Section A: Overview

The purpose of this report is to inform the Board on the progress of implementation of the Partners’ Engagement Framework (PEF).

The PEF seeks to leverage the comparative strengths of Alliance partners to boost immunisation outcomes in countries. US$ 132\(^1\) million was provided to partners towards this purpose in 2016. 84\% of these resources are allocated to WHO and UNICEF. Additionally, the World Bank, Centres for Disease Control and Prevention (CDC) and 15 expanded partners including JSI, AMP, CHAI, Aspen Institute and Civil Society Organisations (CSOs) are engaged in providing technical assistance and support to countries to improve coverage, equity and sustainability of immunisation.

Introduced in pursuit of Gavi’s new strategic vision for 2016-2020, PEF ushers in a new way of planning, funding, operationalising and monitoring technical assistance provided by partners. With its new country-centric approach and emphasis on transparency and accountability, PEF is triggering Alliance-wide changes in mindsets, behaviours, incentives, processes and structures.

There is improved communication between the Gavi Secretariat and partners, better clarity and appreciation of each other's roles and joint efforts to understand challenges and devise solutions/strategic approaches. A strong country lens is being applied to planning and oversight activities at regional and global level recognising that country level outcomes are pivotal to success.

The new way of working together is permeating all critical Alliance processes and forums including Joint Appraisals (JAs), the High Level Review Panel (HLRP), Regional Working Groups (RWGs) and is now paving the way for the Country Engagement Framework (CEF).

Section B: Progress Update

There are three key mechanisms under PEF through which partners receive funding: targeted country assistance, foundational support and special investments in strategic focus areas.

\(^1\) US$ 22 million is provided to the UNICEF Supply Division as procurement fees for vaccines and cold chain equipment
1.1 Targeted Country Assistance (TCA)

Targeted technical assistance tailored to country needs is the most distinctive feature of PEF and accounts for the largest share of PEF funding (US$ 52 million). Technical assistance at country level is no longer vertical or standalone but has become an integral part of the overall portfolio of Gavi support to countries. Country-led annual JAs, are being regularly strengthened and serve as the primary mechanism to identify technical assistance needs. Participation in JAs has grown among Alliance partners. Increasingly JAs are being joined by bilateral donors. This has laid the ground for better harmonisation among financiers as well as partners.

Country level technical assistance is now being linked with other Gavi investments in the country around coverage and equity challenges, health systems, campaigns, vaccine introductions and transition plans. Technical assistance is also being provided to strengthen the country’s capacity to address the grant management requirements (GMR’s) identified from Programme Capacity Assessments (PCAs). This new approach addresses some key concerns emanating from the Full Country Evaluations. The evaluations identified that countries lacked effective access to technical assistance to implement health systems strengthening (HSS), conduct high quality campaigns, improve uptake of new vaccines and/or suffered from lack of adequate and timely programme management and implementation support.

In the past, each partner had its own separate technical assistance plan with little visibility on each other’s efforts. In 2017, a composite “One TA Plan” per country has been developed and is publically available on the Gavi website. This is aligning all partners behind one coordinated technical assistance plan overseen by the country. Additionally it is enabling full transparency on Gavi funding per partner, as well as time-bound deliverables. The “One TA Plan” is a major step towards reducing overlap/duplication and focuses on which partner is best positioned to cater to an identified technical assistance need. Partners’ headquarters and regional offices also have the opportunity to review the plans and facilitate prioritisation across countries. In the future the “One TA Plan” can be expanded to include technical assistance funded through other bilateral sources in the country.

Technical assistance support for countries on the accelerated transition path is consolidated under the transition plan to ensure that the planned technical support focuses on transition issues and needs.

A web-based PEF Portal introduced in 2017 links the “One TA Plan” with semi-annual reporting. Milestones identified in the “One TA Plan” are uploaded per country. This tool has enabled transparent sharing of information among all stakeholders. It strengthens accountability through facilitating reviews at country level by the Interagency Coordinating Committee (ICC) and at regional and global level by partners’ regional
offices and headquarters. A shared and seamless view of objectives and performance from country to global level is now possible.

For 2016, both WHO and UNICEF reported fully on semi-annual milestones for 20 Tier 1 and Tier 2 priority countries as planned (the matrix above shows the status of progress after eight months of implementation in 2016). The PEF Management Team (PEF MT) reviewed the progress and noted that going forward, Tier 3 countries would also have specific milestones. There is a strong consensus that attention should now be focused more on the quality of milestones and their timely review for corrective action.

Augmentation of Secretariat capacity has helped drive progress. Senior Country Managers are playing a highly proactive role in coordinating JAs, planning of technical assistance, monitoring deliverables, ensuring oversight at country level and maintaining a sustained dialogue between the country and the Alliance partners. Recruitment of dedicated staff by WHO and UNICEF in their country offices has also gathered pace. By November 2016, 75% and 95% of approved staff at country offices of WHO and UNICEF respectively were in place, significantly increasing their capacity to provide full time technical support to EPI in priority countries.
Although early days, we are seeing some concrete results. For example, in Myanmar traditional vaccines were being funded by UNICEF. TCA supported the national Government in the smooth transition to self-financing and self-procurement of these vaccines. The full impact of the recruitment of dedicated staff should be seen by the end of 2017. The next steps will include planning for systematic approaches to build and transfer skills to national/subnational EPI teams to foster sustainability and sustained performance. This is already a major shift from the model of leveraging consultants that are not based in country and there are now increasing examples of countries taking active interest in recruitment of partner staff and oversight mechanisms.

A prospective evaluation in priority countries to assess the effectiveness, relevance and efficiency of technical assistance on an ongoing basis is a hallmark of PEF. The evaluation leverages a 360 degree survey which the Evaluation Advisory Committee decided to test in four priority countries in the first phase. The piloting has generated the following preliminary findings:

1) There is unanimity among stakeholders that the planning and provision of technical assistance funded by Gavi has significantly improved through the PEF, in particular strengthening transparency and country engagement, and appreciation of the increased level of funding available at country level;

2) On the process side, the evaluation highlighted that Alliance partners could improve the engagement of all stakeholders at country level in particular the World Bank, CDC and expanded partners through the JA process. The evaluation identified the need to improve communication between levels (global, regional, country) on TCA planning and monitoring of milestones;

3) Finally, the evaluation highlighted the need to better tailor technical assistance to the specific country context and requirements, particularly in fragile countries.
Some encouraging examples of CSO work have been shared by the CSO constituency. An in-depth evaluation of CSO relevance, efficiency and impact will be undertaken later this year to guide the development of future models of CSO engagement.

Though contracting of expanded partners has not been as rapid as expected, we now have **an increasing pool of expanded partners to supplement the efforts of the Alliance core partners** in addressing coverage and equity challenges. A mechanism has recently been put in place to invite expressions of interest from potential partners on an on-going basis.

### 1.2 Foundational Support

**Foundational Support**, amounting to US$ 36 million, provides long-term, predictable funding to core partners (WHO, UNICEF, World Bank, CDC and the CSO constituency) to enable these institutions to continue to provide normative guidance and technical support at global and regional levels.

**Foundational Support** is linked with PEF functions, which define the minimum outputs that partners’ support is expected to deliver in each country. They focus on key programme accelerators related to coverage and equity (including coverage and equity assessments, implementation of Health Systems and Immunisation Support (HSIS) grants and key risk areas which if not addressed may pose major risks to Gavi and to the countries (e.g. vaccine management, vaccine safety). For example, one of the PEF functions in the area of supply chain focuses on partners supporting countries to report on vaccine stock levels semi-annually. In a major step forward, all countries reported on the Gavi portal their 2016 vaccine stock balance at central level. This information is being triangulated with data on shipment and coverage, and is helping the Secretariat to generate a better estimate of the number of vaccine doses required by each country.

**However, the PEF MT noted with concern that reporting is not complete on all PEF functions and that greater attention would need to be paid by partners** to collect, collate and analyse information to get a better sense of overall immunisation progress in each country.

Details on the funding are provided below.
1.3 Special Investments in Strategic Focus Areas

The concept behind Strategic Focus Areas (SFAs) has been to **identify immunisation related programmatic areas that need special focus and hence may warrant transformative approaches and stepped up investments.** HSIS to countries prioritises SFAs and is the primary source to bolster investments. Though partners use funding under Foundational Support to take forward their SFA related work, PEF provides for time limited additional special investments that may be needed by partners at global and regional levels to go beyond business as usual. In 2016, special investments in SFAs totalled US$ 21.5 million of which US$ 16 million was invested in data quality; US$ 5 million in supply chain; and US$ 0.5 million in Sustainability.

The PEF MT expressed satisfaction with the proposed special investments for 2017 under the supply chain and sustainability SFA but asked for more clarity around the vision, strategy and investments underpinning the data quality SFA. It also stressed the importance of putting together a complete picture of Gavi investments in SFAs including HSIS, TCA, Foundational Support and special investments for 2018-2019 proposals.

2. Feedback from Partners’ Engagement Framework Management Team and next steps

The PEF MT meets twice a year to review the progress of PEF. These meetings are supplemented with teleconferences as needed to support close follow-up on progress. At its meeting in February 2017, the PEF MT commended implementation of the PEF so far, highlighting the positive
improvement on all four key pillars: country focus, differentiation, transparency and accountability. The management team also stressed that the PEF places the Gavi Alliance ahead of the curve with regards to effective partnerships in global health and should be shared more broadly.

During its review, the PEF MT also encouraged partners to focus on tailoring technical assistance approaches and on quality of implementation. The PEF MT, acknowledging the differentiation principal in the PEF model, noted that for fragile countries the technical assistance might need to focus on out-of-the-box approaches and hands-on implementation support. In some of these fragile countries ‘expanded partners’ may also be a relevant complement in providing embedded support to implement coverage and equity interventions and strengthening programme management.

The PEF MT also acknowledged the World Bank’s strong relationship with governments (including with Ministries of Finance) as a unique opportunity to engage countries on successful transition. It proposed further discussions on the model of engagement that may be more appropriate in the case of the Bank while stressing the value of the Bank’s participation in country level JAs from 2017 onwards.

Lastly, the PEF MT decided to do deep-dives in a few priority countries at its next meeting to assess the progress to date on the new delivery model, with a focus on quality of planning, implementation, outcomes and sustainability.