrammed (by intervention type). The reasons cited by both Core and Expanded partners for delays in the completion of planned activities were numerous. Delays in the disbursement of Gavi funds (e.g., for PEF-TCA contracts and/or health system and immunization strengthening (HSS), or for other funds for related activities) and/or related government funds were one of the most common complaints. In some cases, partners struggled to recruit staff and/or consultants, while in others they cited delays in decision making within EPI (which might be an indicator of misaligned TCA). Given the fragility of the three countries in question, some partners also cited delays due to various emergency situations (including COVID-19). However, some others noted that, given the long-term nature of these challenges, partners should have been able to adequately plan for these types of eventualities. A number of stakeholders cited a lack of effective performance management tools and incentives (particularly for Core partners) as a crucial factor. Regardless of the underlying factors, there was a consensus across the government, Gavi and partners' perspectives in at least two of the reviewed countries that partners could and should be doing more to deliver against agreed workplans.

Delving deeper into the challenges, we assessed the thematic breakdown of the milestones that were reported as being delayed or reprogrammed.

While it might be expected that themes linked to operational factors beyond the control of the PEF-TCA implementers might have formed the majority of such milestones, in fact, 90% were related to program and financial management (Figure 8). This broad category includes a wide range of activities, many of which are linked to either partners' role as custodians of Gavi funds in countries where government systems are still limited or to management-type support for EPI functioning and capacity building. Data quality and health information systems were the second most common type of delayed or reprogrammed milestone, with other themes having a relatively limited number.

While these data may have provided some insights, it is also important to recall that the unit of analysis is partner-reported milestones. A milestone could range from something as small and straightforward as the drafting of a report to the provision of technical support for the delivery of a complex supply chain investment (such as the construction and handover of a new vaccine warehouse). Therefore, simply looking at the numbers of milestones does not always provide an accurate picture of performance, as a single incomplete milestone might be of greater or lesser import depending on what it is. An alternative measure of the implementation of the agreed workplans could have been the financial burn rate of PEF-TCA contracts. However, the review team did not have access to these data in a way which would enable aggregation or cross-country/cross-partner comparison.

## 2.2 To what extent are countries satisfied with the quality of the inputs provided by partners and with the results generated through the TCA inputs?

Across the countries studied, there was widespread recognition of the importance of PEF-TCA-supported staff, consultants, and activities in making significant contributions to various aspects of maintaining or improving immunization performance in countries.

First, it was notable in Pakistan – and, to a lesser extent, in Ethiopia – that PEF-TCA appears to be funding Core positions and functions that are normally covered by government staff in other countries or contexts, which is allowing the EPI system to function. This ‘gap-filling’ may be entirely appropriate and necessary given the challenges (operational, financial, and technical) facing the EPI and health systems more broadly in those countries. However, the reported impact of such positions should be contextualized as there is a difference between building national/government capacity and filling the emergency gaps that need to be filled.

Second, there was a notable difference between the assessed quality of the technical assistance received in the three countries for which the primary data collection was undertaken. In general, government stakeholders in Ethiopia were more complimentary of the quality of the inputs provided by both Core and Expanded partners, underlining the important contributions made towards building institutional capacity within EPI at various levels. In both Nigeria and DRC, concerns were raised by various key government stakeholders at both central and sub-national levels on the technical qualifications and the performance of PEF-TCA-supported staff and consultants. In several cases, key EPI stakeholders reported that they had little visibility into the work and outputs of these human resources and that, at times, they questioned whether PEF-TCA-supported assets had the technical skills and requisite experience to build the capacity of their government counterparts.

A discussion on results will be provided in the next section, however, it is worth noting the widespread impression that, even if PEF-TCA is critical and important, the gains attained are perhaps not commensurate with the financial investment being made. This impression was voiced by government actors at all levels; by Gavi staff; by other health sector/EPI donors (in-country and at the global level); and even by various PEF-TCA partners (although often this was directed at other providers). While this review was not able to assess this in detail given the limitations in the available data, the persistence of this perception across such a broad range of actors merits some consideration.

## 2.3 What outcomes has PEF-TCA contributed to? (E.g., strengthening EPI; data quality, analysis, and use; or procurement, capacity, and skills development.)

The overall impact that PEF-TCA aims to contribute to is a reduction in vaccine-preventable disease (VPD) cases over time. This impact indicator is rarely assessed on an ongoing basis, and data on this was not readily available for the countries studied in the review. Instead, the most commonly used proxy result indicator within the immunization community is coverage of specific antigens. Traditionally, three doses of the diphtheria, tetanus and pertussis vaccine (DTP3) had been the antigen of choice when assessing coverage, but with the increase in the number of vaccines in national immunization schedules – including more vaccinations in the second year of life and Human Papillomavirus (HPV) vaccinations for adolescent girls – there has been a shift to look more specifically at coverage of specific antigens.

In the case of the three countries reviewed in depth for this review, there was no discernible pattern or trend in the coverage of major antigens over the period studied. In Ethiopia, DTP3 declined between 2020 and 2021, and then again between 2021 and 2022, before recovering to 2020 levels in 2023<sup>18</sup>. The DTP3 figure for Nigeria remained the same over the four-year period (at only 62%). However, in DRC, coverage actually declined, going from 70% in 2020 to 60% in 2023. Both Nigeria and DRC also had significant disparities in the coverage of the

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<sup>18</sup> WHO and UNICEF estimates of immunization coverage: 2023 revision.

first dose of the Measles-containing Vaccine (MCV1) and the second dose (MCV2), whereas the gap in Ethiopia was smaller. While there are always nuances and details to be assessed, it seems fair to conclude that there has not been significant progress in coverage during the review period, and that all three countries have significant room for further improvement. Nevertheless, most stakeholders have suggested that PEF-TCA partners can only partly be assessed based on changes in coverage, citing both the significant measurement challenges (for the denominator and, in some cases, the numerator) and the influence of many other factors beyond the control of PEF-TCA providers impacting coverage levels.

Perhaps the biggest challenge in assessing PEF-TCA results is that, even if they are not assessed based on coverage, there are challenges in holding partners accountable even for the next level of outcomes/impacts within the immunization system (what is seen as the 'missing middle' of intermediate outcomes). Typically, the intermediate outcomes would involve an assessment of the performance of various components of the immunization system, which have the additional advantage of being thematically/sectorially organized, meaning that they often align with the areas of expertise and action of specific PEF-TCA partners. For example, the performance of supply chain and logistics can be measured by the effective vaccine management (EVM) score (or, more simply, via indicators such as cold chain functionality, vaccine availability and wastage rates). Performance on data quality can be assessed using standardized tools such as data quality management (DQM) or tracked with more regular indicators such as the timeliness and completeness of data reporting. Progress on demand promotion can be assessed using knowledge, aptitude, and practice (KAP) surveys and other emerging tools. Overall program management can be tracked at various levels using indicators such as tracking the number of sessions held or financial utilization rates.

While all of these standardized tools exist, they are rarely used by Gavi or governments to assess whether partners are effectively supporting and building the capacity of various components of the immunization system. The country that was closest to this approach was DRC, which had instituted the Mashako Plan indicators/dashboard and did regularly track performance across a number of these metrics. Unfortunately, as is described in that country report, a deterioration in the political focus on these indicators (and on their explanatory value) has led to a weakening in this performance management platform. Even in this case, partners did not always have explicit targets for performance in their various areas of comparative advantage and were not being held to account or recognized for strong or poor performance. In Nigeria and Ethiopia, we found little evidence that partners' performance was being assessed by looking at the performance of various immunization system indicators in this manner. In some cases, there has even been a breakdown in regularly measuring and monitoring these types of indicators, leading to even lower data availability against which to assess performance. It should also be noted that many partners had traditionally resisted being held accountable for this level of outcome, citing the short-term nature of the planning and funding cycles for PEF-TCA. This is where the FPP could offer an opportunity for change.

It is due to the challenges above that PEF-TCA partners' performance is currently measured through the self-reported milestone system described in previous sections. There was near universal recognition that this is a poor proxy for results. However, a number of partners continue to advocate for this system, as they claim that milestones are fully "under their control" and, thus, are a more appropriate barometer for performance. As outlined in previous sections, even by that very imperfect and subjective barometer, we were able to see that performance has been decidedly mixed. None of the above negates the significant contributions that specific PEF-TCA partners have made in specific instances, which are documented in the country reports. However, the review was unable to clearly measure or aggregate such impact at a cross-country level.

It is also worth highlighting one major and specific gap, which is the lack of systems for measuring capacity building. This issue was specifically mentioned in the 2019 PEF-TCA

review; however, no significant changes since then were observed, despite the fact that capacity building is meant to be one of the main objectives of PEF-TCA. Although there is an entire field of work and technical approaches dedicated to the diagnosis, planning, measurement and evaluation of institutional and individual capacities, there has been no institutionalization of these approaches by PEF-TCA partners. With a small number of exceptions in the work of one or two Expanded partners, a lack of proper capacity assessments; a lack of mutually agreed capacity building plans and skills transfer approaches; and a dearth of objective measurement of capacity improvement were observed. This remains a critical gap in the approach to results/performance management for PEF-TCA.

#### 2.4 To what extent are necessary grant management processes in place (e.g., review, regular program cycle meetings and M&E) to enable the delivery of TCA results?

Overall, the review found that there remain major gaps in the grants/contract management processes to enable the efficient delivery of TCA results. On paper, a number of the elements do exist. For TCA planning, the FPP process does include relevant sections that look backward (at past progress) and forward (at future plans). Moreover, written workplans now exist for both Core and Expanded partners, generally detailing the outputs they are expected to achieve (which may or may not align with the milestones they report against). PEF-TCA providers meet with both Gavi and government counterparts on a variable basis, depending on country contexts, and some of those meetings may include a discussion on their performance and implementation. Gavi has also commissioned independent reviews of some PEF-TCAs, notably the reviews conducted in six countries in 2019 and the current phase of reviews covering critical countries.

Unfortunately, there are issues and challenges with all of these components which make it extremely difficult to manage TCA effectively. This review identified the following four **key process constraints**:

1. The planning processes have **important gaps** (e.g., lack of participation of sub-national levels, lack of focus on capacity assessment and not taking into account past performance), which have resulted in major delays in implementation. It is also notable that coordination/alignment between different Gavi funding windows remains problematic, as TA financed, for example, via SFAs does not appear in the FPP process and has quite limited visibility at the country level.
2. Across the countries and partners, the review noted a **lack of operational visibility**. It was unable to draw clear lines between contractually required deliverables, narrative reporting, milestone reporting on the portal, and reported performance as shared by PEF-TCA partners, government counterparts, or Gavi country teams. Moreover, there does not appear to be a system that would enable a reconciliation between financial reporting and the achievement of workplan activities. As previously noted, the portal is not fit for purpose for Gavi country teams, many of whom do not use the data given the major time lag and the lack of usefulness of many of the milestones, and who often struggle to stay on top of a large number of Core and Expanded partners working across a range of different thematic topics and sub-national geographies. Government and PEF-TCA providers also do not tend to find the portal to be effective or useful. While recent mapping exercises in Nigeria and DRC have helped to clarify the PEF-TCA situation and were welcomed, they highlight the limits in existing coordination mechanisms and the lack of operational visibility by both Gavi (and other donors) and the government regarding PEF-TCA-funded staff activities and geographic distribution.
3. A **lack of clearly defined results** (as opposed to outputs) **hampers performance management**, as does the lack of any mechanism for holding Core partners accountable for sub-optimal performance (Expanded partners at least face the risk that their contracts will not be renewed).

4. From an evaluation perspective, the **cycle of learning and improvement remains disjointed**. There are a limited number of countries in which PEF-TCA has been independently evaluated. Moreover, there is a lack of follow-up/implementation of previous evaluation recommendations and limited resources invested in these reviews (with a notable gap in evaluating performance at sub-national levels). In the current exercise, one of the four countries selected for review (Pakistan) was able to completely avoid the external review by preventing the visit of the independent review team, with no apparent consequences, despite receiving PEF-TCA to a value of US\$415m over the review period.

The current system, thus, does not appear to be meeting the needs of the Gavi Secretariat; the government actors who are meant to be the beneficiaries of TA; or of the providers themselves, who are also often frustrated by the lack of clarity regarding the expected results, timelines and feedback.

Many of the Expanded partners also described having dual performance/results management systems in place, with internal accountability and reporting for their own organization (reports and indicators that are collated globally). They also reported that, given Gavi's poor system and lack of follow up, they copy their reports to Gavi and tick the milestone check list, further demonstrating the limited value of the reporting.

## 2.5 To what extent has the COVID-19 pandemic (and other contextual changes) impacted on the implementation of PEF-TCA and how have these impacts been mitigated?

Each of the countries studied have complex contextual factors that impact EPI performance. While these have definitely had an impact on EPI generally and the delivery of PEF-TCA more specifically, several stakeholders made the point that many of these 'crises' are in fact long-term systematic issues in these countries and that effective PEF-TCA providers should by now be adept in anticipating issues and delivering results in these contexts. If they are not, it was suggested that perhaps they are not well suited to working in these countries. Thus, from a security perspective, the ongoing challenges in Nigeria from Boko Haram, the conflict in eastern DRC, or the tensions in various regions of Ethiopia have, unfortunately, been a feature of the country contexts for some time.

From an epidemiological perspective, these countries are also continuously subject to infectious disease outbreaks. These always result in stress to health systems, which are poorly resourced. For example, this has been the case with the recurrent Ebola outbreaks in DRC for many years. The major unexpected factor during the review period was, of course, the global COVID-19 pandemic, which was of a scale and intensity that could not have reasonably been anticipated in advance. Across the three countries, it was noted that COVID-19 negatively impacted immunization (including the implementation of some PEF-TCA activities/deliverables) due to the broader impacts on the health system, particularly on infectious-disease-related personnel, who were often diverted from EPI duties to respond to the outbreak.

Nevertheless, it was also interesting to note that the impacts of COVID-19 on immunization seemed to be limited across the three countries. This may be attributed to the reasons outlined below:

- First, the overall death tolls and population morbidity and mortality rates for COVID-19 in these countries appears to have been much lower than in other regions.
- Second, several of the country reports detailed how declines in EPI coverage predated the actual arrival of large numbers of COVID-19 cases in those countries, suggesting that other factors were responsible.
- Finally, all stakeholders recognized the major investments made by Gavi and other donors to provide additional top-up funding for both COVID-19-related TA (which



was outside the scope of our review) and operational funds for the pandemic response.

It was widely posited that without those significant additional COVID-19 resources, the negative impacts of COVID-19 on immunization would likely have been much worse. Therefore, it seems that Gavi and other donors, working with country governments, were largely successful in mitigating some of the potential negative impacts of COVID-19.

We can reasonably attribute some of the delays and gaps in performance at the milestone level to the impacts of the global pandemic. In the case of Ethiopia, a detailed analysis of delayed milestones suggests that half were postponed due to COVID-19. However, a combination of partner flexibility and the additional resources provided by Gavi and other donors helped to mitigate the potential negative impacts.

While we cannot know the counterfactual, our analysis suggests that challenges in the effective delivery of results-oriented PEF-TCA appear to have predated the COVID-19 pandemic and to have persisted even after the crest of cases subsided<sup>19</sup>.

## 2.6 How has PEF-TCA been complimentary to the support delivered by other Gavi funding levers and to the immunization TA provided by other donors?

This assessment found that there have been instances where PEF-TCA has been complimentary to the support delivered by other Gavi funding levers and the immunization TA provided by other donors. However, evidence from the KIIs with key stakeholders also suggested that this can be quite ad hoc and more could be done to strengthen ties and build stronger linkages with others who are providing similar support.

Areas where there has been stronger complementarity with other donors can be found in DRC, where malaria funding is coming from multiple donors. Working towards supporting the vaccine, donors are directed to an overarching national plan and are instructed to areas where Gavi may need assistance.

Other examples of good complementarity were also found in the Gavi HPV leadership group, which has a close collaboration with the Gates Foundation. As both organizations are funding a host of partners, there are greater levels of clarity and intentionality on what partners are doing. This helps avoid duplication and provides a basis for increased synergies.

The extent to which PEF-TCA support is complimentary is, in part, influenced by the overall complexity of a country and the strength of Gavi SCMs and EPI managers. Within many of the HICs, governance is often decentralized in a way that creates complex operating environments, which make it hard to collaborate effectively. Therefore, it is essential for SCMs and EPI managers to provide stronger direction and to build collaborative and coherent relationships between all partners and other donors. Building on this further, data gathered from the Core partner retreat highlighted the need to strengthen the coordination and performance management of PEF-TCA with that delivered under other Gavi funding levers and by other donors. Evidence collected from the KIIs also suggested a need for PEF-TCA to be more closely tied to HSS, in particular, as it is looking towards more integration with a life-course approach. While the FPP process has attempted to bridge this gap and provide a stronger alignment between PEF-TCA, HSS and other funding levers, its overall impact on achieving this was unclear due to ongoing issues such as delays in procurement activities and persistent co-ordination issues in-country.

PEF-TCA should also be aligning better beyond the narrow EPI framework, connecting to the other health system touch points. Problematically, despite there being clear areas of overlap

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<sup>19</sup> The PEF-TCA regional synthesis finding session, (3 December) discussed the challenges of accountability, TCA monitoring mechanisms, the planning exercises, and the limited sub-national focus were issues affecting PEF-TCA prior to the pandemic.

between PEF-TCA capacity building and the Global Polio Eradication Initiative (GPEI) capacity building efforts (of which Gavi is a member), communication in the form of micro plans and overall communications, especially pertaining to surveillance, are lacking. While TCA mapping exercises in DRC and Nigeria did provide some utility in unearthing TCA-related activities, it failed to capture what is happening in the broader landscape as it only focused on Gavi-supported resources. While there were some instances in which Gates Foundation staff were included, it would be advantageous for Gavi to expand its mapping efforts (in all countries) to include other donors in order to gain a clear picture of the EPI-related positions in each country.

In terms of Gavi's efforts to strengthen overall EPI capacity, coordination still faces challenges at central and provincial levels. For example, within DRC, weekly national EPI meetings allow activity update sharing but feature almost no strategic discussion. At the provincial level, coordination is highly variable with sporadic meetings in some places and more regular meetings in others. Similarly, in Pakistan there are poor levels of donor co-ordination. Some of the underlying reasons for this<sup>20</sup> stem from wider challenges, such as a lack of participation in meetings by partners, limited information sharing and the fragmentation of TA support. Furthermore, within Nigeria there does not appear to be a clear and coherent strategy for building the capacity of CSOs as part of Gavi's approach to strengthening the ecosystem, which is in tension with the global-level alliance objective of increasing the share of PEF-TCA going to national organizations.

### 3. What are the key factors that have constrained or enhanced the achievement of TCA-related results?

Section 2.4 identified a set of the **internal** enabling and constraining factors stemming from the current grant management processes, which affect the delivery of the TCA results. This section examines these internal factors alongside the **external** contextual factors that have affected the delivery of EPI services and immunization outcomes.

The three Gavi HICs covered in this assessment have faced significant shocks and crises during this review period. These include internal and external conflicts, droughts and floods and increased humanitarian needs, all of which resulted in changes to the provision and access to immunization services. Added to this, there have been the effects of COVID-19, which have had some positive, but mostly negative consequences on health service delivery (as detailed in section 2.6, above). The consequence of this combination of factors has meant that, in parts of the countries assessed, the coverage and equity of vaccinations has dropped and disease outbreaks have become more common.

Looking at one of the key results areas – to reduce zero-dose children – it seems that, despite the significant investment over the last few years, the number of zero-dose children has not significantly reduced. There are also still significant capacity constraints in many of these countries to really address this. This should be seen as a red flag, an alert that the support provided through PEF-TCA risks doing the same thing over and over again. This is something that numerous respondents commented on. There is a risk of a scenario where, despite changes in the planning and funding arrangements, partners continue TCA activities and support TA positions as usual. This will not tackle or serve to overcome the key constraints needed to improve results.

As part of this assessment process, we have sought to summarize the factors that have **enhanced and constrained** the achievement of TCA-related results. These are presented below.

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<sup>20</sup> Reported in Core partner retreats, KIIIs and country reports.

### 3.1 Factors enhancing the achievement of results

The table below sets out examples of the factors that reportedly improve the achievement of PEF-TCA results. These are split between factors at the global level<sup>21</sup> and country level. The table also illustrates the types of benefits these create.

*Table 2. Examples of enabling factors and the types of benefits*

Level	Enhancing Factors	Types of benefits
<b>Global</b>	Regional PEF-TCA coordination forum with partners	<ul style="list-style-type: none"> <li>Improved PEF partner engagement and sharing through PEF-TCA partner retreats and quarterly partner review meetings.</li> </ul>
	Gavi Secretariat – country teams budget tracking	<ul style="list-style-type: none"> <li>Proactive mitigation of PEF-TCA budget underspend.</li> </ul>
	New procurement framework*	<ul style="list-style-type: none"> <li>A new PEF Expanded partners procurement framework is being introduced, which should speed up future contracting.</li> </ul>
<b>Country</b>	FPP five-year plans*	<ul style="list-style-type: none"> <li>Long-term plans provide a framework for multi-year support.</li> </ul>
	Mapping to guide TA allocations	<ul style="list-style-type: none"> <li>TA mapping exercise helps to strengthen the coordination of needs and allocations.</li> </ul>
	Coordination of TA with others	<ul style="list-style-type: none"> <li>TA is coordinated between Gavi and others and helps to support national plans.</li> </ul>
	Co-mingle of Gavi TA	<ul style="list-style-type: none"> <li>TA through CDS has helped compliment TA that is supported through PEF-TCA and address delays/gaps in funding.</li> </ul>
	Decentralized TA support	<ul style="list-style-type: none"> <li>There has been an increase in subnational TA.</li> </ul>
	Dedicated 30% allocation to CSOs*	<ul style="list-style-type: none"> <li>Should lead to more diversity in suppliers, with local CSOs' expertise in TA provision.</li> </ul>

\*Indicates enhancing factors for which the anticipated benefits are yet to fully materialize.

### 3.2 Factors constraining the achievement of results

In this section, we discuss the factors that have been reported as negatively affecting the achievement of PEF-TCA results. As presented in Section 2.4, there are multiple internal process constraints that relate to wider Gavi processes<sup>22</sup>, which, ultimately, affect the results of TCA. The four **process constraints** identified earlier were as follows: (1) process gaps, (2) lack of operational visibility, (3) lack of clearly defined performance/results management, and (4) disjointed cycle of learning.

Added to this, there are a number of other constraining factors that were reported, which are captured below, alongside illustrations of the types of challenges these create.

*Table 3. Examples of constraining factors and the types of challenges*

Level	Constraining Factors	Types of challenges
<b>Regional</b>	Gavi teams disconnected	<ul style="list-style-type: none"> <li>There are disconnects between PEF-TCA, country, procurement, evaluation, and audit teams, leading to patched actions and solutions.</li> </ul>

<sup>21</sup> The global level refers to factors across countries, across partners, and also relating to the Gavi Secretariat and its teams.

<sup>22</sup> Ultimately, these findings suggest that the constraints stem from wider Gavi systems constraints, which are beyond the scope of this assessment and are more likely to be identified as part of the end-to-end review.



	SCM are under-resourced functions	<ul style="list-style-type: none"> <li>SCMs and CMs are overburdened – they do not have time to coordinate with others, or the systems and practices to manage the accountability of partners.</li> </ul>
	Competitive procurement of Expanded partners	<ul style="list-style-type: none"> <li>New contracting arrangements for Expanded partners have led to delays and increased tensions between partners due to competition for resources.</li> </ul>
<b>Country</b>	Delays resulting from new and lengthy FPP	<ul style="list-style-type: none"> <li>The introduction of new processes and procedures for FPP meant that months passed (into Gavi 5.0) before implementation started.</li> </ul>
	Limited visibility of funding for implementation	<ul style="list-style-type: none"> <li>Once implementation starts, government and partners have a limited knowledge of what has been funded, where TA is provided and where the gaps are.</li> </ul>
	Limited coordination and complementarity with other actors/TA	<ul style="list-style-type: none"> <li>Once implementation starts, there are cases of fragmentation by the partners in-country, which increases at decentralized levels.</li> <li>There is limited active coordination between TA funded through TCA and other Gavi funding levers.</li> </ul>

It has emerged that there are three cross-cutting or overarching constraining factors operating at the regional and country level that affect PEF-TCA results, these are as follows:

- **Weak accountability mechanisms** – The PEF-TCA process constraints (2.4) and the current partnership and reporting arrangements have created confused accountability lines, which makes it challenging to assign accountability and manage performance for results<sup>23</sup>.
- **Planning timelines** – In principle, the intention of the FPP is to produce five-year plans with multiyear funding. In practice, the new planning arrangements were brought in during the second year of Gavi 5.0 and have taken a long time to introduce, meaning that the timeline remaining for implementation is cut short. The truncated delivery period will negatively affect the potential to achieve the results planned.
- **Implementation timelines** – Due to the delays in planning and procurement, there have been multiple gaps in the TCA provided, with a number of short-term fixes that have affected retention and undermined any long-term approaches to skills transfer or efforts to promote sustainability<sup>24</sup>.

As a consequence of the above, the country assessments found that the TCA provided serves mainly to fill the gap in countries. In a number of cases, there were found to be years of the same TCA in countries with no change (like a revolving door). There is also the risk of incremental TA, which does not address the root problem, just the latest need. One observation<sup>25</sup> is that over the Gavi 5.0/5.1 period there has been a weakening of TA due to the immunization system being overloaded with multiple requirements (with new outbreaks, new vaccines, and new demographics to reach). The absence of a clear approach or comprehensive plan to build and transfer capacity means that these ambitions are not being actively pursued. In some cases, the TCA funded by Gavi can erode EPI/government capacity,

<sup>23</sup> The 2022 PEF In-country Audit highlighted implementing partners were able to input their milestones into the PEF portal without obtaining approval from the TCA recipients. Also, governmental institutions did not receive all the information needed to be held mutually accountable for TCA activities and results.

<sup>24</sup> Ibid, the sustainability of certain TCA investments was questioned. Instead of implementing partners seeking to build capacity and transfer knowledge, their TCA activities focused on undertaking “business as usual” tasks, which, in principle, could have been done by national agents/staff as part of their standard roles and responsibilities. Equally TCA exit plans were not systematically defined and documented.

<sup>25</sup> Discussed at 3 December Regional Synthesis Findings meeting.

with government staff being recruited into TA roles financed by partners and offered higher salaries and more attractive career opportunities.

In the regional consultations, it was reported that operational improvements have contributed to strengthened performance through the standardized quarterly partner review meetings, the PEF portal optimization, the deeper country engagements, in-country partner retreats, and the proactive mitigation of budget underspend.

## 4. Recommendations

The table below highlights the key findings of this assessment, as well as its recommendations. The recommendations are listed in order of priority. To help promote greater mutual accountability<sup>26</sup>, the actions include details on **what** and **how**. It also includes suggestions<sup>27</sup> on **who** could deliver them. Actions are assigned to the PEF-TCA teams in the Secretariat (S), the country teams, Core partners (CPs), Expanded partners (EPs), and to the government (G).

Table 4. Table of recommendations

Rec	Key finding	What	How	Who
1	<b>The transition to full portfolio planning is hailed as a positive step across countries, however, the actual implementation of FPP has been challenging.</b> There was limited evidence that it has improved timeliness so far, with protracted procurement processes and short contracts for Expanded partners leading to the loss of key staff.	Ensure that timelines for contracts and the delivery of intended outcomes are feasible. Also, extend the period for budget utilization when activities have started late for Expanded partners.	<ul style="list-style-type: none"> <li>a. Consider increasing staff in the procurement/contracts team to address current backlogs and delays.</li> <li>b. Reconsider the current practice of awarding 12–18-month contracts, instead awarding contracts more aligned with the FPP timeframes (3–5 years). These contracts may still include performance clauses allowing for early termination in the case of non-performance.</li> <li>c. Consider revising procurement guidelines for cases where competitive bidding may not be appropriate, for example, if it is below a certain monetary threshold, below a minimum duration, or in the final 1–2 years of an FPP cycle then reduce the workload and delays.</li> <li>d. Consider delegating greater authority for grant timeline extensions to country teams, particularly where delays in contract implementation are not the fault of the PEF-TCA provider.</li> </ul>	<ul style="list-style-type: none"> <li>a. S</li> <li>b. S</li> <li>c. S</li> <li>d. S</li> </ul>
2	<b>It is too early to tell whether the new FPP framework enables a more effective selection of</b>	Monitor the results of new process for Expanded partner selection	a. Review progress and share lessons on the FPP process (including the 30% allocation to local	a. S, CT, CP, EP, G

<sup>26</sup> Accountability here means each actor having a clearly defined role, being responsible for what they do and to give a satisfactory reason for it. It does not necessarily mean more reporting and more meetings. Rather, the existing partnerships, reporting and meetings should be used to deliver on responsibilities and report on them.

<sup>27</sup> The suggestions for 'who' is tasked to deliver on the actions is indicative and needs to be formally agreed.

	<p><b>partners and performance.</b> Many of the challenges related to performance management relate to processes, systems and approaches that have not been fundamentally impacted by the FPP. While the FPP should open up the opportunity for improvements in performance management – for example, by making an assessment based on medium-term outcomes (rather than short-term activities, outputs and milestones) more realistic – other changes will be required to reap the benefits of the FPP framework.</p>	<p>and implementation – review the intended and unintended effects of these changes at country levels.</p>	<p>partners) to feed into the design of 6.0 and PEF redesign.</p> <p>b. Continue periodic dialogue with Expanded partners at global level (launched this year).</p>	<p>b. S, EP</p>
3	<p><b>In large countries (such as the HICs), the complexity of decentralized governments creates dispersed ownership challenges, with different responsibilities at different levels.</b> Sub-national entities (with weaker capacity and experience) often need the TA the most but have less of a role in planning and implementation decisions. This means that they simply become recipients, welcoming any TA that they receive. Decentralized entities report having virtually no avenues through which they could signal strong or weak performance of PEF-TCA providers (Core or Expanded).</p>	<p>Review PEF-TCA planning processes to ensure the participation of decentralized/state level actors and to support government ownership in the selection of providers.</p> <p>Take steps to provide governments (including decentralized departments) with oversight of budgets and results agreed among the Secretariat and the Core and Expanded partners.</p>	<p>a. Ensure sub-national consultation and participation in the FPP process, with a specific focus on PEF-TCA.</p> <p>b. Determine appropriate mechanisms for government buy-in for partner selection, taking care to avoid any potential conflicts of interest. For example, governments may sign off on Terms of Reference and technical criteria for evaluation bids, even if the procurement process is managed by Gavi in Geneva.</p>	<p>a. S, CT, G</p> <p>b. S, CT, G</p>
4	<p><b>The monitoring arrangements for PEF-TCA are not fit for purpose.</b> There is a lack of consensus around which outcomes or impacts should be used to assess the effectiveness of PEF-TCA activities. There is also a lack of consensus concerning clear milestones and the predominance of outputs as opposed to outcome milestones. Furthermore, there is a lack of feedback from Gavi to partners on milestone reporting and limited evidence that this reporting is used to inform decision making. The quality of milestone reporting in the portal is variable, with duplications, a lack of detail and missing data. The JA is not viewed as a significant</p>	<p>Overhaul PEF-TCA monitoring tools and processes at a global level.</p> <p>Consider adjustments to the JA process to conduct stock taking, make course corrections and fill implementation gaps.</p> <p>Reporting needs to inform implementation and corrections.</p>	<p>a. The M&amp;E overhaul should be a consultation with Gavi stakeholders (including Secretariat teams, governments, and partners) to ensure that monitoring is useful and fit for purpose. This is likely to include the components outlined below.</p> <p>b. Establish and maintain an adequate document storage solution, which enables CTs and the PEF team to quickly access all relevant PEF-TCA documents.</p> <p>c. Discontinue activity-level, milestone-based reporting on the portal, and replace these with outcome-based reporting (see next item) and</p>	<p>A–d: S, CT, CP, EP, G</p>

	process for tracking achievement or assessing progress.		<p>an updated narrative reporting template (for reporting to Gavi and governments).</p> <p>d. Ensure adequate feedback is provided by Gavi and governments to partners' reporting. This feedback should ideally consist of both substantive feedback as well as a simple rating system (e.g., red/yellow/green).</p>	
5	<p><b>There is a 'missing middle' of reporting in outcome-level results.</b> There is no baseline for outcome-level results nor is there a system in place for tracking progress towards outcome results.</p>	<p>Leveraging the four-year planning cycle, performance indicators should focus more on outcome (system capacity) and impact (coverage) levels<sup>28</sup> rather than activity or process levels.</p>	<p>a. Establish a list of outcome/system capacity indicators<sup>29</sup> aligned to PEF-TCA thematic areas and track performance on a periodic (minimum annual) basis<sup>30</sup>. Examples of appropriate outcome-level indicators include the following:</p> <ul style="list-style-type: none"> <li>• EVM score, vaccine availability, closed vial wastage, etc. (supply chain)</li> <li>• Data timeliness/completeness, gap between survey and admin data, AFP reporting rate, etc. (data and surveillance)</li> <li>• Annual plan execution rate (activity and financial) and Gavi grant disbursement rates, etc. (program management)</li> <li>• KAP survey results (demand promotion)</li> <li>• Percentage of districts with coverage above/below specific thresholds; percentage of districts reporting increased/decreased numerator; percentage of districts achieving target performance for campaigns; percentage of decrease in zero-dose children, etc. (coverage and equity)</li> <li>• Progress against capacity building targets (capacity building recommendation).</li> </ul>	<p>a. S, CT, CP, EP, G</p> <p>b. EP, CP</p> <p>c. G</p>

<sup>28</sup> The point was made in the 3 December Meeting (Regional Synthesis Findings) that this does not necessarily mean that you would have more outcomes to report on. Actually, it would probably lend itself to less outcomes and less reporting, but for it to be more concise and more pointed.

<sup>29</sup> Implementing partners will need to be much clearer on how and what level of contribution they make to specific outcome indicators (discussed on 3 December).

<sup>30</sup> For this to be successful, there will need to be more proactive management of poor data quality to identify data risks up front to manage and mitigate them (discussed on 3 December).

			<ul style="list-style-type: none"> <li>b. PEF-TCA partners should agree to specific targets regarding these indicators and should be accountable for strong, medium, or low performance. Extenuating circumstances can be taken into account with the assent of governments and Gavi.</li> <li>c. In many countries this will require greater government/Gavi investment in data collection for some indicators. This investment will not only contribute to PEF-TCA performance management, but also to a better understanding of immunization systems' strengths and weaknesses.</li> </ul>	
6	<p><b>There is no systematic capacity needs assessment approach with PEF-TCA.</b> There is also no assessment of the key competencies/functions needed at institutional and individual levels or what is required to strengthen them. The FPPs do not contain rigorous capacity-building plans to guide the TCA allocations.</p> <p>The government buy-in to make TA sustainable varies in different contexts.</p>	<p>Develop a comprehensive capacity strengthening approach and cycle, which aims to strengthen national immunization systems.</p> <p>There is a need for governments to want the TA to transfer capacity and be sustainable<sup>31</sup>.</p> <p>There is a need to set out plans and measure results for capacity building, with a handover path to government to cover key functions and roles.</p>	<ul style="list-style-type: none"> <li>a. There is a need to systematize the approach to address critical gaps in capacity building methods within PEF-TCA<sup>32</sup>.</li> <li>b. Gavi should procure a specialized agency to design, in consultation with PEF-TCA actors and governments, a capacity strengthening process (e.g., an assessment tool, goal setting tool, monitoring tool or exit/handover tool), which can later be adapted by different partners to different country and EPI thematic contexts.</li> </ul>	<ul style="list-style-type: none"> <li>a. S</li> <li>b. S, CT, CP, EP, G</li> </ul>
7	<p><b>There is weak mutual accountability between Gavi and Core partners.</b> There are few mechanisms available for Gavi or governments to take corrective</p>	<p>Address current gap of accountability mechanisms for Core partners.</p>	<ul style="list-style-type: none"> <li>a. Adopt a standardized financial incentive mechanism for Core partners<sup>33</sup>. This can be largely determined by progress against</li> </ul>	<ul style="list-style-type: none"> <li>a. S, CT</li> <li>b. S, CT</li> <li>c. S, CT</li> </ul>

<sup>31</sup> Capacity to transfer to government can be determined by different factors: (1) government involvement in choice/selection of candidate, (2) government desire for this position in the department, and (3) government capacity to pay salary. (Discussed 3 December regional synthesis findings).

<sup>32</sup> This action item has been pending for some time and requires specialist expertise, which does not currently exist within the Secretariat or the partners. While limited good Practices can serve as a starting point.

<sup>33</sup> Core partners will need to find ways to account for unplanned demands and different requests from government to show how these contribute to key outcomes.

	<p>action/reallocate funding in cases where there is under performance from a Core partner. There is a lack of performance management and a lack of feedback on performance.</p> <p>Conversely, stronger performance management mechanisms are in place for Expanded partners (e.g., payments linked to deliverables and non-renewal of their contracts).</p> <p>Governments have a lack of visibility regarding budgets, timelines, and deliverables of PEF-TCA from Core partners, limiting their ownership and ability to hold partners to account.</p>		<p>outcome targets<sup>34</sup>. Illustrative examples are outlined below:</p> <ul style="list-style-type: none"> <li>+ Target achievement of 80%–105% = 100% of planned budget disbursed in next year; 105%&lt; = 5% bonus budget in next year; 70%–79% = 5% budget penalty in next year; 60%–69% = 10% budget penalty in next year; 50%–59% = 20% budget penalty in next year; and &lt;50% = discuss reallocation of responsibility to another partner.</li> <li>+ Exceptions due to extenuating circumstances could be issued with the agreement of both governments and the Gavi Secretariat</li> <li>+ Budget penalty amounts could be reallocated to other Core/Expanded partners to ensure the country still receives technical support.</li> </ul> <p>b. In addition to outcome-level indicators, consider operational-level indicators, which are fully under the control of the partners. This can help ensure better alignment of incentives. For example, if a PEF-TCA-funded position remains vacant for more than 2 months, the funding for that position during the vacant period could be refunded. If vacant for over 4 months, the position (and funding) could be reallocated to another partner.</p> <p>c. Another example could be potential funding cuts if the Core partner fails to cooperate with an external evaluation (see the Pakistan situation).</p>	
8	<b>The high-level ToC for PEF-TCA, which was introduced in 2021, needs revision and country-level roll out.</b> The ToC applies to all PEF TA	Develop a clear ToC for each country to articulate the intended results of PEF-TCA with partners	a. By building on the ToC required as part of the FPP, this should connect with the key selected	a. S, CT, CP, EP, G

<sup>34</sup> This will need to take into account different disbursement routes, such as DRC, where Core partners disburse onto other partners (some partners do not get funds directly from Gavi). There is also an increased use of fund managers and accelerator funds by Gavi to support the localization agenda. Discussed 3 December regional synthesis findings meeting.

	supported by different funding levers. It sets out the importance of partner engagement, the learning agenda, critical links between the funding envelopes, what is invested, and what to expect in terms of intermediate and long-term changes against Gavi's goals. However, it is narrowly focused on training and there is no country-specific ToC that sets out intended results and the underpinning assumptions and risks.	and use this to inform country-specific results reporting.  ToCs need to show the mechanism for the delivery of capacity building and go beyond training.	outcome indicators in the performance framework.	
9	<p><b>The TCA mapping exercise needs to capture both the TA provided under Gavi's different funding levers</b> and what is happening in the broader EPI landscape (where systems can already be overloaded<sup>35</sup>), rather than solely focusing on Gavi-supported resources. This would support the complementarity of resources provided by other donors and enable a clearer understanding of the EPI-related positions in each country.</p> <p><b>Coordination/alignment</b> between different Gavi funding windows remains problematic, as TA financed via SFAs does not appear in the FPP process and has quite limited visibility at country level. While the FPP process has attempted to bridge this gap and provide a stronger alignment between PEF- TCA, SFA, HSS, and other funding levers, its overall impact on achieving this is unclear due to ongoing issues, such as delays in procurement activities and persistent co-ordination issues in-country.</p>	Undertake regular TA mapping at both federal and decentralized levels to maximize the impact of PEF-TCA and improve its sequencing, coordination, and alignment of immunization TA with other donors/actors in country.	a. Build on existing mapping exercises undertaken in country. b. Invite other donors to participate. c. Build capacity of national EPI teams to undertake annual mapping updates	a. CT b. CT c. CT
10		All Gavi-funded TA must be included in annual (and multi-year) plans, including SFA-funded TA and TA included in other windows, such as HSS.	a. Ensure SFA teams are aware of FPP planning processes/timelines and participate accordingly. When SFAs propose new TA for countries with completed FPPs (which often occurs with regional/global SFA grants), ensure the following: <ul style="list-style-type: none"> <li>It is aligned with country priorities (Gavi country teams should sign off).</li> <li>The FPP is updated with the new SFA activities.</li> <li>in-country partners are informed of the updates.</li> </ul>	a. S, CT
11		Strengthen coordination and performance management of PEF-TCA with that delivered under other Gavi funding levers and other donors.	a. Ensure that all (Core and Expanded) PEF-TCA partner reports are shared with relevant government actors (in writing) at least twice a year.	a. S, CT b. S, CT c. S, CT d. S, CT

<sup>35</sup> In some countries, such as DRC, there is a risk of overloading the immunization systems: it is facing six outbreaks, a new vaccine introduction with malaria efforts, catch up on MCV2, which all becomes too much for one program to adjust to in small, incremental TA components. Discussed 3 December regional synthesis findings.



		Clarify TA alignment, coordination, and oversight functions of ICC and NITAG.	<ul style="list-style-type: none"> <li>b. Ensure a dedicated moment for performance-related discussions between Gavi country teams and EPI/ministries of health at least twice a year. This could be integrated into existing processes (such as JAs or annual EPI reviews), as appropriate.</li> <li>c. Make the link between PEF-TCA activities and other funding windows (e.g., HSS and Equity Accelerator Funding explicit in the FPP format. This could be in FPP workplan, column one (key TA results) or column AB (implementation notes).</li> <li>d. Continue to invite other donors to participate in TA mapping and annual TA retreats.</li> </ul>	
12	From a <b>learning and evaluation perspective</b> , the cycle of learning and improvement for PEF-TCA remains disjointed. There is a limited number of countries in which PEF-TCA has been independently evaluated. There has also been a lack of follow-up/implementation of previous evaluation recommendations and a lack of accountability from stakeholders to engage in this process.	Use existing in-country stakeholder engagement platforms to undertake a quarterly review of TCA lessons learned – including Core and Expanded partners – alongside national and regional EPI teams.	<ul style="list-style-type: none"> <li>a. This can be undertaken during existing frameworks, such as quarterly, bi-annual, or annual EPI reviews/retreats; JAs; and TA retreats.</li> <li>b. If it is challenging to find time within existing agendas, schedule specific meetings centered around sharing TA best practices. This could happen during the annual TA retreat, but it should happen more than once a year.</li> </ul>	a-b. S, CT, CP, EP, G
13		<p>Strengthen the independent evaluation of PEF-TCA.</p> <p>Share and disseminate evaluation reports with all partners.</p>	<ul style="list-style-type: none"> <li>b. Combine external verification of partners' results<sup>36</sup> and periodic evaluations of PEF-TCA, with regular coverage of HICs (at least once per FPP or Gavi strategic cycle) and rotate reviews of selected countries in other categories.</li> <li>c. Increase resourcing of external evaluations to ensure better coverage of sub-national TCA, which is critical for progress and establishing where an increasing share of TCA funds are spent.</li> </ul>	<ul style="list-style-type: none"> <li>b. S</li> <li>c. S</li> <li>d. S</li> <li>e. S, CT</li> <li>f. S</li> </ul>

<sup>36</sup> Results verification can be for a selected sample

			<ul style="list-style-type: none"> <li>d. Include clauses in Core and Expanded partner grant agreements/contracts making clear that they are expected to collaborate with external evaluations, as required. Hopefully, this can help avoid situations such as the experience in Pakistan.</li> <li>e. Improve the dissemination of external evaluation reports at a country level (to government and PEF-TCA partners) and Secretariat level, to avoid the low levels of follow-up on recommendations observed in past evaluations.</li> <li>f. To ensure stronger accountability, the following are recommended: (1) PEF-TCA evaluation reports should be part of the standard documentation provided to the independent review committee (IRC) prior to the review/approval of any country grants; (2) country reports should also be shared with the Gavi audit and investigation teams for follow-up in subsequent country audits; (3) synthesis/global PEF-TCA evaluation reports should be shared with the IRC and Gavi Board to facilitate better follow-up of cross-cutting recommendations.</li> </ul>	
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# Annex 1. Global interviewees

Name	Organization	Role
Susan Greene	Gavi	Director of PEF TCA
Tokunbo Oshin	Gavi	Director of HIC
Hugo Baudrier	Gavi	Gavi Procurement Team
Phillip Mitchel	Gavi	Senior Manager Risk
Donors		
Pavani Kalluri Ram	USAID	Chief Medical Officer for Global Health
Karen Dedegbe	USAID	Program Analyst
Folake Olyainka	USAID	Immunization Technical Lead
Ann Yang	USAID	Partnership Coordinator
Tasleem Kachra	BMGF – Bill and Melinda Gates Foundation	Senior Program Officer
Yusuf Yusufari	BMGF – Bill and Melinda Gates Foundation	Senior Program Officer
Amina Muhtar	BMGF – Bill and Melinda Gates Foundation	Senior Program Officer
Frank Delpizzo	BMGF – Bill and Melinda Gates Foundation	Senior Program Officer
Core Partners		
Michael Ranson	World Bank	Senior Health Economist
Viorica Berdaga	UNICEF	Senior Health Advisor
Shalini Rozario	UNICEF	Program Specialist
Myungsoo Cho	UNICEF	Planning and Monitoring Manager
Lauren Franzel	WHO	Unit Head, Vaccine Alliances and Partnerships
Hemanthi Dassanayake-Nicolas	WHO	Senior Expert
Expanded Partners		
Lillian Kidane	Dalberg	Regional Director for Africa
Jessica Gu	CHAI - Clinton Health Access Initiative	Senior Program Manager

Shadrack Mngemane	CHAI - Clinton Health Access Initiative	Senior Regional Manager
Jonny Barty	ACASUS	Deputy CEO
Christopher Morgan	JHPIEGO	Technical Director, Immunization
Evan Simpson	PATH	Associate Director

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