SECOND GAVI EVALUATION
GAVI ALLIANCE

13 September 2010

SG4 REPORT

Prepared by:
CEPA LLP
CONTENTS

Acronyms and abbreviations ................................................................................................ i
Summary and conclusions ............................................................................................................. 1
1. Introduction ............................................................................................................................ 4
   1.1. Evaluation approach ........................................................................................................ 4
   1.2. Background – the development of GAVI ................................................................. 6
2. SG4.1 – Effectiveness of organisational structure ....................................................... 10
   2.1. Introduction ..................................................................................................................... 10
   2.2. Survey and structured interview responses ............................................................... 11
   2.3. Overhead cost analysis ................................................................................................. 15
   2.4. Review of TAP .............................................................................................................. 20
   2.5. Review of program processes ..................................................................................... 23
   2.6. Summary of evidence and conclusions ...................................................................... 48
3. SG4.2 – Awareness and interest in GAVI .................................................................. 52
   3.1. Introduction ..................................................................................................................... 52
   3.2. Advocacy and communications strategy .................................................................... 53
   3.3. Global level advocacy .................................................................................................... 56
   3.4. Country-level advocacy ............................................................................................... 65
   3.5. Summary of evidence and conclusions ...................................................................... 74
4. SG4.3 – Impact of PPP ............................................................................................... 78
   4.1. Introduction ..................................................................................................................... 78
   4.2. Background .................................................................................................................... 79
   4.3. E-survey and structured interview findings ............................................................... 81
   4.4. Contribution of GAVI stakeholders in Phase II ......................................................... 85
   4.5. Review of Work Plan and Budget .............................................................................. 87
   4.6. High-level review of GAVI strategy / planning documents in Phase II .............. 91
   4.7. Summary of evidence and conclusions .................................................................. 94
5. Findings at SG4 Level ................................................................................................. 98
   5.1. Introduction ..................................................................................................................... 98
   5.2. Improved efficiency ...................................................................................................... 99
   5.3. Increased advocacy ....................................................................................................... 101
   5.4. Continued innovation ................................................................................................. 103
6. Conclusion .................................................................................................................. 104
**ACRONYMS AND ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADIP</td>
<td>Accelerated Development and Introduction Plan</td>
</tr>
<tr>
<td>AFRO</td>
<td>Regional Office for Africa (WHO)</td>
</tr>
<tr>
<td>AMC</td>
<td>Advance Market Commitment</td>
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<tr>
<td>AMRO</td>
<td>Regional Office for America (WHO)</td>
</tr>
<tr>
<td>AOB</td>
<td>Any other business</td>
</tr>
<tr>
<td>APR</td>
<td>Annual Progress Report</td>
</tr>
<tr>
<td>AVI</td>
<td>Accelerated Vaccine Introduction</td>
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<tr>
<td>BMGF</td>
<td>Bill and Melinda Gates Foundation</td>
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<tr>
<td>CARM</td>
<td>Communications, Advocacy &amp; Resource Mobilisation</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CCM</td>
<td>Country Coordination Mechanism</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CEPA</td>
<td>Cambridge Economic Policy Associates</td>
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<td>CFAA</td>
<td>Country Financial Accountability Assessment</td>
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<tr>
<td>cMYP</td>
<td>Comprehensive Multi-Year Plan</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
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<tr>
<td>DFID</td>
<td>(UK) Department for International Development</td>
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<td>DQA</td>
<td>Data Quality Audit</td>
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<td>DQS</td>
<td>Data Quality Self-assessment</td>
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<tr>
<td>EC</td>
<td>Executive Committee</td>
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<tr>
<td>EMRO</td>
<td>Regional Office for Eastern Mediterranean (WHO)</td>
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<tr>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<tr>
<td>EURO</td>
<td>Regional Office for Europe (WHO)</td>
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<tr>
<td>FMA</td>
<td>Financial Management Assessment</td>
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<tr>
<td>FRA</td>
<td>Fiduciary Risk Assessment</td>
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<tr>
<td>FSP</td>
<td>Financial Sustainability Plan</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
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<tr>
<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
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<tr>
<td>GF</td>
<td>Global Fund</td>
</tr>
<tr>
<td>GFA</td>
<td>GAVI Fund Affiliate</td>
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1 List includes acronyms and abbreviations for this report and Annex to this report (available in Supporting Paper 10.3).
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>GHP</td>
<td>Global Health Partnership</td>
</tr>
<tr>
<td>GIVS</td>
<td>Global Immunization Vision and Strategy</td>
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<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<tr>
<td>HSCC</td>
<td>Health Sector Coordination Committee</td>
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<tr>
<td>HSS</td>
<td>Health System Strengthening</td>
</tr>
<tr>
<td>ICC</td>
<td>Inter-agency Coordination Committee</td>
</tr>
<tr>
<td>IFFIm</td>
<td>International Finance Facility for Immunisation</td>
</tr>
<tr>
<td>IHP+</td>
<td>The International Health Partnership</td>
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<tr>
<td>INS</td>
<td>Injection Safety Support</td>
</tr>
<tr>
<td>IRC</td>
<td>Independent Review Committee</td>
</tr>
<tr>
<td>ISS</td>
<td>Immunisation Services Support</td>
</tr>
<tr>
<td>JRF</td>
<td>Joint Reporting Form</td>
</tr>
<tr>
<td>JSI</td>
<td>Jereo Salama Isika</td>
</tr>
<tr>
<td>LFA</td>
<td>Local Fund Agent</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>NIP</td>
<td>National Immunization Program</td>
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<tr>
<td>NVS</td>
<td>New and underused Vaccines Support</td>
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<tr>
<td>ODF</td>
<td>Official Development Financing</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PEFA</td>
<td>Public Expenditure and Financial Accountability</td>
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<tr>
<td>PFM</td>
<td>Public Finance Management</td>
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<tr>
<td>PFMA</td>
<td>Public Finance Management Act</td>
</tr>
<tr>
<td>PPC</td>
<td>Programme and Policy Committee</td>
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<tr>
<td>PPP</td>
<td>Public Private Partnership</td>
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<tr>
<td>RBM</td>
<td>Roll Back Malaria</td>
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<tr>
<td>RFP</td>
<td>Request for Proposal</td>
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<tr>
<td>SAGE</td>
<td>Strategic Advisory Group of Experts (WHO)</td>
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<tr>
<td>SEARO</td>
<td>Regional Office for South East Asia (WHO)</td>
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</tbody>
</table>
SG       (GAVI) Strategic Goal
TAP      Transparency and Accountability Policy
ToR      Terms of Reference
UNCT     United Nations Country Team
UNDP     United Nations Development Program
UNICEF   United Nations Children's Fund
USAID    United States Agency for International Development
WB       World Bank
WEF      World Economic Forum
WHO      World Health Organisation
WPRO     Regional Office for Western Pacific (WHO)
YF       Yellow Fever
SUMMARY AND CONCLUSIONS

This report provides the detailed analysis and evaluation material for Strategic Goal (SG) 4. A summary of the analysis can be found in the Executive Summary and Section 8 of the Evaluation Report. However, for ease of reference, we provide an overview of the conclusions contained in the detail chapters in this report here.

1. Evaluation questions for SG4

GAVI’s SG4 is: ‘to increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation’. The evaluation questions are:

SG4.1 Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

SG4.2 To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health?

SG4.3 Has the GAVI focus on collaboration with a wide range of private and public stakeholders contributed to its effectiveness and impact?

2. Distinctive organisational structure (SG4.1) (Section 2)

Our overall conclusion is that GAVI’s structure and processes are improving over time, and have contributed both positively and negatively to the efficiency, effectiveness and impact of GAVI:

• positively through the flexibility and relatively light touch of its programs and processes which allows a lean structure and minimises burden on countries;

• positively through the contribution of the structure in supporting country ownership (which we believe would have been less in the event that GAVI’s additional resources had been channelled directly through the United Nations Children’s Fund (UNICEF) / the World Health Organization (WHO)); and

• negatively given the impact that the structure has on proactive country monitoring and communication to ensure accountability and support national Partners. We recognise:
  o there are tradeoffs in a ‘light touch’ approach, of which, limited monitoring and evaluation is one such aspect; and

  o that although things have been improving, the relative weakness of GAVI’s monitoring and communication is partially related to a lack of clarity about the relative roles of Implementing Partners and the Secretariat in particular.
There is *a priori* evidence to support the view that **GAVI has broadly succeeded in increasing awareness and interest in immunisation at both the global and national levels.** This success has primarily been as a ‘by-product’ of GAVI’s fundraising (and innovative finance) activities and its programmatic expenditure.

Increased donor funding for immunisation is also indicative of greater **commitment.**

Other key points are as follows:

- Although we have focused most of our work on immunisation (as opposed to child health) our assessment is that there is relatively little evidence to support an impact on awareness on child health issues – which is clearly broader.
- Our evaluation suggests that the quality, planning and quantity of GAVI’s global advocacy activities has improved over Phase II – although there are still implementation challenges, including in coordinating Partners, and widening the Partnership’s advocacy messages and channels.
- Feedback about national level advocacy has been mixed, and varied between countries. This reflects uncertainty about where it makes sense for advocacy messages and activities to be ‘GAVI’ as opposed ‘GAVI Partners’. National level advocacy would benefit from a strategic approach considered in the advocacy strategy, and a mechanism of lessons learned between countries.
- Clear progress indicators and monitoring would enable a more robust assessment of advocacy performance in future.

**4. Stakeholder collaboration (SG4.3)** *(Section 4)*

Although a number of the detailed aspects of our analysis point to the challenges and difficulties associated with working in partnership, our basic conclusion is that **GAVI’s focus on collaboration between stakeholders has been an important contributor to its value add.**

The primary mechanism for this has been focus and inclusiveness on immunisation, which has supported increased finance, alignment of activity and created the potential for innovation.

To some extent, these tensions impact on the operational effectiveness of GAVI. For GAVI in Phase II, the main ongoing issues relate to the development of the nature of GAVI from the informal Alliance embodied in the Working Group, towards a ‘partnership institution’ in its own right (i.e. a principal itself and a separate legal entity) with a more independent Secretariat and formal governance arrangements.

We do not comment on the relative merit of different positions here. However our conclusion is that:

- some of the ongoing issues about role and responsibilities and Work Plan accountability can only have reduced the Partnership’s effectiveness – to the extent that it has diverted time and attention from the core mission and objectives; but
• that we have not seen evidence that these issues have materially impacted on GAVI’s contribution and value add in Phase II.

5. **Overall assessment of GAVI’s performance on SG4 and conclusion (Sections 5 and 6)**

SG4 is: ‘to increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation’.

On the basis of the analysis conducted in this report (and more generally in our evaluation) **we conclude that GAVI has been reasonably successful in improving efficiency, increasing its advocacy and continuing innovation.** We believe that this has, in general continued to add to GAVI’s value add. In particular:

• We observe an improvement in the narrow overhead cost efficiency measure (i.e. administrative overheads excluding Work Plan expenditure as a proportion of overheads). This reflects the fact that disbursements have increased at a faster rate than administrative costs. Furthermore, GAVI’s application, review and approval processes have improved over time and achieve a reasonable balance between competing objectives. These improvements are, in our view, consistent with improved efficiency.

• The quality of GAVI advocacy material and level of advocacy activity have increased over time. There is *a priori evidence* of an increase in interest in immunisation at the global level and it is widely accepted amongst stakeholders that GAVI has been pivotal in putting immunisation back on the map.

• Although the nature of innovation and areas of GAVI’s focus and contributions have changed from Phase I to Phase II, GAVI has continued to innovate.

Notable exceptions include the following:

• The monitoring of country performance at the Alliance level (i.e. as opposed to by Implementing Partners in country) and GAVI communications with countries. We believe that both of these detracted from efficiency and of GAVI’s added value to some degree in Phase II.

• Although there have been significant improvements in recent years, the time taken to resolve issues related to the Work Plan and Budget process has constrained the organisation’s ability to improve efficiency.

• GAVI’s ability to capture and produce basic financial and performance information monitoring. Again, although performance has improved in the latter half of Phase II, our judgment is that this aspect of performance creates inefficiencies and risks for the organisation.
1. **INTRODUCTION**

The fourth and final goal of GAVI is to ‘increase and assess the added value of GAVI as a public private global health partnership (GHP) through improved efficiency, increased advocacy and continued innovation’.

The goal therefore covers GAVI’s performance as a whole – across its programs and operations. In that sense, the relevant evidence to assess performance needs to be drawn from specific analysis here, and the reviews of the first three Strategic Goals (SGs).

Unlike the other three SGs, this goal is about ‘how’ as a Partnership, GAVI develops and implements its programs and activities, i.e. its *modus operandi* or way of doing business. In terms of the two Request for Proposal (RFP) evaluation questions it is therefore clearly core to an assessment of value add.

1.1. **Evaluation approach**

1.1.1. **Scope of evaluation and structure**

The additional analysis conducted in this part of our overall evaluation of GAVI has focused on the gaps and additional points that pertain to GAVI as an institution and as a public private partnership (PPP) rather than to specific GAVI programs or activities.

The analysis has been organised around three evaluation questions covered in this report as follows:

- **SG4.1** Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how? (Section 2)
- **SG4.2** To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health? (Section 3)
- **SG4.3** Has the GAVI focus on collaboration with a wide range of private and public stakeholders contributed to its effectiveness and impact? (Section 4)

We note that in terms of the issues covered under each question there are particular overlaps between SG4.1 and SG4.3. Both contribute to our understanding of the extent to which GAVI has added value as a result of its structure. The way in which we have distinguished the two questions is not perfect, but is as follows:

- **SG4.1** focuses in particular on GAVI’s policies and approaches to conducting its business (including its attempt to be both ‘lean’ in terms of overhead costs; and relatively ‘light touch’ in terms of processes).
- **SG4.3** aims to consider specific ways in which the ‘Alliance’ or ‘Partnership’ concept has worked in practice and the extent (e.g. through the Work Plan process and the contributions of different Partners).

As per the terms of reference (ToR), we do not evaluate the performance of GAVI’s new governance structures.

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2 Both of the terms ‘lean’ and ‘light touch’ have been used by Secretariat and Board Members in relation to GAVI’s approach.
The penultimate section of this report seeks to bring the disparate analysis together to provide our overall findings about performance against this SG, which is broader than the composite evaluation questions. As noted above, in order to do this, we draw on observations from across the rest of our evaluation.

The final section of this report summarises our conclusion.

1.1.2. Robustness of conclusions

To assess the strength of a conclusion, we have allocated a ‘robustness scoring’ to each main finding.\(^3\) The definitions of the four scores (A-D) are set out in Table 1.1. below. But in general we are making an assessment of both:

- the extent to which we have a range of evidence types (e.g. quantitative and qualitative) and different sources (e.g. different data bases) that point to the same conclusion – we refer to this as ‘triangulation’; and

- the underlying quality of individual data types and evidence source (e.g. as determined by sample size, reliability / completeness of data).

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>The finding is consistently supported by the full range of evidence sources, including quantitative analysis and qualitative evidence (i.e. there is very good triangulation); and/ or the evidence source(s) is/ are of relatively high quality and reliable to draw a conclusion (e.g. solid sample sizes are available and there are no major data quality or reliability issues).</td>
</tr>
<tr>
<td>B</td>
<td>There is a good degree of triangulation across evidence, but there is less or 'less good' quality evidence available. Alternatively, there is limited triangulation and not very good quality evidence, but at least two different sources of evidence.</td>
</tr>
<tr>
<td>C</td>
<td>Limited triangulation, and/ or only one evidence source that is not regarded as being of a good quality</td>
</tr>
<tr>
<td>D</td>
<td>There is no triangulation and/ or evidence is limited to a single source and is relatively weak; or the quality of supporting data/ information for that evidence source is incomplete or unreliable.</td>
</tr>
</tbody>
</table>

Source: CEPA definition

Points to note for readers in interpreting these scores are as follows:

- They are not absolute measures of the robustness of the evidence base. Rather they are relative rankings that are intended to allow the reader to get an indication of our assessment of the strength of a finding.

- The scores are themselves judgemental and reflect our assessment of the strength of the evidence base that exists / that we have been able to identify as part of our evaluation.

\(^3\) In our Inception Report, we had anticipated assigning a robustness scoring to the evidence as opposed to the conclusion. Our judgment is that the revised approach is preferable – since it is more tractable and has less repetition. Further, assigning a robustness rating to the conclusion allows us to take account of the strength of the range of evidence sources applicable in drawing that conclusion.
It is important to note, that it is possible for us to have ‘good’ triangulation of ‘high quality’ evidence but a mixed or ambiguous conclusion on GAVI performance. This might occur if we have a good range of evidence that all points to mixed performance for example.

We also consider the findings from our assessment of GAVI’s performance against its revised strategy in drawing our conclusions on each evaluation question (see Supporting Paper 8 for further details).

1.1.3. Methodological limitations

Key points to note are as follows:

- Many of the questions and issues explored are arguably less amenable to quantitative analysis than under other SGs. Rather, these evaluation questions rely on qualitative evidence, including reviews of GAVI documentation, and survey and interview evidence. The issues of ‘partnership’ and ‘alliance’ are also contentious.

- Although we have conducted specific pieces of analysis as part of our evaluation of this SG, our conclusions draw on an understanding of GAVI performance and approaches across the other SGs.

Given this, the conclusions here are particularly subject to judgement and interpretation. In presenting a nuanced synthesis of the differing views, we have sought to be independent and clear about the basis of our conclusions.

Although we are not expected to comment on GAVI’s new governance arrangements, it is important to note that Cambridge Economic Policy Associates (CEPA) advised the Board on governance options in 2007 and the changes reflect significant elements of our recommendations. We think that this provides us with valuable knowledge and insight into the issues faced by GAVI as a Partnership, but it is also a potential source of bias.

1.2. Background – the development of GAVI

By way of background to the rest of this report we set out here our high-level understanding of the development of GAVI as an institution since its inception. The aim is to highlight a number of issues in GAVI’s development that are relevant to the SG in both Phase I (2000-05) and Phase II (2006-10). In doing this, we do not cover the development of programs or policies, but focus on the organisational structure of the Alliance and how this has evolved over time. More detail is provided where relevant in the following sections.

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4 It draws on a paper produced by CEPA for the July 2007 Board Retreat on Governance.
1.2.1. Phase I (2000-05)

GAVI started as a relatively informal alliance between principals

GAVI started in 1999 as an unincorporated, informal alliance between principals – i.e. organisations bringing resources and / or expertise to the table – (notably, the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), and the World Bank (WB)) with funding from the Bill and Melinda Gates Foundation (BMGF) and others to achieve shared goals. These shared goals, or GAVI’s mission, centred on a ‘vaccine and immunisation-led approach’ – with the objective of increasing immunisation levels in developing countries, and producing and delivering new vaccines in a cost effective manner.

The Working Group both defined and operated the GAVI Alliance in its early years

The founding Partners constituted a Working Group that conceptualised and operated GAVI – including deciding its objectives, milestones, programs, flow of funds etc. The Working Group’s outputs were endorsed by the Working Group member’s respective constituencies e.g. WHO, UNICEF, WB and (subsequently) BMGF. At first, the Alliance Board tended to endorse the recommendations of the Working Group. But, over time this created concerns about accountability and led to the establishment of an Executive Committee (EC).

The size and role of the Secretariat was a source of contention between founding Partners from the start

Some of the founding Partners – especially industry and WB, had envisioned a robust organisation to support the Alliance. UNICEF and WHO – with their historical mandate to support immunisation efforts in developing countries, preferred a small, non-technical Secretariat with little independence or authority. To support delivery, a small Secretariat with 5-6 staff members was initially established in Geneva, co-hosted with UNICEF. The main role of the Secretariat was to ‘serve’ the founding members of the Alliance, represented by the Working Group. However, over time, the Secretariat grew in size so that by the end of Phase I there were more than 20 staff (more than 50 if the GAVI Fund Staff are included).

The GAVI Fund was established as a US 501(c)(3) with a prominent Board to support advocacy and fundraising activities

The GAVI Fund was set up as a 501(c)(3) organisation with two members. The intent was advocacy and fundraising in the USA. A Board of prominent individuals was created to support fundraising and advocacy efforts of the GAVI Fund, and a small EC, initially chaired by BMGF, was created to serve as the day-to-day oversight body. Over time, two offices were formed, in Washington DC and Lyon, France, with a combined staff of 30 by the time of convergence.

By the later years of Phase I a process of convergence between the Alliance and Fund had begun

In 2004, the two Boards decided to merge the management of the two offices in Geneva and Washington DC under one leader, the Executive Secretary / Chief Executive Officer (CEO), who reported to both Boards, and was responsible for both Alliance Secretariat and Fund staff.
1.2.2. Phase II (2006-10)

*In Phase II GAVI continued to evolve from a relatively informal alliance to a ‘partnership institution’ in its own right*

As a result of its successes and rapid growth, particularly the increased financing from foundations and donor governments, GAVI began to evolve from being a relatively informal unincorporated alliance to an alliance operating with a greater degree of ‘formality’ in the way that it worked and was governed. (This process had begun in Phase I, and continued into Phase II).

In essence, there had been a gradual shift in the nature of GAVI from the informal Alliance partnership embodied in the Working Group, towards a ‘partnership institution’ in its own right (i.e. a principal itself).

Features of this shift included:

- Continued (from Phase I) increases in the size and roles and responsibilities of the Secretariat. As noted, this has remained a source of contention for some of the founding Partners particularly (e.g. WHO, UNICEF). It also led to pressure to review the hosting arrangement of the Alliance within UNICEF.

- The development of more formal governance arrangements within the Boards, their committees and advisory groups, and donor constituencies. Two ECs (for the Alliance and the Fund) were created as a sub-set of the Board members for decision making between the two annual full Board meetings. These governance developments, together with the expanded role of the Secretariat increased uncertainty about the role of the Working Group (previously at the heart of the Alliance) and how it related to the Boards.

*Increased formality in terms of governance increasingly highlight the weaknesses in the dual Board structure*

The dual nature of GAVI initially resulted in a formal division of GAVI's programmatic (technical) and fiduciary (financial) responsibilities between the GAVI Alliance and the Fund Boards. However:

- The increased financing also led to a change in the way that the GAVI Fund perceived its responsibilities under US law to exercise its legal and fiduciary responsibilities. For example, seeking better oversight of (and information about) the budget and activities of GAVI’s programs and the Secretariat’s work.

- In parallel to these changes, new legal entities have been created to support GAVI’s activities and objectives, raising issues of financial consolidation, and risk and liability management for the GAVI Fund. These entities are the International Finance Facility for Immunisation (IFFIm) established as a charity in England, the GAVI Fund Affiliate (GFA) registered in England and Wales as a company limited by guarantee, and the GAVI Swiss Foundation.

Given these developments and the resulting tensions that emerged, the Alliance and Fund Boards decided in 2007 to actively take forward a reorganisation of its Governance. This resulted in decisions in 2008 to unify the Alliance and Fund’s governance arrangements in a Swiss
The decision to unify Board has created a single GAVI Alliance entity and Secretariat

From an organisational perspective, the period since 2008 has been dominated by the transition to the Swiss Foundation. In addition to putting in place new legal and governance structures, the transition has involved transferring staff and systems from the UNICEF arrangement into the Swiss Foundation. The transition has been from staff and systems being ‘hosted’, to more permanent arrangement. Although administrative in nature, it is fair to say that it has been a non-trivial exercise.

As of the beginning of 2009 this transition has been completed, and has resulted in a unified Partnership structure and governance.
2. **SG4.1 – EFFECTIVENESS OF ORGANISATIONAL STRUCTURE**

Evaluation question SG4.1: Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

2.1. **Introduction**

GAVI is a partnership institution with a multi-stakeholder Board and Secretariat, and is legally constituted as a Swiss Foundation. However, for the purpose of this evaluation question, we take the distinctive organisational structure to relate to two particular aspects of the way in which GAVI seeks to organise itself and conduct its business.5 These include:

- The feature of the GAVI Alliance as a financing entity that works in countries through its Implementing Partners (particularly WHO and UNICEF) and does not itself ‘do’ or ‘implement’. Stakeholders have referred to this throughout our evaluation as meaning that GAVI is a relatively ‘lean’ organisation.

- The emphasis on being ‘light touch’ by avoiding earmarking, supporting nationally-defined priorities and minimising GAVI’s burden on country governments.

2.1.1. **Scope of evaluation**

In order to assess these two aspects of GAVI’s organisation (in addition to conclusions reached from analysis carried out for the other SGs), we have considered:

- the overhead cost efficiency of GAVI compared with other global health PPPs
- the performance of two of GAVI’s key corporate policies / approaches that are relevant to all GAVI’s program activities:
  - Transparency and Accountability Policy (TAP) and the Financial Management Assessments (FMA)
  - Program application, review, approval, disbursement, monitoring and evaluation processes (across programs)

For the avoidance of doubt, and in line with the ToR, we are not evaluating the governance function of the Alliance. Also, note that we have considered substantive issues relating to the Work Plan under evaluation question SG4.3 (on partnership).

2.1.2. **Sources of evidence**

Table 2.1 below summarises the sources of evidence relied on here. As noted in Section 1, much of the evidence for this evaluation question is qualitative in nature (e.g. interview or survey evidence). For this evaluation question, however, we have been able to use some quantitative evidence (in the form of efficiency benchmarking).

In order to assess ‘value add’ against comparators, we have also had to rely on desk research with

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5 We have not attributed much weight to the word ‘distinctive’ in terms of analysis of differences with other institutions.
limited opportunities to validate findings with the comparator organisations themselves.

Table 2.1: Evidence for evaluation question SG4.1

<table>
<thead>
<tr>
<th>Evidence source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of GAVI documentation</td>
<td>Particular reviews of (i) TAP policy documents; (ii) Annual Progress Reports (APRs); and (iii) Strategy and work planning documents.</td>
</tr>
<tr>
<td>Quantitative analysis</td>
<td>Trends in staff numbers and costs from GAVI sources.</td>
</tr>
<tr>
<td>Benchmarking / case studies of comparators</td>
<td>Benchmarking of overhead efficiency indicators. Case study reviews of other institutions transparency and accountability policies.</td>
</tr>
<tr>
<td>Structured interviews</td>
<td>Interviews with a range of GAVI stakeholders, including the Secretariat, Board members, GAVI Partners, experts, etc.</td>
</tr>
<tr>
<td>Surveys</td>
<td>Questions in both e-survey and Expanded Programme on Immunization (EPI) manager survey that are directly relevant to the scope of this evaluation.</td>
</tr>
<tr>
<td>Country studies</td>
<td>Feedback particularly in relation to extent to which GAVI processes are effective and are deemed to be ‘light touch’.</td>
</tr>
</tbody>
</table>

2.1.3. Structure

We have structured the presentation of our analysis and findings as follows:

- Section 2.2 provides a summary of the survey and structured interview responses that are directly relevant to this question.
- Section 2.3 summarises the work that we have conducted on GAVI overhead cost efficiency.
- Section 2.4 is our review of TAP.
- Section 2.5 is a summary of our findings in relation to GAVI’s program processes.
- Section 2.6 brings together the findings from each element of the analysis that we have conducted. It also provides our overall assessment of the evaluation question.

The Annexes referred to in this report are available in Supporting Paper 10.3.

2.2. Survey and structured interview responses

2.2.1. E-survey

The e-survey was conducted as part of our overall evaluation. One of the four questions in the SG4 section of the e-survey relate specifically to this evaluation question:

Q22: GAVI’s relatively ‘light touch’ approach achieves the right balance between country ownership / accountability and flexibility.

The results for Question 22 are displayed in Figure 2.1 below. Detailed responses by constituency are available in Annex 1. The responses are mixed, though ‘Agree’ was the most common response. To enable quantitative analysis of responses, we have rated responses as follows: Strongly disagree (-2), Disagree (-1), Neither agree nor disagree (0), Agree (1) and
Strongly agree (2).  

The average score for this question is 0.6 and the variance of the responses is 0.98. This average score is relatively low and the variance is relatively high compared to the results of other questions, which suggests a high degree of variation in responses (as noted above). This finding is supported by the qualitative responses. The comments have been analysed and summarised into feedback themes, presented in Annex 1.

Key points of detail to note are as follows:

- Those respondents who feel that the right balance has not been reached are drawn from multilateral and donor constituencies.

- However, reasons for disagreeing vary. Roughly equal numbers of respondents who disagreed indicate that this is because they believe (i) that there should be more accountability and monitoring; and (ii) that increased requirements have reduced the extent to which GAVI can be seen as light touch.

- Respondents who agreed with the statement believe that flexible funds are free of rigid government budget processes and that the light touch has enabled countries to make efficient and relatively independent decisions at the country level. This reliance on local systems has contributed towards capacity building.

- Conversely, a number of stakeholders commented that the approach has reduced flexibility and ownership at country level because of increased reliance on international support, lack of transparency and communication, and limited opportunities for engagement in decision making.

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6 This scoring methodology is used to analyse all e-survey questions in this report.

7 This is a similar response to that for Q23 from the e-survey: ‘GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts’. See Section 2.5.3 and Annex 1.
2.2.2. Structured interview findings

Structured interviews were conducted between January and April 2010 with a range of stakeholders including current and former GAVI Board members, GAVI Secretariat, Partners and donors. The questions relevant to SG4.1 was:

“Has GAVI’s distinctive organisational structure and processes contributed to its efficiency, effectiveness and impact? If so, how? We refer here to GAVI’s ‘lean’ financing agency model that works through its Alliance partners to achieve its mission. Also, has GAVI’s cost effectiveness changed since it became a separate legal entity?”

The interview responses identify similar differences of view to the e-survey responses on whether the right balance between accountability and country ownership / flexibility is achieved.

Stakeholders generally believe that the ‘light touch’ approach works well for an alliance such as GAVI, that maintaining a relatively ‘lean’ Secretariat without country presence is appropriate and GAVI’s ‘flexible cash’ approach to Immunisation Services Support (ISS) and Health System Strengthening (HSS) are unique and point towards the light touch approach. However, there are a number of real challenges around the role of Partners, the reliability of data and country capacity, and differences of the impact of the approach between programmes. We discuss some of these points in more detail below.

Role of Partners

With GAVI’s lack of country presence, for the light touch approach to be successful, it is
recognised that GAVI depends on Partner support and more involvement from Civil Society Organisations (CSOs). Partners (particularly WHO and UNICEF) are currently carrying the burden at country level and this is recognised in the Work Plan and Budget.

However, there are inherent tensions here for Partners since they need to protect their important political relationships in countries and need to fulfil their respective organisational mandates. In addition, while (based on CEPA’s experience) country officers generally see themselves as being part of the Alliance, they see their role and accountability as being primarily in relation to technical support of the immunisation program. They do not see themselves as grant providers / or funders who are concerned primarily with effective use of donor money and / or fiduciary accountability. Although this may not have been the case at the outset of GAVI (or at least with those most closely connected to its creation through the Working Group), they increasingly regard GAVI as being a distinct financing entity.

Interviewees have referred to a case in which there has not been communication between in-country Partners and the Secretariat about a specific country problem related to misuse of funds. However, we understand the issue is more general. We think this also relates to clear definition of the roles and responsibilities of Partners in countries and the extent to which they are accountable to GAVI to provide country level information. For example, Partners need to sign-off on country proposals and APRs even if they have not provided technical assistance. It is not clear to Partners what this signature denotes – whether it is agreement with the substance of these documents (which sometimes do not exist) or fiduciary responsibility / liability.

Given this issue, some interviewees believe that it is important for GAVI to introduce more internal measures such as TAP and improve their own country monitoring. There are mixed views on whether GAVI should have more country focused resource / presence; or even a regional presence.

(Views on monitoring of results are discussed in more detail Section 2.5.4.)

Reliability of data and country capacity

A number of interviewees highlight that more realism is required in terms of country capabilities, access to robust data and statistics, and more assurance is required on data quality at country level. Interviewees noted that GAVI had put in place the Data Task Team to consider these issues, but believe this is still a significant barrier and more action is required to improve the collection and management of data.

Differences between programs

It is generally acknowledged that even though the ‘light touch’ approach works for vaccines, there may be a need for more involvement in project development and planning (at country level) in HSS.
2.3. Overhead cost analysis

An important aspect of GAVI’s ‘unique selling point’ in Phase I and Phase II has been its assertion to have a ‘lean’ structure that maximises the amount of resources that it passes on to countries (subject to appropriate fiduciary standards). As part of our evaluation, we have conducted a high-level review of GAVI’s overhead costs, by benchmarking various measures of ‘overhead cost efficiency’ against comparator organisations.

These overhead cost efficiency measures (‘measures’) are based on those used in Easterly and Pfutze (2008) – which provides a number of existing comparators. These measures are:

- ratio of administrative budget to ODF (Official Development Financing); and
- total ODF (in $m) per permanent employee.

In undertaking the analysis for GAVI, we have considered what we refer to as both ‘narrow’ and ‘wide’ measures of operating costs and staff numbers – where the ‘wide’ measures include estimates of Work Plan expenditure / Full Time Equivalents (FTEs) as part of operating costs.

Our judgment is that the majority of Work Plan expenditure should be interpreted as program expenditure, and therefore the ‘right’ number is likely to be the narrow measure.

However, our understanding is that Work Plan expenditure does include some element of Partners’ contributions to GAVI by way of policy development, country-level communication and governance, which could be included as ‘administrative costs’ in some of the comparators. Given this, it is in our view appropriate to show both the ‘narrow’ and ‘wide’ estimates to provide upper and lower bound measures for GAVI. (Section 4.5 discusses other aspects of the Work Plan and Budget Process. We do not comment here on the efficiency or otherwise of the Work Plan expenditures.)

It is important to emphasise the limitations of this analysis:

- Firstly, we recognise that low overheads are not necessarily an indicator of aid effectiveness. However, given that GAVI considers itself (based on interviews) to incur relatively low overhead costs, we believe a comparison with similar grant-making organisations is useful.
- Second, we note that there are potential issues with comparability of some cost metrics across organisations. These arise as a result of different definitions of costs and / or different organisational structures (e.g. the extent to which the organisations are grant giving entities or providers of technical assistance).

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10 Note that these measures are slightly different from those used by GAVI to date. In particular, GAVI uses administrative costs as a proportion of total expense (as opposed to disbursements).

11 Easterly and Pfutze define ODF as "the sum of official development assistance and non-concessional official loans".

12 Either technical assistance at the country level, or global activities necessary for GAVI’s mission and objectives.
We have sought to mitigate these limitations by looking at a relatively wide range of sources, institution types and metrics. In addition, we have reflected the uncertainty in the strength of our conclusions.

### 2.3.1. Data sources

**Staff numbers and administrative costs**

Figure 2.2 below shows how GAVI staff FTEs and administrative costs have developed over time. Points to note about definitions and sources are as follows:

- ‘Secretariat – Admin’ costs include both Alliance (now Foundation) and Fund costs, but exclude those costs deemed to be part of the Work Plan.

- Work Plan costs have been sourced on a consistent basis from our review of Board Papers (see Section 4.4.2). For the early years they include costs reported by WHO, UNICEF and WB that relate to GAVI activity but are funded from other sources (i.e. it is not just the ‘gap element’ funded by the GAVI).

- FTE numbers include permanent staff only and are drawn from a range of GAVI sources, including recent Board Papers. FTEs funded by Work Plan expenditure are only available for four years (2007-10).

*Figure 2.2: Evolution of GAVI Work Plan and Budget expenditure and staff numbers*

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13 Figures include estimates of 2010 based on Board approved expenditure and headcount.

14 Our Work Plan estimates exclude our understanding of expenditure on ADIPs / AVI.
Disbursements

In order to calculate our two 'overhead efficiency' measures we have used GAVI disbursements as the most comparable measure to ODF (used by Easterly and Pfutze). Disbursement data is based on data provided by the GAVI Finance and Operations Team.\(^\text{15}\) The categories of disbursements as defined in this data are:

- **Vaccine introduction activities** – includes expenditure on Accelerated Vaccine Introduction (AVI), procurement Memorandum of Understandings, vaccine introduction grants, Accelerated Development and Introduction Plans (ADIPS) and Hib.
- **Cash based program support** – includes HSS, ISS, Injection Safety Support (INS), CSOs and other lump sum cash awards.
- **Meningitis** – campaign and stockpile expenditure.
- **Yellow Fever (YF)** – campaign and stockpile expenditure.
- **Human Papillomavirus, Japanese Encephalitis, Rubella and Typhoid vaccines expenditure.**
- **Pentavalent vaccine expenditure.**
- **Other vaccines** – includes Hib / Hepatitis B (Mono and Tetra), YF, Measles 2nd dose and Polio stockpile.

Figure 2.3 shows the composition of the disbursements from 2000-15. For the purposes of our analysis we have used these measures from 2001-10 recognising that 2009 and 2010 are projections. Points to note are as follows:

- Disbursement have risen steadily from 2001 to 2009. The exception to this is the spike in disbursements in 2007, which relates to the introduction of the HSS program and IFFIm-funded investment cases expenditure (particularly the polio and 2\textsuperscript{nd} dose measles vaccines for which the majority of approved funds were disbursed in this year).\(^\text{16}\)
- From 2009 onwards projected disbursements fall away – although note that we have excluded pneumococcal and rotavirus vaccines from these projections.\(^\text{17}\)

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\(^{15}\) Disbursement data was provided to CEPA on 17 March 2010. Data and definitions used in this report are taken from information provided by GAVI, apart from pneumococcal and rotavirus projections (see Footnote 17 below). No further detail is available in terms of expenditure breakdown other than categories described.

\(^{16}\) In 2006, four disease-specific investment cases were funded by the Board via IFFIm (MNT, Measles, YF and Polio), mainly for use in supplementary immunisation activities such as campaigns. In 2008, two additional investment cases were funded (for continuation of YF and meningitis).

\(^{17}\) This assumption is from the GAVI Finance and Operations Team. At the time of writing, funds are only available for existing programmes, which in general does not include pneumococcal and rotavirus vaccines (although there are some exceptions). Hence projections for these vaccines have been excluded to ensure analysis is conservative. This assumption does not consider likelihood of raising resources.
Figure 2.3: Composition of GAVI disbursements (2000-15)

Figures 2.4a and 2.4b below show how the primary measure (‘narrow’ administrative costs as % of disbursements) for GAVI compares with comparators:

- Figure 2.4a shows a time series compared with the Global Fund (GF) and BMGF. Over the whole period, the GAVI measure of administrative cost / ODF is more volatile than the GF and BMGF metrics. It starts low relative to both comparators, is higher at the end of Phase I and early Phase II, before finishing at a level that is lower than BMGF and broadly comparable with GF. This suggests the integration / unification of GAVI has led to efficiencies.

- Figure 2.4b compares GAVI’s Phase II average with GF and BMGF as well as average bilateral and multilaterals. The second set of comparators (bilateral and multilateral donors) are drawn from the analysis conducted by Easterly and Pfutze. It shows both average estimates for each category and the range of observations. Key points to note are that: (i) the average over the period for GAVI is higher than GF, broadly comparable with the average bilateral donor and lower than both BMGF and the average multilateral; and (ii) the range for GAVI is wider than both GF and BMGF, but significantly narrower (albeit on a different basis) than the bilaterals and multilaterals.

Source: GAVI

Data points for 2000-08 are actuals, while 2009 onwards are projections.

Source: GAVI /GF / BMGF / CEPA Analysis.


Note that the ranges for GAVI, GF and BMGF are the range of data points for each year of available data – i.e. a time series. In contrast the ranges for bilaterals and multilaterals are derived from a range of institutions for a single year - i.e. cross sectional data.
Although we think that these comparisons are instructive, there are of course differences between organisations. Particular points to note that need to be taken into account are as follows:

- BMGF has no costs associated with resource mobilisation whereas a significant proportion of GAVI’s Secretariat resources are related to the challenge of raising funds. Hence, the fact that GAVI the primary measure is slightly lower than BMGF underestimates GAVI’s relative efficiency. This might also apply to bilaterals / multilaterals, although to a lesser extent, as both would have some resources (albeit less than GAVI) assigned to resource mobilisation.

- GF is significantly larger than GAVI in terms of funds disbursed and is therefore able to benefit from economies of scale. We have not sought to correct for this in our overhead measures. However, it is important to note that this relative lack of economies of scale, might be thought of as a cost associated with GAVI’s focus. This point also applies to the comparison with multilaterals, which are likely to be larger than GAVI.

**Figure 2.4a: Admin overheads as % of ODF, 2001-09**

**Figure 2.4b: Admin overheads / ODF, Phase II average**

Detailed methodology and findings on overhead efficiency measures for GAVI and benchmarking against GAVI comparators are outlined in Annex 2.

### 2.3.2. Overheads – summary and conclusions

The key points arising from our analysis of evidence of GAVI and comparator organisations overheads are as follows:

- Although starting at low level in the early years of Phase I, administrative overheads as a proportion of ODF rose to a level significantly above 10% (on a narrow basis) and above 20% (on a wider basis if we include all Work Plan expenditure) by the beginning of Phase II. This reflected proportionately higher increases in the administrative cost base of the Alliance compared with disbursements.

- On a broadly comparable basis (i.e. the narrow measure) this level of administrative overhead relative to ODF in Phase I was higher than estimates for the GF, BMGF and an average of administrative overheads of a sample of bilateral donors; and closer to the
average of a sample of multilateral donors.

- During Phase II, administrative overheads as a proportion of ODF have declined significantly to around 6% in 2008 (and in 2009 and 2010 on a projected basis) – reflecting significant increases in disbursement and a flattening of the administrative cost base. At these levels, GAVI is broadly comparable with GF, and lower than BMGF and the average of administrative overheads of a sample of bilateral and multilateral donors. (although noting that we have not adjusted for resource mobilisation and economies of scale here).

It is important to re-emphasise that low overheads are not necessarily a measure of aid effectiveness. But, given that GAVI views itself as being lean it is important for us to place the organisation for these specific indicators vis-a-vis a small number of comparators. In our view, the above analysis suggests that it is reasonable for GAVI to claim to be relatively lean in terms of the current level of the ‘narrow’ measure of administrative overheads compared with a reasonable group of comparators, particularly when resource mobilisation and economies of scale are taken into account. However:

- this claim is not obviously supported for GAVI in the middle years of the decade (i.e. spanning the end of Phase I and the beginning of Phase II);
- keeping administrative overheads low relative to disbursements will require increases in disbursements relative to current commitments or reductions in administrative costs; and
- we note that: (i) these estimates of overhead cost do not include the time and other costs associated with Partner involvement in GAVI Alliance structures and governance; (ii) these conclusions only hold to the extent that it is reasonable to exclude Work Plan costs from our estimate of administrative overheads (i.e. use of a ‘narrow’ measure). Adding in the cost of the Work Plan increases the ratio of overheads by as much 10%.

2.4. Review of TAP

As part of our review of the way in which the distinctive organisational structure has contributed to efficiency and impact, we have conducted a high-level review of TAP and the associated FMA.

The extent of this review is admittedly less comprehensive than other areas of our analysis. The evidence available includes: (i) a desk review of GAVI’s policy compared with a small number of similar organisations; (ii) input from interviews where the TAP has been referred to; and (iii) country visits. Given this, our conclusions in this area are limited to feedback received.

2.4.1. Background

The introduction and adoption of the TAP reflect GAVI concerns about misuse of ISS funds in countries and the more general, significant increase in cash-based support to eligible countries with the introduction of the HSS program. The central objective of the TAP has been to:
“Improve GAVI’s knowledge of fiduciary risks posed financial management systems in a country’s health sector to GAVI’s cash-based programs and, through FMAs strengthen monitoring, and enable the GAVI Secretariat to pre-emptively respond to those risks.”

The policy was adopted in June 2008 and took effect in January 2009. We understand that the EC and the Board have been updated on progress, but that the policy has not been formally reviewed or evaluated to date (although we note that the TAP team was only established in October 2009 and there are no plans which specify the policy should be reviewed by July 2010 – at the time of writing of this report).

2.4.2. Desk review and comparison with other organisations

We have reviewed GAVI’s TAP against the policies and practices of four other organisations: GF, WB, the UK’s Department for International Development (DFID) and the United Nations Development Program (UNDP). This review has only been a desk based review and has not benefitted from detailed conversations with individuals responsible for each policy. Annex 3 provides a commentary organised around the following headings: (i) summary description; (ii) alignment with country systems / other donor Public Finance Management Act (PFMA); (iii) organisational resources; (iv) existence of county-by-country approach; (v) approach to monitoring; and (vi) approach to follow-up.

Consistent with the other policies we have reviewed, GAVI’s TAP aims to strike a balance between setting standards to reduce fiduciary risk and improve accountability whilst avoiding unnecessary burdens on countries and delays in disbursement. However, in practice (as this section sets out), our feedback suggests that countries find the FMA process burdensome and separate to their own audit and other donors’ FMA processes. Further, it has considerably delayed disbursements for the HSS program in the affected countries – at times, for over a year.

We do not believe that it is appropriate to draw conclusions about whether GAVI achieves the right balance of risks. This is primarily a matter of judgement for GAVI Board (as indeed it is for the other organisations we have reviewed). However, based on this desk review our main observations are as follows:

- GAVI’s policy places a greater degree of emphasis than others on seeking to minimise the impact on countries and relying on existing country capacity than other systems (most notably GF). This is due to GAVI not having a country presence. We are not in a position to reach firm conclusions over whether this intention is reflected in reality – but as mentioned above, the process can be streamlined much further. We understand that the Health Systems Platform is proposed to address this issue by developing a single FMA requirement / risk mitigation process, synchronised across donors and aligned with country financial systems. This would enable GAVI to adapt to country financial / planning cycles rather than being outside of it (as it is now).

- Overall, GAVI’s policies and practices appear lighter than some of the comparators – and our impression is that they have commensurately fewer resources devoted to them both in Geneva and in-country (e.g. in country offices, or through country

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22 Source: GAVI Alliance EC Meeting, September 2009. Doc #04 – Update on the implementation of the TAP.
representatives). In particular:

- GAVI’s policies are significantly lighter in terms of the way in which the findings of the FMA result in either triggers and/or conditionality in grant agreements (although approved cash program funds can only be disbursed after the FMA is completed/signed by the country government and GAVI). Rather, there is more of an emphasis of using the FMAs to agree with countries the appropriate mechanisms for use of GAVI funds.

- GAVI’s policies do not link explicitly to the provision of technical assistance for countries with relatively weak systems (as is the case with, say DFID and WB who have wider country mandates).

- Although GAVI does link disbursements to annual monitoring and to the achievement of requirements set out in the TAP Aide Memoire, other TAP policies (e.g. for GF) tie financial accountability more closely to monitoring and delivery of program outputs.

2.4.3. Interview and survey evidence

Key points made as part of our structured interviews and surveys are as follows:

- The TAP was developed in consultation with both countries and WB (including the Public Expenditure and Financial Accountability (PEFA) Secretariat). GAVI Partners, especially WB and WHO, and also DFID, provide a lot of support in terms of country knowledge and take part in FMA discussions in countries.

- There is a view that prior to the introduction of TAP, GAVI’s financial/fiduciary management was weak (albeit recognising that it may have been proportionate given the level of funding) and that this exposed the organisation to excessive risk.

- A number of respondents commented that the introduction of TAP (and in particular the requirements of FMA) have increased the time period between approval and disbursement – particularly for HSS – and the need to align with country financial management systems. These delays have often caused HSS disbursement to be further out of sync with country budgets/plans, as the application for funds is usually in the same year of use (as per the Comprehensive Multi-Year Plan (cMYP)). The Secretariat have explained that this relates to the fact that they cannot ask a country to prepare for an FMA prior to Board approval (see Figures 4a and 4b), but there is a recognition that there is a need to deal with this timing issue.

- Some stakeholders felt that the introduction of the TAP/FMA could have been managed and communicated better to countries, particularly where they were applied retrospectively for approved applications. An interviewee said that although the GF FMA might take more time than GAVI, the GF manages country expectations better through regular communication.

- Some countries (e.g. Uzbekistan) have been deterred from applying for GAVI cash programs in light of the FMA requirement. In a few other countries, the FMA
requirements and signature processes have resulted in institutional coordination issues between the planning and EPI departments of the Ministry of Health (MoH), Ministry of Finance (MoF), and the External Affairs department (e.g. Bangladesh).

• The level of resources available to implement the TAP is relatively tight given the policy’s aims and objectives. There is also a recognition that PEFA is not an area where GAVI has (until recently) had expertise. (However, we recognise that GAVI does not directly work with PEFA, but does consider prior diagnostics done in countries before conducting an FMA.)

• A positive fallout of GAVI preparing the FMA guidelines in 2009 was that the proposal and APR formats were updated, so that GAVI could receive detailed financial reports and uses of cash funds disbursed from countries. 60 countries submitted these reports by September 2009.23 These reports are in line with country budget systems / economic classifications. This is considered a big step forward as previously, countries did not report on detailed (activity based) use of ISS and HSS funds.

2.4.4. Conclusions

The introduction of the TAP in Phase II has been an appropriate development of GAVI’s organisation structure – reflecting the increased importance of cash-based programs and a relative weakness in its systems to mitigate the risk of misuse of funds.

Our judgement is that the policy and aims of the FMA compare reasonably well with comparators. We also note that GAVI has purposefully attempted to implement a relatively light touch and flexible (in terms of risk rating of countries) approach – which is a reasonable position to take in terms of balancing risks and increased burdens.

However, there are clearly some issues that will need to be explored in due course when the system is evaluated, that relate to: (i) how it fits within the approval process and the impacts such as delays in disbursements; (ii) how to better harmonise with other donor FMAs / country financial systems and processes; (iii) improving communication to countries and streamlining institutional responsibilities for the FMA completion process; (iv) possible technical assistance to countries to undertake the FMA on time24; and (v) the level of resourcing devoted to the areas.

2.5. Review of program processes

Our review of GAVI’s program application approval and monitoring processes is organised as follows:

• Presentation of our understanding of the nature of GAVI’s processes including the role of Independent Review Committees (IRCs) and GAVI’s key monitoring tools (i.e. APRs) in Section 2.5.1.

• A summary of the IRC Evaluation findings in Section 2.5.2.

23 A minority did not submit on time.
24 For example, we understand that in Uganda, GAVI funded two years of TA support to the government on PEFA.
• Analysis of the program application, review, approval and disbursement processes in Section 2.5.3. The evidence sources include our review of the SG1 programs, data for SG2 on GAVI processes, the e-survey, interview evidence, the EPI manager survey, and findings from our country visits.

• Analysis of monitoring and evaluation processes Section 2.5.4. The evidence sources include findings from our review of the SG1 programs, findings from our review of APRs, interview evidence, the EPI manager survey, and findings from our country visits.

• Section 2.5.5 summarises our conclusions.

2.5.1. **Background**

GAVI’s program related processes consist of seven distinct stages, these are application, review, approval, FMA\(^25\), disbursement, monitoring and evaluation. The processes differ slightly for New and underused Vaccines Support (NVS) and CSO Type A funding in comparison to funding for other programs. Program processes are outlined in Figures 2.5a and 2.5b below.

\(^{25}\) FMA is required only when countries apply for cash based programs of over $100,000.
Figure 2.5a: Overview of end-to-end program related processes for HSS, ISS, INS and CSO Type B funds

Figure 2.5b: Overview of end-to-end program related processes for NVS funds

Source: CEPA Analysis

The process for CSO Type A funds is different to Type B, see SG1 Report for further details. More generally, process maps are not exhaustive and serve as a high-level illustration to provide context for Sections 2.5 and 2.6 in this report.
Further information on application, review, approval and monitoring processes is detailed in Annex 4.

**IRC background**

Country applications across all GAVI program funding areas are reviewed by the New Proposals IRC. The Monitoring IRC is responsible for reviewing grant performance and giving recommendations on continued support (including performance based funds) for approved and ongoing grants. Both IRCs are responsible for making significant funding recommendations to the GAVI Board / EC, but are advisory in nature and not decision making bodies.

IRCs are intended to serve a dual role for GAVI: (i) to safeguard the independence of funding recommendations, and strengthen the accountability and transparency of the Alliance’s decision making, and (ii) to advise the EC on funding applications. They are integral to GAVI’s process of resource allocation.

The IRC model is a “system of peer review undertaken by a committee of independent technical experts”. IRCs review funding applications and progress reports submitted to GAVI by eligible countries, using a desk based approach in Geneva. Each IRC meets on a biannual basis. The New Proposal IRCs has evolved over recent years:

- Prior to 2006, there was a single IRC to assess new proposals for NVS, ISS and INS.
- During 2006-08, there were two New Proposals IRCs. One IRC covered funding application requests for NVS, ISS and INS, and with the launch of the HSS window, a separate committee for HSS and CSO application requests.
- The two New Proposals IRCs merged into an integrated New Proposals IRC in 2009.

The development of IRCs is illustrated in Figure 2.6 below:

*Figure 2.6: Evolution of IRCs from 2000 to 2009*

Source: Review of GAVI IRCs

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27 Source: Review of GAVI Independent Review Committees (IRCs), HLSP, March 2010

28 Hereafter, any reference to the New Proposal IRCs is in relation to this new, integrated IRC.
Between 2006 and 2009, $1.9bn of application proposals recommended to the Board by the New Proposal IRC were approved. The vast majority of this has been in HSS and NVS, as displayed in Figure 2.7 below.

**Figure 2.7: Funding recommended by the New Proposal IRC approved by the GAVI Board (2006-09)**

Source: Review of GAVI IRCs

### 2.5.2 IRC Evaluation findings

The ‘Review of GAVI IRCs’ was undertaken by a team of HLSP consultants, commissioned by the GAVI Secretariat. The final report was published in March 2010. We report these conclusions in some detail here given the particular focus of the HLSP evaluation.

**Purpose**

The purpose of the review was to assess the degree to which the design, execution and decision of the IRCs are “fit for purpose”. More specifically, the review considered the “independence, rigor and adequacy” of the IRC review process during the period 2006-09.

The New Proposals IRCs merged in 2009, hence findings for the integrated New Proposals IRC is based on only two sessions, but these are still useful in terms of indicative lessons learnt.

**Findings**

Findings of the report are categorised into four areas: (i) relevance of IRC design; (ii) effectiveness of IRC model; (iii) efficiency of IRC design and execution; and (iv) impact and results of IRCs. These are summarised below:

- Relevance of IRC design – the mandate and composition of the IRCs is “broadly appropriate”, areas of improvement identified were the composition of committees, synergies between the IRCs, ToR for the Monitoring IRC and the multiple responsibilities of the Secretariat and the impact of this on support to IRCs

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Source: Review of GAVI IRCs
• Effectiveness of the IRC model – IRCs “have been delivering their overall purpose reasonably well”. Issues include the pattern of decision making across IRCs, communication to countries, lack of support to the Monitoring IRC, limitations in monitoring processes and weak compilation, synthesis and monitoring of data.

• Efficiency of IRC design and execution – efficiency improvements were recognised in the use of time and monetary costs, though managing the IRC tasks in another way was not found to be more efficient.

• Impact and results of IRCs – IRCs were found to have “contributed significantly” to the overall GAVI policy process. IRCs were acknowledged to “identify flag implementation / grant performance issues”, but were “less robust” in managing these flags (the IRC may not always be the body responsible for following up or managing the issue identified / flagged, it is often the responsibility of the Secretariat, Board or Technical Partners).

Detailed information on findings is available in Annex 5.

Conclusion

The evaluation found the IRC model to be “fit for purpose, with some parts fitter than others”:

• IRCs and Development Assistance Committee (DAC): “All DAC criteria are satisfied at a broad level but there is scope for strengthening relevance, effectiveness, efficiency and impact of the IRCs as noted in findings above.”

• Monitoring IRC: “The evidence suggested that the Monitoring IRC is experiencing more challenges than the New Proposals IRC in carrying out its tasks. These tasks include reviewing documentation, assessing monitoring reports (based on often weak monitoring and evaluation frameworks), and using relevant information from the New Proposals IRC. The IRC appeared to lack significant monitoring and evaluation expertise and also have been comparatively less well served by the Secretariat (due in part to less continuity in dedicated staff support).”

• Broader Issues: “Even with assuming that the IRC model is performing as well as it could, there are broader factors that mediate and determine the effectiveness of the IRC function. These include the availability, quality and timeliness of country data. In the short term, there needs to be further consideration of practical measures and guidance to the IRC about standard approaches to data variance (e.g. such as the guidance on how to deal with differences between population and administrative coverage, and with persistent underspends). More long term, the ultimate issue is about strengthening country health information systems.”

The overall conclusion of the review was:

“To preserve but strengthen the IRC model to make it more fit for purpose. Undertaking a number of policy, management and operational changes will make it a more relevant, effective and efficient model for fulfilling its purpose and achieving results.”
2.5.3. Analysis of application, review, approval and disbursement processes

This section covers application, review, approval and disbursement processes. The FMA is considered separately in Section 2.4.

The evidence sources in this section include: findings from our SG1 program evaluations; data for SG2 on GAVI processes; the e-survey; interviews; the EPI manager survey; and findings from our country visits.

It is important to recognise there is a degree of overlap between the sub-sections on SG1 program findings and other evidence sources, as SG1 program specific evaluations draw on the same sources of evidence (in addition to other sources such as previous program evaluations). However, presenting SG1 findings separately allows the unique aspects of each program to be identified, whilst maintaining the pan-program level conclusions in the latter sub-sections. Detailed information on SG1 findings is available in the SG1 report.

Findings from SG1 CSO evaluation

Findings from both the CSO Type A analysis conducted in 2009\textsuperscript{29} and our evaluation are combined and summarised for the different stages of the process:\textsuperscript{30}

- Application: Application forms and processes are considered by countries to be disproportionate to the amount of funds being requested for both Type A and Type B funds. Further, CSO applications are submitted by country governments. The small size of funds and lengthy processes deter most governments from investing their limited human resources into CSO applications.

- Review and approval: The lengthy review and approval process (and consequent delays in disbursement) has meant that the program could not be started until recently. For example, all six countries approved for Type B support faced delays in approval or disbursement or both.

- Disbursement: GAVI’s systems and processes require disbursement through the government or GAVI Partners. Given that CSOs are the intended beneficiaries of the program, this is sub-optimal. Further, where funds are disbursed through Partners, a memorandum of understanding needs to be signed between the Partner institution and the MoH in country, and countries incur a charge of 7\% of the value of funds transferred. This acts as a further disincentive, particularly since CSO grants have a relatively small value.

Findings from SG1 HSS evaluation

A number of case / desk studies were undertaken as part of the HSS Evaluation in 2009.\textsuperscript{31} These findings, combined with our SG1 HSS evaluation findings are presented below, and are

\textsuperscript{29} The GAVI CSO Task Team sought consultant assistance in 2009 in analysing reasons for the slow uptake of Type A funding and suggesting corrective action, a move also recommended by the Program and Policy Committee, to which the CSO Task Team reports.

\textsuperscript{30} Source: Eliot T. Putnam Jr. (2009): “GAVI Alliance support for CSO - An analysis of Type A funding”

\textsuperscript{31} HSLP (2009): “GAVI HSS Support evaluation – Volume II”, GAVI Alliance
consistent with the SG1 evaluation results for CSO, particularly in review, approval and disbursement delays:

- **Application support**: Countries generally found the process of designing HSS proposals non-prescriptive, simple and straightforward, and were supported by country or regional UNICEF and WHO offices in both learning about the availability of HSS funds and during proposal design. It was common for districts and provinces to be involved in the design of proposals where implementation is decentralised. Involvement of civil society and private health providers in applications was found to be very limited, and the role of WB was reported as marginal or none. Equally weak has been the selection of progress indicators.

- **Application quality**: The HSS Evaluation (2009) found few proposals demonstrated a clear link between the constraints identified and the objectives specified for GAVI HSS funding, or between the objectives and proposed activities. However, detailed analysis we conducted on a sample of proposals for HSS activities and bottlenecks as part of our SG1 evaluation, found contrary evidence, with activities put forward in the HSS proposal consistent with barriers identified (see SG1 Report for further details).

- **Review**: Given the complex nature of HSS proposals and the limited information provided in proposals and accompanying documents, the two week window[32] does not always allow a thorough assessment of proposal feasibility. This is constrained further by the IRC having to make their assessment in isolation, without consultation with country counterparts.

- **Application outcomes**: Times from submission of HSS proposal to formal GAVI Board approval ranges from 4 to 6 months. Approval with clarification is by far the most common response from the IRC.

- **Disbursement**: The introduction of FMA has delayed the disbursement of approved HSS funds in a number of countries. Whilst the aim of the FMA is to improve financial management of GAVI's cash programs – which is critical – its introduction has caused delays / disruptions in implementation of approved HSS activities in affected countries – at times, for over a year.

**Findings from SG1 ISS evaluation**

ISS evaluations conducted in 2004 and 2007[33] found effective country-level support for applications and improvements in the time taken to disburse funds, though the time taken is nevertheless quite long:

- In all case study countries, WHO and UNICEF advisors were closely involved in the preparation of the application, with some countries such as Tanzania and Cambodia receiving support from external consultants. In countries where there were bilateral projects or Non-Governmental Organisations (NGOs), such as the United States Agency

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[32] There are two meetings per IRC per year (May/June and October), with the number of days per meeting ranging from 7-14 days.

for International Development (USAID) funded Jereo Salama Isika (JSI) project in Madagascar and the Children’s Vaccine Program in Cambodia, these organisations played a central role in the application process.

- In four case study countries (Kenya, Madagascar, Mali and Mozambique), the Inter-agency Coordination Committee (ICC) was seen as a more effective mechanism for the coordination of financing and decision-making in comparison to GF’s Country Coordinating Mechanism (CCM).

- There was considerable variation in the amount of time elapsed from GAVI Board approval to the receipt of first tranche funding. The average number of days elapsed for the subsample of 33 countries receiving first tranche funding prior to June 2002 was 166 days, or about five and a half months. On average, GAVI procedures caused three months of the time elapsed (time from Board approval to the decision letter and time from receipt of country bank information to funding transfer), with countries contributing another two months of delay (time from decision letter to bank information). In some cases, approval was conditional on additional information or clarification from countries, and decision letters were delayed awaiting such information.

- The average time elapsed from approval to funding transfer decreased from 166 days to 141 days for second tranche funding. GAVI procedures appear to have been streamlined for the second tranche, with the majority countries being sent the decision letter in 18 days or less.

Our SG1 evaluation is consistent with previous ISS evaluation findings on delayed disbursement – our review of APRs submitted in 2008 found further evidence for delayed disbursements. Lengthy ministerial administrative procedures were cited as a key reason for delays.

**Analysis of GAVI approval process timelines**

We have requested data on the time of application receipt to IRC review, Board approval and disbursement. However, because granular data is not currently collected in a systematic manner or format that is easy to analyse, the Secretariat were unable to provide this.  

In the absence of this, we have adjusted existing Secretariat records for NVS applications in order to provide some quantitative analysis. We do not have similar Secretariat records for other SG1 programs (except for CSO).  

Table 2.2 below shows the number of applications that were directly approved, approved with clarifications, conditionally approved and resubmitted.

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34 High-level disbursements data is collected in dashboard indicator 3.3 for four of the five programs (HSS, ISS, INS and NVS) but this not sufficient for analysis of timelines.

35 Analysis of CSO application to approval timelines is set out in the CSO section of the SG1 evaluation document.
Table 2.2: Breakdown of New Proposal IRC NVS application first-round recommendations up to July 2009

<table>
<thead>
<tr>
<th>IRC recommendation</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct approval</td>
<td>50 (36%)</td>
</tr>
<tr>
<td>Approval with clarifications</td>
<td>10 (7%)</td>
</tr>
<tr>
<td>Conditional approval</td>
<td>53 (39%)</td>
</tr>
<tr>
<td>Resubmission</td>
<td>24 (18%)</td>
</tr>
<tr>
<td><strong>Total applications submitted</strong></td>
<td><strong>137 (100%)</strong></td>
</tr>
</tbody>
</table>

Source: GAVI data / CEPA analysis

50 applications were directly approved after the first submission, these account for only 36% of applications. The limited number of ‘first time right’ applications, and the additional time taken for clarifications and resubmissions result in a delay in approval.

The low level of first time approvals suggests that there may be room to improve aspects of the application process (e.g. application format, content submitted) and/or the level of support required and actually provided by Partners in country. However, we have not reviewed the reasons for resubmission requests and therefore are not in a position to draw conclusions.

Table 2.3 below presents a further breakdown of NVS application recommendations by region and phase, and also the average number of days between IRC review and IRC recommendation.

Table 2.3: Statistics for NVS application first-round reviews by IRC by region and phase up to July 2009

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Number of NVS applications</th>
<th>Application first-round recommendation (number / percentage)</th>
<th>Average days from IRC review to recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Approval</td>
<td>Approval with clarifications</td>
</tr>
<tr>
<td>Overall</td>
<td>137</td>
<td>50 (44%)</td>
<td>10 (7%)</td>
</tr>
<tr>
<td>By Phase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I</td>
<td>78</td>
<td>31 (40%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Phase II</td>
<td>59</td>
<td>19 (32%)</td>
<td>10 (17%)</td>
</tr>
<tr>
<td>By Region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>71</td>
<td>26 (37%)</td>
<td>6 (8%)</td>
</tr>
<tr>
<td>Americas</td>
<td>6</td>
<td>5 (83%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>East Mediterranean</td>
<td>10</td>
<td>0 (0%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Europe</td>
<td>20</td>
<td>7 (35%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>16</td>
<td>6 (38%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>14</td>
<td>6 (43%)</td>
<td>1 (7%)</td>
</tr>
</tbody>
</table>

Source: GAVI data / CEPA analysis

Observations from the data are noted below:

- The average number of days between IRC review and recommendation is fairly high at 192 days. Furthermore, given IRCs meet only twice a year (hence the application could have been subject to a ‘waiting time’ prior to review), IRC recommendations require

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36 This excludes subsequent submissions due to clarifications, resubmissions etc.
Board approval, and these figures include only the first iteration of review, the actual time from submission to final Board approval would be longer than the indicative 192 days.

- The average number of days between IRC review and recommendation was halved from Phase I to Phase II. This is a priori evidence of more efficient application processes in Phase II. (Note that the merger of the New Proposals IRCs did not take place until 2009 and our data is only up until July 2009 which incorporates the June session for application review only. This suggest that the merger is unlikely to be a significant contributor to this change).

- The percentage of applications being resubmitted decreased significantly from Phase I to Phase II, which suggests the quality of the poorest applications has improved over time. The corollary to this is the percentage of applications being either ‘approved’ or ‘approved with clarification’ increased from 40% to 49%. (Although we note that within this, the numbers of first time approvals reduced in percentage terms in Phase II. We understand that this relates to the fact that the category ‘approved with clarifications’ did not exist in Phase I.)

- The number of applications and rates of different first-round recommendation outcomes vary significantly between regions, this could be due to underlying capacity, language differences and the level of Partner support between countries. In particular, the Americas region has no proposals with conditional approvals / re-submissions. Although the number of applications provides a relatively small evidence base, this could suggest Pan American Health Organization (PAHO) is providing relatively effective technical assistance and / or that the capacity in these countries is higher relative to other regions.

- The average number of days between IRC review and recommendation also vary between regions. This can partly be explained by the range of review outcomes due to the differences quality of the applications, however Africa and Europe have a comparable distribution of first-round review outcomes, suggesting the quality of applications is similar, yet there is a stark difference between the regions in the average number of days taken to review applications. This may indicate that there are other causes for prolonged review times, which we are not able to comment on in the absence of further information.

As noted above, without further information it is not possible to draw conclusions on the causes for delays in IRC recommendation. Furthermore, the findings above relate specifically to NVS, and it would not be reasonable to assume other programs follow the same pattern. In the absence of data we are unable to explore other programs in any level of detail.

**E-survey**

One of the four questions in the section on SG4 relates to the application and review processes:

Q23: GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts

Figure 2.8 below presents the results for question 23. The average score for this question was
0.9, hence the majority of respondents agree that GAVI could better tailor the grant application, review and monitoring processes to its different programs and country contexts. The variance of responses is 0.82, this is a typical level of variation and comparable to the results for most other questions.

Figure 2.8: E-survey responses to question 23 “GAVI’s grant application, review and monitoring processes could be better tailored to its different programs and country contexts” (282 responses, of which 245 were non-blank)

Additional comments were provided via an open field as part of the questionnaire. These qualitative responses, summarised into feedback themes in Annex 1, provide further insight into results. Comments are consistent with the range of views that we have picked up in our interviews and country visits. In particular:

- Some stakeholders argue that the differences in country context such as regulation, economic situations and funding needs are significant enough to warrant more customised applications, particularly since countries that are most in need of support find it difficult to prepare applications for grants and adhere to guidelines.

- Others stakeholders (though less in number) believe further tailoring in addition to country options already made available would be impractical, and all countries should be required to meet a certain set of core standards.

We also note the significant number of comments related to the effectiveness of GAVI monitoring and a few relating to the speed of communication from the GAVI Secretariat. Both of these are issues that have been picked up in other aspects of our analysis or in other evaluations.

In summary, the arithmetic mean and variation of multiple choice responses support the notion that GAVI’s grant application and review processes could be better tailored to its different programs and country contexts. However, the balanced number of comments on the value of
tailoring the processes requires further research / investigation to draw a firm deduction.

Interviews

The key question posed to interviewees relevant to this issue was:

“Do GAVI’s processes for proposal review, approval, disbursement and monitoring get the right balance between accountability and country ownership / flexibility?”

Additional interviews were also conducted focusing on data and information.

In terms of the application, review and approval process, interviewees highlighted that the GAVI approach is simpler compared to other donors, and that the quality of applications has improved over the years. They have also noted that the new governance structure has unified both program and finance functions leading to quicker and better decision making.

Other less positive comments included:

- Approval processes could be modified to be simpler for smaller funding requests and for CSO funding.
- The IRC review of proposals suffers from the fact that the New Proposals IRC does not have an effective member composition and that there is a lack of contextual knowledge of countries and financial management expertise.
- GAVI has contributed to an evidence base, but it is not clear that this is used (and if so how) in assessing country ‘readiness’ when approving applications.
- The unification of GAVI has been positive, but has ‘not gone as far/ as well as possible’ in terms of coordination between program and finance and fund-raising functions.
- Uncertainty about funding is affecting willingness to fill applications

With regards to disbursement, interviewees acknowledged that since the governance transition and introduction of TAP, disbursements have improved in terms of transparency. However, many disbursements are subject to delays that have impacted program implementation.

A number of reasons for delay have been suggested by interviewees (other than the pause in funding approval resulting from the current funding prioritisation process). The primary one relates to the introduction of FMA itself – since it has added another layer to the disbursement process for cash-based grants.37

Other points noted are as follows:

- GAVI finance systems are not ready to disburse to non-government bank accounts in countries. This has significantly impacted CSO Type B funding. Given the system issues and the fact that the program was originally envisioned as a two year pilot, common disbursement delays of over a year mean it will be difficult to see results within the

37 Since FMA is a pre-requisite, no disbursement for a cash based program can take place without the FMA being complete. The TAP team can only ask countries to prepare the FMA after Board approval, which adds to the time taken for the critical path of activities required before disbursement. This is particularly an issue for HSS where the application for funds is usually in the same year of use (as per the cMYP). FMA delays cause the HSS funding to be further out of sync with country budgets / plans (see Section 2.4).
timeframe of the program (hence the pilot period had to be extended).

- EPI managers are not always at director level, without this influence / authority, disbursements can be difficult.

**EPI manager survey findings**

CEPA also conducted a survey of EPI Managers in GAVI eligible countries in March 2010. Two of the twelve questions related specifically to GAVI processes:

Question 9: To what extent are GAVI's processes for country application for its programs timely and efficient (e.g. application form, proposal submission requirements, speed of approval and disbursement of funds)? How do GAVI processes / timelines compare to other donors / GHPs?

Question 12: Please provide any suggestions for GAVI to improve the effectiveness or efficiency of any of its programs / processes.

Responses from stakeholders largely focused on the application and disbursement elements of process. Key feedback is summarised below:

- Application forms are user-friendly, and peer review of applications (by Implementing Partners) at the pre-submission stage and fixed deadlines for application are considered helpful. The proposal application process and forms have improved over the years, and are dynamic and participatory.

- It is difficult to obtain signatures for documents when updates are made subsequent to obtaining original sign-off. This is inefficient and causes delays. There is a suggestion that more detailed planning should be required before sign-off from relevant Ministries (since it is problematic to have to go back to the Minister if details change).

- There is also a sense that application requirements are deemed cumbersome in terms of data / documents and signatures and time commitments. However, although the extensive input required from country teams is challenging, it can improve ownership, accountability and promote team building in order to mobilise the team, ready for implementation.

- GAVI processes are perceived as more difficult, less flexible, and longer than respective processes for UNICEF / WHO / the Japan International Cooperation Agency / NGOs, though GF is deemed more stringent. Respondents acknowledged that after the first application, familiarity with the processes and requirements makes subsequent applications easier.

- There are mixed views on timeliness of process. Though delays in the provision of templates, approval of applications and disbursements of funds are reported, this varies between programs. NVS is cited as a particular area of delays (as noted in analysis of approval process timelines).

- Disbursement of GAVI funds through government systems helped improve the capacity of Central and Provincial / District EPI staff to manage funds properly, and can indirectly strengthen country financial management systems.
Country visits were conducted in Nigeria, Bangladesh, Mali, Uzbekistan and Bolivia between April and June 2010. Detailed feedback is presented in Tables 2.4 – 2.8 below.

We received mixed feedback from countries regarding program application processes. While most of the more general comments were favourable, some specific problems gave rise to suggestions for improvements. The main comments and perceptions included:

- GAVI application process is viewed favourably in comparison with GF and WB.
- The requirements of country ownership via the MoH and alignment with country priorities (through ICC) are very important and key potential areas of value-add.
- Lack of communication and miscommunication have caused disruptions in planning and disbursement. Translation of documents (or better translations) would be beneficial to countries in Latin America and Russian-speaking countries.
- Both poor communication and government procedures have delayed disbursement.

Table 2.4: Bangladesh visit application, review, approval and disbursement processes feedback

<table>
<thead>
<tr>
<th>Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FMA requirements have accounted for significant delays in use of funds following disbursement.</strong></td>
</tr>
<tr>
<td>While Bangladesh’s GAVI HSS application was approved in September 2008, no funds have been disbursed so far. The delays are primarily on account of government procedural/institutional factors. GAVI required Bangladesh to undertake an FMA and disbursement had been put on hold until the country satisfactorily completed the process. We understand from the GAVI Secretariat that the process is now complete – the FMA Aide Memoire has been signed by GAVI’s Deputy CEO and has been couriered to Dhaka for government signature.</td>
</tr>
<tr>
<td><strong>Implementation delays have been cause by lengthy government procedures.</strong></td>
</tr>
<tr>
<td>Problems have been reported in the past in terms of delays in carrying out planned ISS activities owing to lengthy government procedures involved in expending any approved budget and change of signatories.</td>
</tr>
<tr>
<td><strong>Little government incentive for CSO funding application.</strong></td>
</tr>
<tr>
<td>The government has little incentive to go through the CSO application process in order to procure funds that are small in size and channelled to NGOs.</td>
</tr>
<tr>
<td><strong>Feedback on the functioning of ICC has been positive.</strong></td>
</tr>
<tr>
<td>The ICC as well as its sub-committees meet frequently, and there are detailed discussions and planning with respect to routine vaccination.</td>
</tr>
</tbody>
</table>

Source: Bangladesh country visit
### Table 2.5: Bolivia visit application, review, approval and disbursement processes feedback

<table>
<thead>
<tr>
<th>Bolivia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAVI’s application document and processes generally regarded favourably.</strong></td>
</tr>
<tr>
<td>A number of interviewees indicated that processes are relatively easy compared with the internal processes in Bolivia. There was also a general sense that the processes are simpler than those of GF in particular.</td>
</tr>
<tr>
<td><strong>The ICC process in country appears to be functioning well.</strong></td>
</tr>
<tr>
<td>Again there may be a sense that the process is good in comparison to others in the country. But all comments indicated that the agenda was typically well managed and that decisions were taken by consensus.</td>
</tr>
<tr>
<td><strong>The requirement for MoH ownership is a strong aspect of value add.</strong></td>
</tr>
<tr>
<td>Interviewees pointed to country ownership and alignment with country priorities (through ICC) as being very important. One particularly interesting observation related to the fact that because GAVI is distinct from UNICEF / WHO and has its own application processes (including the requirement for Ministerial sign off) the responsibility and accountability clearly sits with the government – albeit with support from the multilaterals. If the resources had been channelled directly through UNICEF, it would have been a ‘UNICEF project’ (without the need for ICC approval or Ministerial approval), and would not have achieved the same degree of country ownership.</td>
</tr>
<tr>
<td><strong>Lack of translation of GAVI material has made things more difficult and resulted in some misunderstandings.</strong></td>
</tr>
<tr>
<td>But this point was not made particularly strongly and our understanding is that this is an issue that the Secretariat have sought to address.</td>
</tr>
<tr>
<td><strong>The role of PAHO (Washington) is seen as being positive.</strong></td>
</tr>
<tr>
<td>Comments from interviewees on the greater role played by PAHO were all positive.</td>
</tr>
</tbody>
</table>

Source: Bolivia country visit

### Table 2.6: Nigeria visit application, review, approval and disbursement processes feedback

<table>
<thead>
<tr>
<th>Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAVI’s application processes are relatively efficient.</strong></td>
</tr>
<tr>
<td>Applications for GAVI support are generally perceived as intense but efficient. They compare favourably to applications for support from other institutions, such as WB.</td>
</tr>
<tr>
<td><strong>Significant confusion has been caused by the pentavalent / pneumococcal application.</strong></td>
</tr>
<tr>
<td>Many consultees felt there has been a lack of clear and timely feedback with respect to the recent pentavalent / pneumococcal application. The first application resulted in ‘conditional approval’ but the subsequent application resulted in a ‘resubmission’. Stakeholders felt there was a lack of clarity behind the reasons for the latter decision, and planning and supporting investment has been disrupted by the unexpected result.</td>
</tr>
<tr>
<td><strong>The ICC is not functioning to its full potential.</strong></td>
</tr>
<tr>
<td>Many interviewees commented that supervision and support from the ICC has not been as much as had been expected. The committee has not met as often as planned: it has met only three times since 2007 due to frequent unavailability of the Federal Minister of Health who chairs this meeting. The Finance Working Group of this Committee has not met since 2005. The Core Group however meets more regularly and is fairly active.</td>
</tr>
</tbody>
</table>

Source: Nigeria country visit
Table 2.7: Mali visit application, review, approval and disbursement processes feedback

<table>
<thead>
<tr>
<th>Mali</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country government representative did not highlight any issues with GAVI’s application processes.</strong></td>
</tr>
<tr>
<td>There were no major issues highlighted during the field visit on the proposal application and approval process.</td>
</tr>
<tr>
<td><strong>Communication issues have accounted for significant delays in use of funds following disbursement.</strong></td>
</tr>
<tr>
<td>In Mali, there is an unspent balance of about $1m of ISS funds since 2007. There appears to be some confusion amongst the Malian government as to whether they are allowed to use these funds or not. While GAVI does not have any restrictions on the use of disbursed ISS funds, this has not been communicated effectively to Mali – resulting in the unspent balance sitting in the accounts for over two years now.</td>
</tr>
</tbody>
</table>

Source: Mali country visit

Table 2.8: Uzbekistan visit application, review, approval and disbursement processes feedback

<table>
<thead>
<tr>
<th>Uzbekistan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAVI’s application processes regarded favourably and are supported by in country Partners.</strong></td>
</tr>
<tr>
<td>Stakeholders were generally happy with application processes. The application form and procedures were regarded as suitable, and the timelines for approval and disbursement of funding (i.e. delivery of vaccines and injection safety material in the case of Uzbekistan) were regarded as efficient. The NVS application process was led by the responsible individuals at the MoH in close collaboration with GAVI Partners in the country – both WHO and UNICEF.</td>
</tr>
<tr>
<td><strong>Lack of translated GAVI material has made things more difficult, inefficient and has caused delays.</strong></td>
</tr>
<tr>
<td>All stakeholders however noted the problem of guidelines, information and correspondence being provided by GAVI in English, but not in Russian. The in-country Technical Partners spend a considerable amount of time translating documents / communication from GAVI for the government. It was suggested that this brings into question whether Partners’ resources are most efficiently used and has the obvious repercussions in terms of administrative delays to Uzbekistan’s proposal development process at MoH level.</td>
</tr>
<tr>
<td><strong>Biased / errant data included in the application form for new vaccines has resulted in a supply gap.</strong></td>
</tr>
<tr>
<td>Some consultees indicated that projections in Uzbekistan’s application for new vaccines underestimated the actual birth cohort, and therefore forecasted vaccine requirements. We understand that this was based on the central government policy aimed at reducing fertility rates in the country. As such, it was noted that the pressure from the government to reduce fertility rates was also reflected in the projected ‘flat’ growth of births in the country as part of the application process. However, as this aspiration did not materialise, Uzbekistan was left with a supply gap.</td>
</tr>
</tbody>
</table>

Source: Uzbekistan country visit

Conclusions on application, review, approval and disbursement process

The additional work conducted in our evaluation does not point to different conclusions to those in the IRC Evaluation about the relative strengths and weaknesses of the IRC process.

Other points of emphasis or judgements that we would draw GAVI’s attention to are as follows:

- There is a fairly consistent picture that emerges from our work that GAVI’s application documents and processes have evolved and improved over time in response to feedback.
- The quantitative analysis that we have been able to conduct on first-time approvals and the time period between IRC review and recommendation points to improvements over
time, nevertheless the average period of 192 days is quite lengthy. It is a relative failure that data on disbursement times across GAVI’s programs has not be collected or monitored on systematic basis.

- Although the multiple-choice responses in the e-survey suggest that a majority of respondents would like to see the application requirements better tailored, this is not borne out in either the e-survey qualitative responses or from our interviews. In addition, findings from country studies suggest that countries are positive about the application requirements and processes.\(^{38}\) Given this, we do not feel that we are able to draw a strong conclusion. However, our judgement is that:
  - there will continue to be opportunities to simplify and improve the application process. But, it is important to recognise (given the communication challenges for GAVI) that there are costs associated with continually shifting requirements. Our country studies and interviews point to a concern that despite WHO / UNICEF support, countries are not always completely sure about the requirements.
  - the requirements of the application process strike a reasonable balance between: (i) requiring countries to demonstrate their ability to use GAVI resources effectively; and (ii) the need to minimise GAVI’s ‘donor burden’ on countries and GAVI Partners. This suggests to us that there is not a strong case to vary the basic application information requirements by country. Rather our view is that there is a case for more / better targeted technical assistance to countries for proposal preparation coupled with clear communication by GAVI / Partners on the requirements of the application process (see below).
  - there may be more of a case to consider options for varying the application process by program and / or size of grants (for example, lighter touch application requirements / process for the small CSO grants). However, we have not considered this in detail and recognise that it is not a trivial exercise to get this right – and that there is a risk that costs of change could outweigh the benefits.

- There is a strong and repeated message that communication between GAVI and countries has at times been poor – which hinders the process. Our sense is that this has been improving over time (for example with the introduction of AVI), but that it remains an issue. In our view, this is related to the ongoing debate about the role and responsibilities of Implementing Partners and the Secretariat, and changing formats / requirements for the proposals and APRs. This is discussed in more detail in Section 4.7 of this report (on SG4.3). However the main point to note here is that there is a relative weakness in communication on matters that relate to GAVI processes and application requirements.

- We note that the point made by an interviewee\(^{39}\) in Bolivia that GAVI’s existence as a distinct financing entity (from UNICEF and WHO) may have value add in achieving

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\(^{38}\) This appears to have been the case even in countries facing significant capacity issues within the government.

\(^{39}\) We have, in general, sought to avoid referring to single views. However, in this case we believe that the specific articulations capture an important and more general point about value-add in countries when GAVI works.
country ownership and accountability for donor funding of immunisation. Part of this relates to the application process – which requires Ministerial sign off.

2.5.4. Analysis of monitoring and evaluation processes

This section covers monitoring and evaluation processes.

The evidence sources in this section include: findings from our SG1 program evaluations; lessons from APRs; interviews; the EPI manager survey; and findings from our country visits.

As with Section 2.5.3, it is important to recognise there is a degree of overlap between the sub-sections on SG1 findings and other evidence sources. Again, presenting SG1 findings separately allows the unique aspects of each program to be identified, whilst maintaining the pan-program level conclusions in the latter sub-sections. Detailed information on SG1 findings is available in the SG1 report.

Findings from SG1 HSS evaluation

Countries are expected to report on the performance of their GAVI HSS program through APRs. Our evaluation found that the nature of reported information on HSS activities in APRs varies vastly across countries, given that the countries are undertaking a range of HSS interventions in accordance with their approved country proposals.

Monitoring and evaluation is highlighted as a key area of challenge for GAVI HSS. Given the country-driven approach, each country’s proposal and hence, indicators are different. Some countries may use basket funding which makes it difficult to measure any attribution of GAVI HSS funding. It is also mentioned that the first few years may be viewed as an “investment” since impact indicators may not be reached and also that it may be difficult to measure actual implementation for several years.40

The HSS evaluation report41 concludes that GAVI is unable to monitor satisfactorily (according to its own principles and standards) its HSS grants at input, output or process level. This in turn implies that GAVI cannot clearly demonstrate that HSS funding is performance-based. The key issues with the monitoring and evaluation framework pointed out by the evaluation are:

- In general, the monitoring and reporting processes used for GAVI HSS grants run in parallel to, and separate from national systems. This seems to be on account of timing of HSS rounds and lack of alignment with country planning / budgeting cycles. Moreover, the reporting mechanisms (i.e. APRs) are difficult to integrate with national planning and reporting systems.

- Challenges to monitoring of GAVI HSS funds are highly correlated with the ability of the country to monitor health sector activity more generally, and the level at which GAVI HSS indicators are reported.

40 GAVI Alliance (2007): “Experiences of the GAVI Alliance Health System Strengthening Investment”

• While GAVI HSS funding is concentrated on supporting interventions at the decentralised level, monitoring of inputs, outputs and outcomes are aggregated and often reported only at the national level.

• It is not clear whether GAVI is monitoring the right things. Activity monitoring is generally undertaken by countries. Input (tracking the use of HSS funds) and output monitoring are weak. Even where nationally agreed HSS indicators exist (e.g. Cambodia) they are not being routinely used to measure progress.

A review of 31 HSS applications submitted between November 2006 and June 2007 reports problems with monitoring and evaluation frameworks, particularly the availability of baseline data, whether the number of indicators is reasonable and in line with the national health sector monitoring framework, and whether targets are realistic. Doubts have also been raised about the capacity of countries to carry out the monitoring and evaluation plans proposed.

Findings from SG1 ISS evaluation

Key points relating to monitoring and evaluation from the ISS Evaluations conducted in 2004 and 2007 are:

• There was little high level involvement in monitoring the use of ISS funds, and this function was performed at an administrative level.

• The two GAVI requirements that represent significant effort at the country level are preparing the Financial Sustainability Plan (FSP) and the Data Quality Audit (DQA). The FSP requires substantial time commitments from the National Immunisation Program (NIP) manager, ICC members, and sometimes external consultants over several months. During the country case studies, NIP managers in Kenya, Madagascar, Tanzania, and Cambodia specifically cited the FSP as the most burdensome GAVI requirement.

• However, NIP managers valued the FSP process and believed it to be a useful exercise despite its high costs, and the DQA has been perceived as being valuable and necessary for improving systems. In Mozambique, Tanzania, and Kenya, the DQA spurred the NIP to improve its information systems.

• GAVI guidelines and procedures were perceived as more straightforward than GF, with just one indicator and a clear process for verification (DQA).

Additionally, our evaluation found a positive impact of DQA/ Data Quality Self-assessment (DQS) on data quality and reporting. This is substantiated by the finding that nine of the 15 countries whose EPI systems were classified as “unreliable” at the time of the first DQA, showed a marked improvement at the time of the second DQA. The GAVI DQA / DQS tool lay the foundation for the adoption of similar tools by other organisations, and this is seen as a key-value add, however there is the need for greater time and attention on the issue of data quality and scope for strengthening the process.

Lessons from APRs

In this section we provide a summary of our review of the APR template and the information submitted by countries, combined with some supplementary views from interviews and country visits collated through various aspects of our evaluation.

As outlined in Figures 2.5a and 2.5b, APRs form a key part of the monitoring process and are used by the Monitoring IRC to assess whether GAVI support should be continued.

Overall, APR requirements are fairly detailed and there is a clear segregation of reporting requirements by GAVI program. The APR must be endorsed by the ICC through signatures from its constituents, including the government and GAVI Partners such as UNICEF and WHO – this is one example of the way in which the GAVI operation model involves significant partner engagement with countries. This enables country stakeholders to stay up to date on the progress of GAVI programs in the country, and work together as an alliance at the national level.

At an operational level, there are several areas of improvement identified. These include:

- Fitness for purpose: APRs are focused more on inputs, processes and activities rather than results and outcomes, and a number of questions are open-ended, hence the information provided by countries is qualitative. The lack of focus on outcomes limits the use of APRs as a monitoring tool, and although descriptive information does provide useful insights into GAVI programs in individual countries, it does not lend itself easily to comparative analysis across countries.

- Compliance: Submission of incomplete and / or late APRs is fairly common. This is likely to have been exacerbated by frequent changes in format and information requirements of APRs (e.g. section on financial sustainability). While such changes are justified in light of the growth of GAVI and its programs over the years, these create problems for countries in reporting timely and complete information (especially countries with capacity constraints).

- Quality of APR information: Inconsistencies were found in reported information e.g. expenditure mistakenly reported in currencies other than $. Even where clear and detailed guidelines are provided on information requirements, there is significant variation in responses, and much of the information returned is irrelevant or incomplete. It has been suggested that GAVI could streamline its communication to countries of APR requirements and feedback if quality / completeness of information provided is poor.

- Utilisation of the APR information by GAVI: Our evaluation work has not found much evidence to suggest that GAVI is making much use of APR information to either (i) monitor performance of countries (other than by the Monitoring IRC for decisions on continuation of disbursements); (ii) tackle issues raised by countries proactively; or (iii) measure the performance of its own programs against the targets / milestones laid down in the revised strategy (see Section 4.6 and Supporting Paper 8 for further details). Our sense is that the process of putting APRs together at the country level can be (at best) an important part of country level management of GAVI programs. But we are not clear that APRs play more than an administrative role when they are received by the
Secretariat. Our understanding is that APR information can be better collated and analysed by program to bring out the common issues and positive aspects of implementation in countries. Further, they could offer useful lessons to share between countries, if appropriately compiled. This is again an issue of the appropriate roles and responsibilities. However, our view is there is potential value in Secretariat staff being more proactive (assuming that this is possible within available resources). The Secretariat have indicated that there is progress being made in this area through the introduction of online submission, the Data Warehousing and Reporting Tool project and the design of the HSS platform. However, we have not reviewed any of these projects.

In summary, whilst the APR provides a rich source of country information (albeit sometimes incomplete), it is not currently used optimally by GAVI to monitor the performance of its programs and address country-level issues. In general, our review of the APRs suggests that there could be a benefit to GAVI in providing additional guidance and / or country level support in populating the report or quality assurance before submission. In our view, this highlights the need for greater oversight of the APR process by GAVI and its in-country Partners.

Interviews

The question posed to interviewees relevant to this issue covered all program processes, as outlined in Section 2.5.3:

“Do GAVI’s processes for proposal review, approval, disbursement and monitoring get the right balance between accountability and country ownership / flexibility?”

Interviewees recognised TAP and FMA as important financial / risk management developments that support improved accountability. However, respondents believe that there could be significant improvements in monitoring and evaluation, particularly for countries with graduating eligibility for whom monitoring processes still need to be properly developed (though we note that graduated eligibility does not apply until 2016).

Whether countries have the capacity to effectively take on a larger role in internal monitoring and evaluation is questioned. Some interviewees believe that monitoring and evaluation are more important than increased country ownership, as the priority is to achieve results rather than country empowerment (see Section 2.2.1).

In summary, interviewees acknowledged improvements in monitoring and evaluation processes as largely related to the governance transition and introduction of TAP and FMA. However, there is a general view that monitoring of country performance is relatively weak. Part of the issue relates to the roles and responsibilities of Partners and the GAVI Secretariat at the country level.

EPI manager survey findings

Since no specific monitoring and evaluation questions were asked in the EPI manager survey, responses from stakeholders largely focused on the application and disbursement elements of the process. However, relevant feedback on monitoring and evaluation is summarised below:
• Most EPI managers have viewed the support of GAVI Partners (primarily WHO and UNICEF) as very useful in management of funds, implementation and monitoring of activities.

• GAVI monitoring requirements should be made less cumbersome.

• DQAs may not be reliable if evaluators and auditors have any bias or sympathy for a country. Other, more robust methods are needed to condition the support to countries.

Country visits

Feedback received from countries in relation to monitoring and evaluation is summarised below:

• GAVI is seen to have improved the data quality for immunisation coverage, but both the availability and quality of data remain significant issues.

• APR formats and requirements are effective, however format changes have led to an increased burden.

• Ministerial / ICC approval of APRs is difficult to obtain and can cause delayed APR submissions.

Detailed feedback is presented in Tables 2.9 – 2.13 below:

Table 2.9: Bangladesh visit monitoring and evaluation processes feedback

<table>
<thead>
<tr>
<th>Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The improved quality of data reporting and monitoring for immunisation seen as key GAVI value add.</strong></td>
</tr>
<tr>
<td>It was widely acknowledged that the DQA process and ISS rewards based funding helped the government to enhance their capacity in this area, and strengthen reliability of information capture and reporting at all levels of service delivery. The transition to DQS has also enabled the training of a large number of sub-national health officers on data reporting. Sub-national health officers report no major problems in the system of reporting and monitoring currently in practice.</td>
</tr>
</tbody>
</table>

| Well-developed administrative systems facilitate implementation. |
| The well-developed, functional administrative hierarchy of the Ministry of Health and Family Welfare facilitates the delivery of services. Collaboration with stakeholders is seen a strength of health sector. |

| Inadequate local capacity for monitoring and evaluation. |
| There is inadequate local capacity for surveillance, monitoring, evaluation, and fundraising for immunisation activities. High turnover of government officials and difficulty in filling up vacant positions accentuates dependence on external support. |

*Source: Bangladesh country visit*
### Table 2.10: Bolivia visit monitoring and evaluation processes feedback

<table>
<thead>
<tr>
<th>Bolivia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministerial changes have delayed approval of APR</strong></td>
</tr>
<tr>
<td>Interviews did not identify any particular concerns with GAVI’s monitoring processes per se. However, the country has not submitted its 2009 APR because Ministerial changes have held up its approval.</td>
</tr>
<tr>
<td><strong>EPI coverage data is a significant issue.</strong></td>
</tr>
<tr>
<td>There is a significant issue in terms of EPI coverage data. The country has used ISS resource to support the improvement in its monitoring capacity – e.g. through vehicles and computers. The implication is that GAVI has facilitated attempts to improve data quality.</td>
</tr>
<tr>
<td>The country continues to use 2000 census data for the denominator. Given reductions in live births, this means that the official estimates are biased downwards (since the denominator is too high). PAHO / UNICEF are aware of the problem and have been conducting research in order to resolve the issues.</td>
</tr>
<tr>
<td>The EPI team also have access to the Demographic and Health Surveys for 2008.</td>
</tr>
<tr>
<td>A DQS was due for 2009, but this has been cancelled by GAVI pending review of GAVI’s data requirements and processes.</td>
</tr>
</tbody>
</table>

*Source: Bolivia country visit*

### Table 2.11: Nigeria visit monitoring and evaluation processes feedback

<table>
<thead>
<tr>
<th>Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APR format and requirements are effective.</strong></td>
</tr>
<tr>
<td>Stakeholders did not have any particular issues on the format and process requirements of APRs.</td>
</tr>
<tr>
<td><strong>Difficulties in obtaining ICC approval for APRs</strong></td>
</tr>
<tr>
<td>Some stakeholders commented on the difficulty of obtaining ICC signatures for APRs – both in terms of Partners agreeing to sign and also the time it takes to coordinate the signatures on the APRs.</td>
</tr>
<tr>
<td><strong>Data quality is improving, but Nigeria is unlikely to receive reward based funding.</strong></td>
</tr>
<tr>
<td>Nigeria failed its first DQA in 2004, after which, we understand from country stakeholders, there was recognition of a need for action to improve data quality. The second, in 2006, noted an improvement in data quality, and since 2008 Nigeria has conducted a yearly DQS. Stakeholders view the DQA and DQS as having helped improve data quality in Nigeria. Despite these improvements, one interviewee questioned the robustness of the approach (suggesting that the sample size of four Local Government Areas was too small), and suggested that data quality in Nigeria may not be sufficient to support reward based funding.</td>
</tr>
</tbody>
</table>

*Source: Nigeria country visit*

### Table 2.12: Mali visit monitoring and evaluation processes feedback

<table>
<thead>
<tr>
<th>Mali</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APR format and requirements are effective.</strong></td>
</tr>
<tr>
<td>Stakeholders did not have any particular issues on the format and process requirements of APRs.</td>
</tr>
<tr>
<td><strong>Data quality of coverage rates is poor.</strong></td>
</tr>
<tr>
<td>Data quality of coverage rates continues to be a major issue, with a substantial discrepancy between WHO / UNICEF and administrative coverage rates. Lack of updated census data is also affecting the quality of this indicator.</td>
</tr>
</tbody>
</table>

*Source: Mali country visit*
Table 2.13: Uzbekistan visit monitoring and evaluation processes feedback

<table>
<thead>
<tr>
<th>Uzbekistan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A number of issues identified with APRs.</strong></td>
</tr>
<tr>
<td>Consultees indicated that the frequent changes in the APR format have increased the reporting burden on the already very limited and stretched MoH resources. A suggested approach was to update the format every three years to reflect the learning and improvements.</td>
</tr>
<tr>
<td>Consultees also indicated that the requirement of signatures on APRs from the ICC does not necessarily represent the sought after endorsement by all relevant members, given the relatively narrow actual stakeholder participation in the ICC.</td>
</tr>
</tbody>
</table>

| **Government processes and weak institutional memory result in inconsistent data and projections between years.** |
| The sustainability of the APR process is placed under considerable strain as MoH staff rotation and their considerable workload has meant that the process suffers from weak institutional memory. It was indicated that there has been a disconnect between the data and projections presented in one APR to the next, impacting monitoring. |

Source: Uzbekistan country visit

Conclusions on monitoring and evaluation

The general messages that we draw from our evaluation of GAVI’s monitoring and evaluation processes relate primarily to monitoring. Key points to note are as follows:

- **GAVI’s monitoring of country performance at the centre (i.e. Board and Secretariat) appears to be relatively weak.** Our sense is that the process of putting APRs together at the country level can be, when it works, an important part of country level management of immunisation programs. But we are not clear that APRs have played more than an administrative role in Phase II when they get to the Secretariat – and there is little proactive use of this data. However, we recognise there are tradeoffs in a ‘light touch’ approach, of which, limited monitoring and evaluation is one such aspect.

- **GAVI’s model of working through its in country partners (primarily WHO and UNICEF) means that it relies on these partners to a significant degree for performance monitoring.** This reliance has lessened to some degree as the Secretariat has grown and as policies and practices (such as the TAP) have developed. However, we have noted that there is an ongoing issue in relation to roles, responsibilities and accountabilities of Partners at the national level. This reflects the fact that country officers see their role and accountability as being primarily in relation to technical support of the NIP. They do not see themselves as grant providers / or funders who are concerned primarily with effective use of donor money and / or fiduciary accountability. This then raises questions about the appropriate level of country and / or regional resource and / or presence of the Secretariat. We present our views on this in the next section (Section 2.6).
2.6. Summary of evidence and conclusions

Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

As noted above, for the purpose of this evaluation question, we take the distinctive organisational structure to relate to: (i) GAVI’s structure as a ‘lean’ financing entity that works in countries through its Implementing Partners; and (ii) GAVI’s emphasis on being ‘light touch’.

Summary of evidence

- It is reasonable for GAVI to claim to be relatively lean in terms of the current level of the ‘narrow’ measure of administrative overheads compared with a reasonable group of comparators, particularly when resource mobilisation and economies of scale are taken into account. But this will be eroded if recent increases in operating (and Work Plan) costs combined with a reduction in disbursements continue.

- GAVI’s introduction of the TAP in Phase II has been an appropriate development of GAVI’s organisational structure and policy. Our judgement is that the policy has been introduced in a way that is consistent with the aim of being ‘light touch’ and that it compares sensibly with the policies of other institutions. But feedback suggests that implementation challenges and some aspects of design need to be tackled for it to contribute effectively to improved efficiency.

- Opinion about GAVI’s application, review and approval process is mixed. Processes have improved over time and achieve a reasonable balance between competing objectives. They are also considered favourably in comparison to GF. However, areas of weakness identified as part of the evaluation include: (i) the effectiveness of GAVI communications with countries (although the Secretariat believe that GAVI has improved this); and (ii) its approach to capturing and proactively monitoring country level data. We are surprised that GAVI does not systematically monitor performance information of its own processes.

- E-survey evidence points to general agreement with the proposition that GAVI strikes a good balance between being ‘light touch’ and ensuring accountability. But a significant number of donor and multilateral constituency responses do not agree.

- Evidence from other parts of the evaluation suggest that countries regard the flexibility of GAVI’s programs as being positive, and that GAVI’s structure has added value in terms of increasing country ownership compared with alternative approaches to funding immunisation.
### Table 2.14: SG4.1 findings

**Evaluation question SG4.1:** Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

<table>
<thead>
<tr>
<th>Issue/ Theme</th>
<th>Findings</th>
<th>Robustness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overhead efficiency</strong></td>
<td>GAVI is right to see its ‘lean structure’ (in terms of overhead costs as a proportion of ODF) as a contributor to its value add – during Phase II, administrative overheads as a proportion of ODF have declined from a peak of 13% to significantly to around 6% in 2008 (and in 2009 and 2010 on a projected basis). Comparisons with other organisations support GAVI’s to claim to be relatively lean in terms of overheads in Phase II, but dependent on a continued level of disbursements.</td>
<td>B Primarily based on benchmarking analysis with a reasonable number of comparators. Some data consistency and comparability issues.</td>
</tr>
<tr>
<td><strong>Transparency and Accountability</strong></td>
<td>GAVI’s introduction of the TAP in Phase II has been an appropriate development of GAVI’s organisational structure and policy. But feedback suggests that implementation challenges and some aspects of design need to be tackled for it to contribute effectively to improved efficiency.</td>
<td>C Primarily based on desk review, with little external verification. Limited amount of evidence from interviews and survey.</td>
</tr>
<tr>
<td><strong>The performance of program application, review, approval and disbursement processes</strong></td>
<td>GAVI’s application documents and processes have evolved and improved over time in response to feedback. However, disbursements are subject to often significant delays and communication between GAVI and countries has at times been poor.</td>
<td>B Findings from different aspects of analysis (previous program / IRC evaluations, our interviews, country visits, surveys and data on timelines) are generally consistent with a relatively small degree of disparate comments / views.</td>
</tr>
<tr>
<td><strong>The performance of program monitoring and evaluation processes</strong></td>
<td>General messages relate primarily to monitoring. Key points to note are that GAVI’s monitoring of country performance at the Alliance level (i.e. as opposed to by Implementing Partners in country) appears to be relatively weak, and we are surprised that GAVI does not systematically monitor performance information on its own processes. There is an ongoing issue in relation to the role and responsibilities, and accountabilities of Partners at the national level.</td>
<td>A Findings from previous program / IRC evaluations, our interviews, country visits, surveys and APR assessment are all consistent.</td>
</tr>
<tr>
<td><strong>The ‘light touch’ approach</strong></td>
<td>E-survey evidence points to general agreement with the proposition that GAVI strikes a good balance between being ‘light touch’ and ensuring accountability. But a significant number of donor and multilateral constituency responses do not agree.</td>
<td>C Findings based on only the e-survey – albeit with a large sample size</td>
</tr>
</tbody>
</table>
**Evaluation question SG4.1:** Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

<table>
<thead>
<tr>
<th>Issue/ Theme</th>
<th>Findings</th>
<th>Robustness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational structure</td>
<td>Evidence from other parts of the evaluation suggest that countries regard the flexibility of GAVI's programs as being positive, and that GAVI's structure has added value in terms of increasing country ownership compared with alternative approaches to funding immunisation.</td>
<td>B</td>
</tr>
</tbody>
</table>

**Findings from performance assessment**

Findings from our assessment of GAVI’s performance against its revised strategy shows mixed progress has been made towards relevant outputs.

Output 4.4 ‘innovative policies and processes developed and implemented efficiently’ was met, although Output 4.2 ‘seamless performance management system functioning’ and Output 4.5 ‘Secretariat organised to deliver efficiently to advocate and innovate’ were not met.

Outputs 4.1 ‘GAVI eligible countries supported efficiently’ cannot be assessed due to lack of detailed data, data not yet published, a general lack of evidence, ambiguous indicators and/or lack of a baseline or target by which to measure progress (see Annex 9 for more details).

**Conclusions**

Our overall conclusion is that GAVI’s structure (i.e. a financing entity that works in countries through its Implementing Partners) and processes are improving over time, and have contributed both positively and negatively to the efficiency, effectiveness and impact of GAVI:

- positively through the flexibility and relatively light touch of its programs and processes which allows a lean structure and minimises burden on countries;

- positively through the contribution of the structure in supporting country ownership (which we believe would have been less in the event that GAVI’s additional resources had been channelled directly through UNICEF / WHO); and

- negatively given the impact that the structure has on proactive country monitoring and communication to ensure accountability and support national Partners. We recognise:
  
  - there are tradeoffs in a ‘light touch’ approach, of which, limited monitoring and evaluation is one such aspect; and

  - that although things have been improving, the relative weakness of GAVI’s monitoring and communication is partially related to a lack of clarity about the relative roles of Implementing Partners and the Secretariat in particular.

On this last point we are clear that there is an inherent tension between WHO / UNICEF’s mandate to provide technical support and the role of acting as GAVI’s representative in terms of
monitoring and communications. In part this reflects the important political relationships in countries that they need to protect, but it is also a practical issue associated with knowledge of GAVI process and priorities.

Whilst it is not necessarily possible (or even desirable) to completely resolve this tension, our conclusion is that there may be things that GAVI could do going forward to tackle the relative weaknesses identified above. In our view this is not about having a country presence, but it is about prioritising the country monitoring and support roles of the Secretariat – working closely with Implementing Partners in country and improving communications to countries.
3. **SG4.2 – AWARENESS AND INTEREST IN GAVI**

Evaluation question SG4.2: To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health?

3.1. **Introduction**

This evaluation question relates to the extent to which GAVI has been successful in increasing awareness of, interest in and commitment to immunisation and child health at both global and national levels. It supports our overall assessment of GAVI’s performance against SG4, which includes increased advocacy.

3.1.1. **Scope of evaluation**

Our analysis for this evaluation question seeks to consider both:

- The level of GAVI’s commitment to immunisation and child health in terms of advocacy efforts and activities (advocacy inputs); and
- The impact of GAVI’s advocacy in increasing awareness of, and interest in immunisation and child health, and the impact in terms of increased commitment from other parties (advocacy outputs).

We look at advocacy inputs and outputs at both global and country levels.

The focus of this question is on aspects of awareness other than direct fundraising / program expenditure. The analysis of numbers of donors and levels of funding for immunisation are covered under SG3.1 and SG3.2, and the analysis of advocacy on adoption of new and underused vaccines by countries is covered in our review of ADIPs under SG2.

3.1.2. **Sources of evidence**

The sources of evidence we use in the evaluation of this question are summarised in Table 3.1 below. Our findings are also supported by advocacy-related findings under evaluation question SG2.5.
An important limitation of our analysis is the absence of (i) baseline data on awareness and interest in immunisation at the beginning of the period; and (ii) a systematic collection or monitoring of data / key performance indicators to measure GAVI’s performance against any baseline or over time (this is discussed more in Section 4.6 and Supporting Paper 8).

### 3.1.3. Structure

Our review of the awareness and interest in GAVI is organised as follows:

- **Section 3.2** provides an assessment of GAVI’s advocacy strategy and comparisons with other GHPs.

- An assessment of awareness and interest in immunisation at a global level is provided in Section 3.3. Evidence sources include interviews with GAVI Board and Secretariat, e-survey results, GAVI and external literature reviews and the GAVI website.

- **Section 3.4** provides our assessment of awareness and interest in immunisation at the country level – through interviews with GAVI Board and Secretariat, analysis of JRF data, country case studies, the GAVI website, literature reviews and findings from our SG2.5 evaluation.

- **Section 3.5** summarises our conclusions.

### 3.2. Advocacy and communications strategy

In what follows we consider the available quantitative and qualitative evidence on GAVI’s advocacy inputs and outputs. However as a starting point we have conducted a limited desk-
based review of GAVI’s Advocacy and Communications Strategy and supporting
documentation. We recognise the limitations of this review in that it is inevitably subjective and
focuses on internal processes rather than advocacy activity and impact, but it provides useful
background to the rest of our analysis and judgements in this section.

3.2.1. Background and review of advocacy strategy

Five key background documents for the purpose of our review have been (i) the Phase I
Evaluation Report; (ii) the GAVI Advocacy and Communications Strategy; (iii) CARM
Directions 2010-2011; (iv) the CARM Roadmap 2010; and (v) ‘Investing in immunisation
through the GAVI Alliance – The evidence base’.

*Phase I Evaluation Report and follow-up activity*

The Phase I Evaluation Report recommended that:

“GAVI must transition from advocacy focused on fund raising and introducing vaccines, to
a clear strategy at country level and within the international community that focuses on the
additional efforts required from partners and other agencies to improve immunization
program performance….The GAVI Secretariat should work with partners to **develop a clear advocacy strategy with targeted messages, particularly at country level**. Additionally, the GAVI Board should **commission a study that analyzes the historical funding flows for immunization**, incorporating data at global, regional and country level, to assess whether total funding for immunization has increased since the inception of GAVI, as well as develops a methodology for reporting on future funding changes.”

Given this recommendation, the revised GAVI Alliance Strategy 2007-10 included the
development of an advocacy strategy to be approved by October 2008 and initiated by 2009. As
far as we understand, the study recommended in the Phase I evaluation has not been conducted.

Detailed findings of the Phase I report are available in Annex 7.

*Assessment of the Advocacy and Communications Strategy*

The Advocacy and Communication Strategy was developed and presented to the Board in June
2009. (See Annex 7 for a summary of the strategy). The Board “confirmed the scope of the
Alliance’s advocacy and communications outreach in the three environments of immunisation,
health and development”\(^{43}\) at the meeting, although they also offered a number of points of
feedback (detailed in Annex 7).

To address Board feedback, the Secretariat Advocacy Team has developed the CARM
Directions 2010-11 framework (March 2010). This document “aims to provide clarification on
the approach taken by the Secretariat in implementing the strategy and guiding the planning,
implementation and monitoring process”. The CARM framework outlines ‘ten directions’ in
support of GAVI’s Advocacy and Communication Strategy.

The CARM Roadmap 2010 complements the framework and outlines high-level activities and
timelines in each of the ‘ten directions’.

\(^{43}\) Source: GAVI Alliance Board meeting minutes, 2-3 June 2009.
These documents are also supported by ‘Investing in immunisation through the GAVI Alliance – The evidence base’. This paper “brings together the evidence around the rationale for GAVI’s mission, the achievements to date and the potential for the future. It draws on available published data and analyses in the belief that policy and financing decisions should be rooted firmly in evidence”.

Our view is that the GAVI advocacy strategy clearly outlines the objectives, scope and target audience for advocacy work, and also the five key principles underpinning GAVI’s advocacy. The supporting documents are reasonably effective in converting higher level objectives into an actionable implementation plan. Other, detailed observations are as follows:

- **Objectives:** Although the advocacy strategy is listed as an indicator of Output 4.3 in GAVI’s 2007-10 Work Plan, neither of its two strategic objectives relate directly to increasing awareness of immunisation outside the subsidiary effects from fundraising or influencing policies. GAVI’s advocacy strategy focuses on centralised activity by the GAVI Secretariat and Partners. There is no mechanism to identify value-add advocacy activities at country level and share lessons learned (see country case studies in Section 3.5).

- **Messaging:** The ‘evidence base’ document does outline detailed messages, however there may be benefit in summarising / referencing key messages in the strategy itself, and / or greater communication of the document to stakeholders.

- **Activities:** The CARM Roadmap 2010 outlines activities, timelines and the GAVI team to deliver the framework. In our view, this would benefit from more detail on assigned roles, budgets, owners, supporting stakeholder plans and a longer term view through to the end of 2011 to cover the whole period of the framework. Assigned roles, budgets and owners would mobilise delivery of the strategy at an operational level.

- **Outcomes:** High-level objectives are defined in the strategy, though there are no measurable targets for what needs to be achieved. The strategy could be improved by the inclusion of defined targets and / or indicators for each of the ‘ten directions’ and activities to facilitate and measure progress.

An important point of context is what we see as the inherent difficulty for Secretariat and the Alliance more generally in defining the appropriate scope of an advocacy strategy and who should be responsible for specific aspects. This is particularly true for those aspects of advocacy that reach beyond global fundraising and specific programmatic activities of GAVI, and reflects the fact that Partners have their own advocacy priorities and strategies (which are broader than those of the GAVI Alliance) and that advocacy is inevitably focused (to a greater or lesser degree) on fundraising.

Given this we note the importance of the Advocacy and Communications Task Team in ensuring co-ordination and recognise existing integrated activity taking place, such as the

44 ‘Increased awareness of immunisation as a means to reach the MDGs including the benefits of the PPP mode of development’

45 We recognise that such activity may be occurring in practice (for example, we understand from the GAVI Secretariat that more integrated advocacy work being undertaken with AVI at country level), however our focus in this section is on the strategic document.
collaboration with the AVI Technical Assistance Consortium Advocacy & Communication team, where staff are embedded into the Advocacy and Public Policy and Media and Communications teams. We have not, however, reviewed this process as part of our evaluation.

Our main conclusion from the above is that there is a currently good strategic foundation for the GAVI’s advocacy work. We have noted a limited number of areas where (on the basis of the documents that we have seen) there is potential for further development.

3.3. Global level advocacy

3.3.1. Evidence available from GAVI website

The analysis in this section is based on information available in the ‘Media and publications’ section of the GAVI website. This part of the website has information on GAVI press releases (advocacy input indicator) and third-party archived articles related to GAVI and immunisation published on other sites/resources (advocacy output indicator).

Numbers of press releases and third-party articles

Analysis was conducted in three categories and presented below in Figure 3.1:

- The number of GAVI press releases issued 2000-09 – an indicator of GAVI’s advocacy efforts (an advocacy input indicator).

- The total number of third party articles 2004-09 – an indicator of interest in immunisation / GAVI and performance of GAVI advocacy (advocacy output indicator).

- Of the total number of articles, the number of articles specifically mentioning GAVI from 2004-09 (a subset of the total number of articles) – an indicator of interest in GAVI (advocacy output indicator).

Observations from the analysis are noted below:

- GAVI had 169 press releases over the 2000-09 period. The number of GAVI press releases increased during Phase I and from Phase I to Phase II, but remained relatively steady over Phase II.

- There were links to 340 third-party articles from the GAVI website relating to immunisation and / or GAVI over 2004-09. The number of articles increased significantly in the early years of Phase II through to 2008, before dropping slightly in 2009.

- Over the same period, there were 76 articles referring to GAVI. The number of GAVI-

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46 We note that, in terms of content, there will inevitable selection bias here – in that the GAVI website is unlikely to link to materially critical articles. However, our interest here is in the number of articles as a indicator of output of advocacy activity rather than a representative mix of articles in terms of content.

47 Articles not collated by GAVI prior to 2004.

48 The number of articles relating to GAVI assumed to be the number of articles with ‘GAVI’ in the title or sample text included in the archive – complete articles have not been analysed for inclusion of ‘GAVI’.
related articles followed the trend for broader articles, although annual increases have been significantly lower.

It is not possible to ascertain whether the increase in number of linked articles is related to changes in the management of the GAVI website or reflecting an underlying increase in interest in immunisation / GAVI-related articles. However, we note that the observed increases are consistent with the Lancet / PubMed keyword searches in Section 3.3.2 below. Another point to note of interest is that there is no obvious relationship between the number of press releases issued by GAVI and the number of ‘third-party’ articles. Other things being equal, this would suggest that the number of press articles is not the primary driver of ‘interest’ as measured by the ‘third-party articles’.

Figure 3.1: GAVI in the news 2000-09

Analysis of hyperlinks to third-party articles

Additional analysis was conducted on hyperlinks from the GAVI website to source articles, where the domain of the hyperlink was extracted and categorised into ‘global’, ‘regional’ or ‘country’ level media. For example, a domain ending in ‘ke’ implies the article was published in Kenya and is therefore country-level.

This analysis shows that 38% of articles were published in global media. The 340 articles collated in ‘GAVI in the news’ were published over 190 websites. Figure 3.2 below displays the frequency of GAVI and / or immunisation articles on each of the websites. Of the 190 websites:

- 143 websites featured a GAVI and /or immunisation related article only once (between 2000 and 2009);
- Websites of Alliance Partners UNICEF and WHO, and The Lancet were among those featuring articles between 6 and 10 times over the same period.

Source: GAVI Website

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- Websites of Alliance Partners UNICEF and WHO, and The Lancet were among those featuring articles between 6 and 10 times over the same period.

49 Where more than one link was available on the GAVI website, the first link was analysed.
• The site most frequently reporting on immunisation (as captured by ‘GAVI in the news’) was the 'Medical News Today' website which featured 16 articles.

The data suggests that that there is a relatively broad spread of interest as indicated by the websites of third-party articles, though it does not provide much evidence of sustained interest outside small number of organisations.

Figure 3.2: Source websites article frequency for GAVI in the news 2000-09

Source: GAVI website

Summary

Although the data is dependent upon GAVI’s media collation and archiving methods, it does demonstrate some increase in advocacy activity by GAVI and is consistent with the view that there has been an increased interest in both immunisation and GAVI.

The increased interest cannot be attributed to GAVI (or to its advocacy activities), particularly since there is no similar data collected prior to 2000 (when GAVI was established).

Between 2004 and 2009, the number of articles related to immunisation has grown significantly more than those relating to GAVI; and in each of the years, the number of articles featuring GAVI is less than the number of articles on immunisation in general. Given that these links are controlled by GAVI Secretariat staff this seems to be contrary to the view that there is an attempt to promote GAVI rather than immunisation.

3.3.2. GAVI literature and documentation

Our evidence in this section looks at two key areas:

• Social media activity around GAVI at the World Economic Forum (WEF) – as a measure of both advocacy input and output (based on ‘GAVI at the WEF 2010 report’)

• Events participated in by GAVI – as a measure of advocacy input (based on the GAVI
Events Calendar 2010-2012\textsuperscript{50}

GAVI has successfully harnessed the platform of the WEF to advocate GAVI and its causes through innovative social media channels. The events calendar provides strong evidence for GAVI’s recent proactive and thorough approach to global advocacy. However, based on this information alone, it is not possible to determine the impact of GAVI’s participation.

Although the evidence from GAVI documentation relates to 2010, it is from this that in recent months, GAVI has clearly demonstrated a proactive approach in global advocacy efforts, and innovation in advocacy channels to reach a broader, ‘non-traditional’ audience.

3.3.3. Lancet / PubMed keyword searches – as an indicator of advocacy output

Building on the GAVI Phase I Evaluation, in order to document the level of interest in immunisation and trends in discussion topics, we have conducted a ‘key term’ search exercise of all articles in The Lancet and PubMed in the period 1996-2009. Although it is not possible to establish causality between changes in ‘search results’ and GAVI, this information is one possible ‘output’ measure of advocacy.

The searches conducted used the following key terms:\textsuperscript{51}

- “Immunization”
- “Immunization” and “Injection Safety”
- “Immunization” and “Millennium Development Goals” (MDGs)
- “Immunization” and “Health Systems”
- “Immunization” and “Funding”
- “Immunization” and “Child Health”
- “GAVI”

Results for key term searches from The Lancet are shown in Figure 3.3.\textsuperscript{52} In general, Figure 3.3 is consistent with an increase in the level of interest in immunisation. Observations from the results are noted below:

- The number of key term references rises over time since around 2000. This evidence does not established causality, but it is clearly of interest given that it coincides with the launch of GAVI in 2000.
- During Phase I, there were an increasing number of articles related to ‘immunization’, ‘immunization and funding’, ‘immunization and child health’ and ‘immunization and health systems’. The latter three sets of results followed similar patterns in both the trends and volume of articles.

\textsuperscript{50} As at 28 June 2010.
\textsuperscript{51} Additional sample searches were conducted on ‘immunization’ replaced with ‘immunisation’, these searches generated few results and were therefore omitted from results.
\textsuperscript{52} Includes results in all languages, countries and journals where the key terms features in any field (Article Title, Abstract, Keywords, or Author) in any type of article.
- Numbers of articles related to ‘immunization and funding’, ‘immunization and health systems’, and ‘immunization and MDGs’ increased further in Phase II. In particular, interest in ‘immunization and funding’ significantly increased in 2008-09. It is possible that this could relate to the issues around the financing challenge / Advance Market Commitments (AMCs), or to the introduction of the GAVI HSS program in 2007 and related focus on immunisation.

- The number of articles related to ‘immunization and injection safety’ was low and broadly similar in both Phase I and II. But we note that there were almost no search results in the period prior to 2000.

- Search results for ‘GAVI’ indicate an increased number of articles related to GAVI (in 2008 and 2009) that is not mirrored in the number of ‘immunization’ related results. This is interesting in the context of comments received in some structured interviews about the difference between promotion of GAVI and immunisation.

Figure 3.3: Number of articles in Lancet keyword search results 1996-2009

Source: The Lancet

In order to account for underlying trends in the total number of articles published in The Lancet, we analysed values for each series as a percentage of the total number of articles. In general, the total number of articles followed a decreasing trend. This means that we observe a slightly steeper increase in immunisation-related articles as a proportion of the total.

We conducted similar analysis for PubMed. Although this analysis supports the absolute increases in the number of immunisation-related articles, the result does not hold for immunisation-related articles as a proportion of the total. Our judgement is that this may relate in part to the fact that PubMed only began operations in 2000 and that its coverage was developing during the period. Given this we place greater emphasis on findings from The Lancet in drawing conclusions.

Search results (over all years) for additional analysis conducted on the names (full and acronym)
of comparator GHPs shows:

- the number of results in The Lancet for GAVI are largely similar to RBM;
- GAVI features in more search results than the Global Polio Eradication Initiative (GPEI) and UNITAID; and
- results for GAVI are significantly lower than for GF.

These results will be influenced by the inception date of the GHPs, although it is interesting to note that results for GF are higher than GAVI even though GF was established 2 years after GAVI. This is consistent with comments from stakeholders in the e-survey and interviews which suggest that GF has been more successful in advocacy.

Possible reasons for this apparent difference are as follows:

- GF has benefited from an advocacy network that was in place before its inception (namely, GNP+ – the Global Network of People Living with HIV) whereas GAVI has had to build such an network without a prior foundation / organisation(s) focussing on immunisation;
- GF benefits from a broad base of CSOs through which to advocate its mission; and
- GAVI has a smaller capacity for advocacy and communications relative to GF due to lower investments – which affects its ability to benefit from economies of scale.

### 3.3.4. Survey and interview evidence

#### E-survey

One of the four questions in the SG4 section relates to advocacy at a global level:

Q24: The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally

Figure 3.4 below presents the results for question 24. Almost 95% of respondents agree or strongly agree, and very few respondents dispute the statement. As per our scoring methodology, the average score is 1.5 (one of the highest across the survey) and variance in scores is 0.42 (the lowest across the survey). The overwhelmingly positive response inferred by these figures is consistent with the qualitative feedback received from stakeholders via open commentary fields forming part of the questionnaire.

More detail on the ‘open’ responses is provided in Annex 1. But in summary:

- The majority of comments recognise GAVI’s critical support to raising the profile of immunisation and child health and the need to continue this, with some mention of other positive effects of GAVI such as helping to harmonise strategies and methods and strengthening the supplies of vaccines and equipment.
- A small number of respondents question whether awareness has increased, and the impact attributable to GAVI.
- Some disagree with the scope of impact and claim it is limited to immunisation rather
than child health as a whole, and GAVI, rather than immunisation in general.

Though a small number of stakeholders argue the scale and scope of GAVI’s impact, it is clear from both multiple choice responses and qualitative comments that overall, there is consensus amongst stakeholders that GAVI has had a significant impact on raising the profile of immunisation and child health globally.

Figure 3.4: E-survey responses to question 24 ‘The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally’ (282 responses, of which 245 were non-blank)

Source: CEPA e-survey responses

Interviews

The key questions posed to interviewees in relation to advocacy was:

“What has been GAVI’s contribution to advocacy on immunisation and child health at global and country levels?”

“To what extent has GAVI increased awareness of, interest in, and commitment to immunisation, child health, and broader development issues?”

The general message from interviewees is that GAVI has been successful in raising the profile of immunisation at the global level through its activities. The fundamental reason for this success has been GAVI’s focus on routine immunisation – which has led to increases in resources available. However, there is a general sense that this has been well supported by GAVI’s global advocacy – which has contributed to real change in global perceptions about immunisation.

Specific points to note are as follows:

- Stakeholders acknowledge advocacy activities have included a range of channels, including attendance at major gatherings, public announcements, face-to-face meetings with donors and provision of supporting data (e.g. through ADIPs).
- GAVI’s brand and approach are professional and advocacy materials such as brochures are of a high quality and ‘tell a good story’ – although it has taken time to get to this level.
Areas where interviewees provided constructive criticism in their comments related to advocacy messages, target audience, resource and responsibilities, and GAVI’s contribution compared with other organisations/areas of health focus:

- Advocacy style – There needs to be a balance between “spin” and “rigorous analysis and fact”.53 A number of interviewees have expressed the concern that GAVI has not always achieved the correct balance in the past – which creates a risk of loss of credibility. Examples include:
  - GAVI’s June 2008 press release on its ‘intent to provide $1.3bn for the purchase of pneumococcal vaccines”54 through AMCs. At the same time as announcing this, GAVI was discussing the impact of the global financial crisis and its ability to finance its program commitments. Although those who understand AMCs recognise that ‘intention’ to fund is not the same as a commitment, this was not (in CEPA’s view) communicated effectively in the press release.
  - the extent to which ‘advocacy messages’ about estimates of lives saved take account of uncertainty relating to the quality of underlying data; or recognise that immunisation/vaccines are not the only cost effective intervention.

(However, we understand from the Secretariat that since 2007, results achieved have been based on WHO figures, and projections on ‘conservative data’. We also recognise that this issue should be mitigated in future with the introduction of the ‘Evidence Base’ in March 2010.)

- Attribution of success – a related critique from some Alliance members is the feeling that advocacy messages do not always attribute success to GAVI Partners/Alliance as well as to GAVI itself. This is clearly important for GAVI Partners, but also creates a risk of loss of credibility. Others noted that seeking more opportunities for joint Partner/GAVI advocacy platforms would be positive.

- Advocacy resources and the role of the Board – a dedicated advocacy team has been put in place (but not until recently), but there is a clear need to do more and achieve more in the future. The Board needs to engage in more advocacy work. A number of respondents expressed the view that ‘luminaries’ could have been used to better effect (although Vietnam was regarded as being a good in this respect), and that there is likely to be a significant gap in high-profile advocates when the current advocates leave.

(We understand from the Secretariat that a ‘Call to Action’ paper was distributed to the Board in June 2010, and an ‘advocacy toolkit’ was provided to Board members in order to capitalise on Board member expertise and networks.)

- Relative impact – Some respondents noted that GAVI/immunisation are not as high profile as other areas of global health – most notably compared with GF. Although GAVI has been successful, GAVI brand recognition remains quite low, even amongst relevant stakeholders and some donor countries.

53 Quotation marks reflect interviewee language.
In summary, stakeholder interviews suggested that GAVI has performed well in terms of its global advocacy work and has taken steps to improve this over the years. Within this there are challenges that reflect both the nature of the Alliance (which makes getting the advocacy messages and attribution right all the more important) and the underlying lack of profile of many of GAVI’s target diseases (compared with AIDS, Malaria and Tuberculosis which, in donor countries, are often ‘more visible’ due to the nature of communicability, degree of prevalence and / or the perception that these diseases are ‘higher risk’ due to the high impact on individuals).  

3.3.5. Findings in relation to the impact of GAVI programs

In addition to GAVI’s advocacy and fundraising activities, a significant contribution to awareness and interest in immunisation has come from GAVI’s other global activities. The main example of this is GAVI’s involvement in IFFIm and AMCs. Both of these have supported the development of GAVI’s reputation as a leading force in the development of innovative finance in global health – and also by extension, immunisation.

3.3.6. Conclusions on global level advocacy

It is difficult to draw conclusions based on the information available and in the absence of a baseline study. This is particularly true in terms of establishing causality. However, our summary findings in relation to global impact are as follows – taking account of both qualitative and quantitative analysis.

Advocacy inputs

In reaching conclusions, we have relied on stakeholder interview and survey evidence as well as a limited desk review conducted by CEPA. Our broad conclusion is that GAVI has performed reasonably well in terms of its global advocacy work (in terms of quality, quantity and channels) and has taken steps to improve this over the years. Simple analysis of the number of GAVI press releases suggests that this aspect of activity has increased slightly between Phase I and Phase II, however the review of GAVI documentation shows that over 2010, GAVI has clearly demonstrated a proactive approach in global advocacy efforts, and innovation in advocacy channels to reach a broader, ‘non-traditional’ audience. However, our sense in evaluating Phase II is that significant improvements have only occurred at the end of the period.

Challenges remain – which reflect both the nature of the Alliance and the underlying relative lack of profile of many of GAVI’s target diseases. Particular challenges raised by stakeholders include:

- putting in place an appropriately targeted and detailed advocacy strategy which gets the right balance between Secretariat and Partner activity;
- getting the right balance between simplicity / appeal and rigour in advocacy / fundraising messages and GAVI’s other communications; and

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55 We acknowledge that recent improvements/initiatives such as the ‘Call to Action’ Board paper and ‘advocacy toolkit’ may not be captured in interview comments due to timing.
ensuring that there is an appropriate attribution of responsibilities and success between GAVI itself and Partners.

**Advocacy outputs**

The indicators that we have considered suggest that awareness in immunisation has increased over the period 2000 to 2009, and grown considerably since GAVI was established. This evidence is strongest from our analysis of Lancet journal articles. It is supported by our review of the number of third-party articles referenced on the GAVI website, although drawing conclusions on this is clearly dependent on the degree of consistency in GAVI website management practice over the period.

In terms of attribution, we note that responses to the e-survey statement: “The GAVI Alliance has had a significant impact on raising the profile of immunisation and child health globally” are overwhelmingly positive. Nearly 95% of respondents either ‘agreed’ or ‘strongly agreed’ with the statement (see Section 3.3.4).

### 3.4. Country-level advocacy

#### 3.4.1. Analysis of JRF data

**Immunisation budget line**

The increase in the number of countries with an immunisation line in their budgets is an indicator of improved immunisation profile and commitment at country level. This data is available in the country’s JRF.

Figure 3.5 below shows, for each year over the period 1998-2008, the percentage of GAVI-eligible countries which have an immunisation line in their budget. The key points are:

- The percentage fluctuates over the period 1998-2003 between 67%-78% of countries. The percentage varies over the years and there is no particular evidence of increase in this percentage since GAVI was established.

- Over the period 2003-08, the proportion of countries with an immunisation line follows a more stable trend, falling marginally in 2005 before rising steadily to a peak of 85% in 2008.
As part of a counterfactual analysis, we also conducted further analysis on immunisation budget lines for three different groups of countries:

- Non-GAVI countries with ‘Lower-Middle’ income status
- GAVI-eligible countries with ‘Lower-Middle’ income status
- GAVI-eligible countries with ‘Low’ income status

The results are shown below in Figure 3.6. The key points are:

- The proportion of ‘Lower-Middle’ income status non-GAVI countries with immunisation budget lines remained relatively stable, fluctuating within the range of 88-95% over 1998-2008.

- Conversely, corresponding pre-2000 proportions for ‘Lower-Middle’ income status GAVI-eligible countries were significantly lower at less than 70%. However, since 2000 (GAVI’s inception) the percentage of countries with an immunisation budget line has steadily increased towards convergence with non-GAVI countries in the same income group, although it is still lower. The gap between non-GAVI and GAVI countries with ‘Lower-Middle’ income status reached its minimum in 2008 at 6%.

- Percentages for GAVI-eligible countries with a ‘Low’ income status followed similar, increasing trends (especially since pre-GAVI years). However, in most years, the proportion of such countries with a budget line remained below the figure for GAVI-eligible countries with a ‘Lower-Middle’ income status.

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56 According to WB definitions, we could not conduct analysis for non-GAVI ‘Low’ income status countries as all countries in this group are eligible for GAVI funding.

57 The two drops in ‘Low’ income countries in 2005 and 2008 are due to two countries (Bangladesh and Tajikistan) not having an immunisation budget line in 2005, and two countries (Democratic People’s Republic of Korea and Mauritania) with a blank field for the budget line in 2008.
Although this evidence is clearly not sufficient to establish causality, it is at least consistent with the view that GAVI activity has supported increases in profile of immunisation in country as measured by the existence of a separate budget line.

**Figure 3.6: Percentage of countries with immunisation budget lines by income group and GAVI eligibility**

![Graph showing percentage of countries with immunisation budget lines by income group and GAVI eligibility.](source)

**Source: JRF data**

**Injection safety budget line**

The number of countries with a budget line for injection safety is another reasonable proxy for measuring commitment to immunisation at country level.

As set out in the report for SG1, the number of GAVI supported countries with a line item in the national budget for financing of immunisation injection safety before, during and after support was 63%, 61% and 74% respectively for Phase I. Figures for Phase II were 78%, 89% and 100%. This appears to suggest GAVI support may have contributed to an increase in country level commitment, especially in Phase II.

However, only 77% ‘Low’ / ‘Lower-Middle’ income GAVI eligible countries receiving INS had line items for injection safety in national budgets post support, compared with 76% of GAVI eligible countries that did not receive support and 83% for GAVI ineligible countries. At 1%, the difference in the presence of injection safety budget lines between GAVI eligible countries with and without INS is negligible.

This suggests that the existence of an injection safety line is not obviously related to the provision of INS – and therefore does not provide evidence of GAVI advocacy impact per se.

**Summary**

In summary, there have been increases in immunisation and injection safety budget lines in countries receiving GAVI support, but for injection safety, similar increases have also been
achieved in both GAVI eligible countries not receiving INS funding, and non-GAVI countries. It is difficult to attribute any achievement directly to GAVI without controlling for other effects, but the former (i.e. the existence of an immunisation budget line), is consistent with the view that GAVI activity has supported the profile of immunisation at the national level.

3.4.2. GAVI website

Between 2004 and 2009, 340 articles referencing immunisation and / or GAVI were collated on the GAVI website. Analysis conducted on the domain of websites hosting the articles (as outlined in Section 3.3) shows that 38% of articles were published in global media, 9% in regional media, and the remaining 48% of articles were published in national media.\textsuperscript{58}

Figure 3.7 below displays the breakdown (using WHO regional office definitions) for regional and national media, which are:

- Africa region (AFRO)
- America region (AMRO)
- Eastern Mediterranean region (EMRO)
- Europe region (EURO)
- South East Asian region (SEARO)
- Western Pacific region (WPRO)

Nearly 90% of regional media archived on the GAVI website was in the WHO AFRO region, with very few articles in other regions and none in SEARO or WPRO. Country level articles were more distributed across regions (our analysis showed an approximate 60:40 ratio of donor / recipient country articles).

\textit{Figure 3.7: Regional and national media by region}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3_7.png}
\caption{Regional and national media by region}
\end{figure}

\textit{Source: GAVI Website}

\textsuperscript{58} Analysis conducted on 325 (96\%) article links. The 15 remaining articles were either insufficiently referenced or hyperlinks were malfunctioning at the time of writing.
Figure 3.8 below presents a further breakdown of national media by region and year. As with Figure 3.7, this shows that the majority of country-level media has been in the AFRO, AMRO and EURO regions.

Despite the differences in overall media activity, each of the WHO regions follow similar trends, with low but increasing activity up until 2006, a significant increase from 2006 to 2007, with activity peaking in 2008. There is no country-level media in 2005, as all articles featured on the GAVI website were at the global level.

Although the figures above are heavily influenced by the degree of presence of national and regional media, and GAVI’s media collation and archiving methods, they do provide an indication of awareness of GAVI funding and advocacy.

**Figure 3.8: National media by region 2004-09**

Source: GAVI Website

### 3.4.3. Interviews

The key questions posed to interviewees (as outlined in Section 3.3.4) were:

- “What has GAVI’s contribution to advocacy on immunisation and child health been at global and country levels?”
- “To what extent has GAVI increased awareness of, interest in, and commitment to immunisation, child health, and broader development issues?”

In general interviewees noted that national-level advocacy activity was largely conducted by Implementing Partners rather than the Secretariat (GAVI’s appointment of Country Responsible Officers has somewhat improved national communication / advocacy, although more needs to be done). Interviewees expressed two main views about performance:

- performance at the national level is not as strong as the global level, and more needs to be done at the national level; and
• the primary driver of GAVI’s impact on awareness and commitment to immunisation at the national level is its program activity (i.e. its ‘cash’ and ‘non-cash’ programs) and its work to support the evidence base and case for introduction of new-vaccines (e.g. the Hib Initiative).

Several interviewees noted that increased engagement with CSOs at the global and national level could support GAVI’s achievement in terms of national level advocacy outputs.

### 3.4.4. Country case studies

Country visits were conducted in Nigeria, Bangladesh, Mali, Uzbekistan, and Bolivia between April and June 2010 (see Tables 3.2-3.6).

In summary, country visits have highlighted the value of GAVI’s funding and the specific activities of WHO and UNICEF in increasing the profile and importance of immunisation in countries – particularly around the introduction of new vaccines. The case studies also demonstrate the range of channels of communication from grass-roots awareness building to advocacy at regional forums. The varying levels and types of advocacy in different countries have led to differing levels of success with some countries reporting mixed communication messages whereas others have introduced new legislation. Opportunities for increased direct advocacy have also been identified. We have not found any evidence of lessons learned being shared at the country level.

#### Table 3.2: Bangladesh visit advocacy feedback

<table>
<thead>
<tr>
<th>Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country feedback suggested that the EPI program in Bangladesh is supported by mass media communication and social mobilisation activities. The government, supported by UNICEF and WHO, conducts mass media coverage at national level, supplemented by some door to door visits to increase awareness on vaccination. GAVI’s vaccine introduction grant has been used to develop communication material for print media at district level, conduct workshops in districts, etc.</td>
</tr>
<tr>
<td>The two advocacy related areas where GAVI could have done better are:</td>
</tr>
<tr>
<td>• Greater awareness building and publicity efforts should have been undertaken when the pentavalent vaccine was introduced. There was some confusion among mothers, particularly in rural areas, on the most appropriate dosage of the vaccines.</td>
</tr>
<tr>
<td>• Recently, the uncertainties around GAVI’s finances and the temporary suspension of new program approval have created some negative publicity whether GAVI can sustain the funding of new vaccines in Bangladesh. Clear messaging in this area is vital as part of the country level advocacy.</td>
</tr>
</tbody>
</table>

*Source: Bangladesh country visit*
Table 3.3: Bolivia visit advocacy feedback

**Bolivia**

Bolivia is the first GAVI eligible country to have introduced rotavirus vaccine. Feedback from country interviews suggested that PAHO was very helpful in conducting the analysis and assembling the data to make the case for its introduction. We understand that GAVI funding has been used to support the improvement of a number of sentinel sites in hospitals for disease burden surveillance. However, the provision of support on rotavirus unambiguously supported the ability of EPI managers to make the case for immunisation within the country. In particular:

- The introduction of rotavirus facilitated by GAVI’s support has had an impact on legislation since it has led to the introduction of new legislation that makes continued financing of rotavirus vaccine a requirement for government.
- Social mobilisation required for the introduction of rotavirus was the first publicity campaign for a new vaccine since 2000. There is a strong sense amongst those that we interviewed that this material has played a significant part in supporting the case for immunisation in general as well as for the rotavirus vaccine.

*Source: Bolivia country visit*

Table 3.4: Mali visit advocacy feedback

**Mali**

The provision of support from GAVI to Mali has helped raise the profile of immunisation in the government. It was noted by a number of country stakeholders that immunisation is more of a priority today in the national policy agenda, with GAVI contributing significantly to this improved advocacy through its provision of funding.

*Source: Mali country visit*

Table 3.5: Nigeria visit advocacy feedback

**Nigeria**

GAVI was considered by most to be synonymous with routine immunisation. For example, the central government has recently appointed consultants to support the state government in developing their immunisation plans and these are referred to as ‘GAVI consultants’, although their mandate is much broader than helping states access GAVI funds. GAVI has helped to focus attention on immunisation, with the result that it is very much on the government’s agenda.

*Source: Nigeria country visit*

Table 3.6: Uzbekistan visit advocacy feedback

**Uzbekistan**

There was a general view that GAVI funding for new vaccines (initially Hepatitis B then the pentavalent vaccine) has improved the profile and prioritisation of immunisation activities in general for Uzbekistan’s government. Many of the stakeholders felt that as an independent international entity, which has played an extremely important role in Uzbekistan to date, there is a real opportunity for GAVI to have a greater influence on the government’s immunisation policy via direct advocacy. In particular it was suggested that GAVI could play a very important role in advocating to non-MoH elements of the government (the MoF in particular) for both:

- increased budget allocations for both routine and new vaccinations on a sustainable basis.
- priority access to foreign currency by the MoH for purchasing relevant equipment and vaccines, and for co-financing the GAVI program on the pentavalent vaccine.

*Source: Uzbekistan country visit*
3.4.5. Findings in relation to the impact of GAVI programs

We have reviewed the impact of GAVI programs and funding at the national level on immunisation awareness and interest, and findings are consistent with observations in structured interviews. The following provides a summary of the main points from other aspects of our evaluation (including issues relating to GAVI’s general approach, as well as its specific programs).

**GAVI’s programmatic approach**

GAVI’s inclusive approach of involving Partners at country level in assisting with proposal preparation as well as in the review process by the ICC and Health Sector Coordination Committee (HSCC) equivalent body has increased visibility of its programs among country stakeholders, increased country ownership, and raised awareness across different parts of government.\(^{59}\)

- the EPI department in MoH is responsible for GAVI’s immunisation related programs.
- the planning department is responsible for HSS.
- the FMA process is overseen by the MoF.

At times, it has also helped bring new stakeholders to the table such as the CSOs involved in immunisation. However, most impacts have been picked up in the discussion of specific GAVI program windows as follows.

**NVS**

In addition to the general impact of GAVI’s programmatic approaches, it is clear that funding of new and underused vaccines has contributed to increasing the profile of immunisation in the countries that we have visited.

**ADIPs**

The fifth question under SG2 is ‘To what extent has GAVI contributed to the advancement of the evidence base required for countries to address the policy decision related to the introduction of new vaccines?’

The GAVI-funded Hib Initiative and it’s WHO Partners contributed to advocacy for Hib vaccine introduction through country consultations and providing country decision makers with the evidence required to make a vaccine adoption decision. The Pneumococcal ADIP and Rotavirus Vaccine Program also interacted at the country level to provide key evidence for vaccination.

These activities (focused on improving the evidence base) have supported country level policy development and decision making – and therefore are a targeted form of advocacy.

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\(^{59}\) Although the flipside is coordination issues and delays in the process.
**HSS**

The HSS program, by definition, aims to identify key health sector bottlenecks across the system and address them to increase and sustain immunisation coverage levels. Being the only donor with a dedicated HSS window has increased the profile of immunisation both at country and global levels. For example, at the country level, government officials now appreciate the wider systemic gaps that hamper increased coverage levels. GAVI’s lead role (with GF and WB) in the Health Systems Funding Platform has also had a strong advocacy effect for HSS with the objective of better meeting the Paris Aid Principles. Furthermore, the support has helped to bring together stakeholders with immunisation health planning expertise.

**INS**

The INS program has influenced safety policy and practices in countries not just for GAVI sponsored vaccines but for the wider routine immunisation program. Also, to a more limited extent, it has had positive effects on wider health systems. These may, for example, be in the form of health worker training in waste disposal, behavioural changes in health staff, adoption of guidelines and initiation of plans for all hazardous medical waste. Thus, GAVI has had a wider advocacy impact across the country health systems.

**ISS**

The innovative aspects of ISS such as its rewards based approach and the DQA / DQS process have influenced other donors and GAVI Partners in adopting positive aspects of the program. For example, GAVI’s DQA / DQS have set the foundation for the development of similar tools by organisations such as GF and JSI. GAVI is a key contributor to the WHO-led process of building upon the basic tools of data quality and audit, together with partners such as the Centers for Disease Control and Prevention.

**CSO**

Whilst GAVI’s CSO program has had limited uptake and it is too early to measure results, the program is recognised to have helped in including CSOs as a key stakeholder at the immunisation discussion table at both global and country levels. It has also helped increase awareness of CSO activities in countries and enhanced coordination between the government and CSOs in working towards immunisation objectives.

### 3.4.6. Conclusion on country-level advocacy

Findings from various sources of evidence indicate that (i) it is understood that country-level advocacy is currently largely undertaken by GAVI Partners; and (ii) more could be done. However, there is also recognition that GAVI’s impact in terms of its activity at the national level is actually determined by its program activity and funding – as opposed to more general advocacy activity.

This evidence supports the view that there is a degree of uncertainty in the Partnership about the focus of GAVI’s advocacy activity at the national level – as noted in our review of the advocacy strategy (see Section 3.2.1). Furthermore, there is a lack of clarity on the activities of Partners as
members of the GAVI Alliance, as against other Partner activities outside their capacity as Alliance members.

Available indicators of the importance and profile of immunisation at the national level are consistent with the view that GAVI has made a positive contribution. Evidence from our country visits and other parts of our evaluation support this view. Indeed it seems clear that GAVI and its country-based Partners (WHO, UNICEF, and WB particularly) have made significant contributions to the profile of immunisation in GAVI eligible countries through:

- Inclusive processes which bring together different government and other stakeholders in decision making and application review and approval (i.e. through the ICC or HSCC equivalent bodies), and increase country ownership.
- Direct, program specific impacts of its funding in countries and in the provision of evidence on the introduction of new and underused vaccines.
- The indirect contribution of GAVI funding on the profile of immunisation in countries more generally.

3.5. Summary of evidence and conclusions

To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health?

Our summary and conclusions are subject to the following caveats / methodological limitations:

- Quantitative indicators are at best proxies for advocacy activity. These proxies are not exhaustive and were chosen based on the availability of data, hence results may be biased.
- Some data is dependent upon GAVI’s media collation and archiving methods, which we have not had the opportunity to explore with Secretariat staff.
- Although it is highly likely that GAVI has played a pivotal role in increasing levels of interest in immunisation and child health, results cannot be firmly attributed to GAVI without more rigorous analysis.

Summary of evidence

- The approval and implementation of a GAVI advocacy strategy (as recommended in the Phase I evaluation) did not begin until June 2009. Our judgement is that the work undertaken provides a good basis for advocacy going forward – although it has occurred relatively late in Phase II.
- We note the inherent challenge for GAVI in defining and implementing an advocacy strategy that goes wider than GAVI fundraising or its program activities, particularly at the national level. This reflects the wider interest and mandates of key Partners outside of GAVI. In addition, GAVI does not systematically collect or monitor indicators to measure its own activity or advocacy outputs over time.
- Interview evidence suggests that GAVI publications and advocacy material is now of a high quality. Although there remains a challenge in getting the right balance between
simplicity / appeal and rigour in advocacy / fundraising messages and GAVI’s other communications.

- There is evidence of recent increases in GAVI Secretariat advocacy efforts targeted at the global level. These include: refining the advocacy strategy through supporting documents, compiling media reports, managing a pipeline of advocacy events, the use of innovative advocacy channels, and the distribution of the ‘Call to Action’ paper and advocacy toolkit to the Board.

- There is *a priori* evidence of an increase in interest in immunisation at the global level. This evidence is strongest from our analysis of Lancet journal articles and is supported by our review of the number of third-party articles referenced on the GAVI website. In terms of attribution, most respondents to the e-survey believe that GAVI has played a significant role in this – as borne out increases in global funding for routine immunisation.

- Evidence from a variety of sources points to a strong influence of GAVI in raising the profile of immunisation at the national level. This is primarily as a result of GAVI’s program funding (both levels and approach) and the input of GAVI Partners at the country level – as opposed to advocacy activity per se.
### Table 3.7: SG4.2 findings

**Evaluation question SG4.2:** To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health?

<table>
<thead>
<tr>
<th>Issue/Theme</th>
<th>Findings</th>
<th>Robustness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAVI Advocacy and Communications Strategy</strong></td>
<td>Our judgement is the work undertaken provides a good basis for advocacy going forward. However, we note the inherent challenge for GAVI in defining and implementing an advocacy strategy that goes wider than GAVI fundraising or its program activities, particularly at the national level. This reflects the wider interest and mandates of key Partners outside of GAVI. In addition, GAVI does not systematically collect or monitor indicators to measure its own activity or advocacy outputs over time.</td>
<td>C</td>
</tr>
<tr>
<td><strong>GAVI advocacy efforts</strong></td>
<td>There is evidence of recent increases in GAVI advocacy efforts at the global level supported by the Secretariat. Interview evidence suggests that GAVI publications and advocacy material is now of a high quality. But there are some concerns about the attribution of responsibilities and success.</td>
<td>C</td>
</tr>
<tr>
<td><strong>Global advocacy</strong></td>
<td>There is a priori evidence of an increase in interest in immunisation at the global level. This evidence is strongest from our analysis of Lancet journal articles and is supported by our review of the number of third-party articles referenced on the GAVI website. Most respondents to the e-survey believe that GAVI has played a significant role in this – as borne out increases in global funding for routine immunisation.</td>
<td>C</td>
</tr>
<tr>
<td><strong>National advocacy</strong></td>
<td>Evidence from a variety of sources points to a strong influence of GAVI in raising the profile of immunisation at the national level. This is primarily as a result of GAVI’s program funding (both levels and approach) and the input of GAVI Partners at the country level – as opposed to advocacy activity per se.</td>
<td>B</td>
</tr>
</tbody>
</table>

**Findings from performance assessment**

Findings from our assessment of GAVI’s performance against its revised strategy shows some progress towards Output 4.3 ‘Increased awareness of immunisation as a means to reach the MDGs including the benefits of the PPP mode of development’, by way of indicators within the output having been met. However, overall, it is not possible to reach a conclusion on whether output has been met as not all indicators have defined targets / baselines against which to assess performance (see Annex 9 for more details).
Conclusions

There is *a priori* evidence to support the view that GAVI has broadly succeeded in increasing awareness and interest in immunisation at both the global and national levels. This success has primarily been as a ‘by-product’ of GAVI’s fundraising (and innovative finance) activities and its programmatic expenditure.

Increased donor funding for immunisation is also indicative of greater commitment

Other key points are as follows:

- Although we have focused most of our work on immunisation (as opposed to child health) our assessment is that there is relatively little evidence to support an impact on awareness on child health issues – which is clearly broader.

- Our evaluation suggests that the quality, planning and quantity of GAVI’s global advocacy activities has improved over Phase II – although there are still implementation challenges, including in coordinating Partners, and widening the Partnership’s advocacy messages and channels.

- Feedback about national level advocacy has been mixed, and varied between countries. This reflects uncertainty about where it makes sense for advocacy messages and activities to be ‘GAVI’ as opposed ‘GAVI Partners’. National level advocacy would benefit from a strategic approach considered in the advocacy strategy, and a mechanism of lessons learned between countries.

- Clear progress indicators and monitoring would enable a more robust assessment of advocacy performance in future.
4. SG4.3 – IMPACT OF PPP

Evaluation question SG4.3: Has the GAVI focus on collaboration with a wide range of public and private stakeholders contributed to its effectiveness and impact?

4.1. Introduction

Section 1.2 of this report sets out our understanding of the way in which GAVI as a PPP has evolved. This is particularly important background for the discussion of this evaluation question.

Our analysis under evaluation question SG4.1 is closely linked to this question, and considered GAVI’s policies and approaches to conducting its business (including its attempt to be both ‘lean’ in terms of overhead costs, and relatively ‘light touch’ in terms of processes). This included, for example, observations of the relative roles and responsibilities of Partners and the Secretariat in communicating with countries and monitoring performance.

This section develops the analysis further by considering the way in which the ‘Alliance’ or ‘Partnership’ concept has worked in practice and the extent to which it has contributed to GAVI’s effectiveness and impact.

4.1.1. Scope of evaluation

The scope of our evaluation analysis under this question is therefore as follows:

- An analysis of the extent to which different players have contributed to the Alliance – set against the stated benefits of the Alliance.

- A review of the Work Plan and Budgeting process – the main mechanism (outside of Board / Committee structures) that seeks to define how the Partnership works in practice.

- An analysis of GAVI’s strategy and monitoring documents for the period 2007-10

For the avoidance of doubt – and in line with the ToR – we are not evaluating the governance function of the Alliance.

4.1.2. Sources of evidence

Table 4.1 below summarises the sources of evidence used to develop conclusions. Again, we draw the reader’s attention to the discussion of limitations in Section 1.1 of this report. Much of the evidence for this evaluation question is qualitative in nature (e.g. interview or survey evidence) and is subject to interpretation.

In order to assess ‘value add’ against comparators, we again relied on desk research with limited opportunities to validate findings with the comparator organisations themselves.
Table 4.1: Evidence sources for evaluation question SG4.3

<table>
<thead>
<tr>
<th>Evidence source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of GAVI documentation</td>
<td>Particular reviews of (i) Board and EC documents to explore Partner contributions at the Board level over the last two years and (ii) the development and performance of the Work Plan and Budget process.60</td>
</tr>
<tr>
<td>Quantitative analysis</td>
<td>Trends in Work Plan expenditure and staff numbers.</td>
</tr>
<tr>
<td>Benchmarking / case studies of comparators</td>
<td>Case study reviews of other institutions’ partnership policies.</td>
</tr>
<tr>
<td>Structured interviews</td>
<td>Interviews with a range of GAVI stakeholders, including Secretariat, Board members, GAVI Partners and experts.</td>
</tr>
<tr>
<td>Surveys</td>
<td>Questions in both the e-survey and EPI manager survey that are directly relevant to the scope of this evaluation.</td>
</tr>
<tr>
<td>Country studies</td>
<td>Feedback particularly from offices of country Partners about the nature of the Alliance both nationally and globally.</td>
</tr>
</tbody>
</table>

4.1.3. **Structure**

This section is structured as follows:

- Section 4.2 outlines background information on the roles and functions of Partners.
- Section 4.3 presents the results of the relevant e-survey question and the main interview findings relevant to this question.
- Section 4.4 is our assessment of the contribution of different stakeholders based on desk review and structured interview feedback.
- Section 4.5 summarises our review of the Work Plan and Budget process.
- Section 4.6 is a desk review of GAVI’s strategy and monitoring documents for the period 2007-10.
- Section 4.7 concludes.

4.2. **Background**

4.2.1. **Partner functions**

By way of further background to the analysis in this element of the evaluation, we set out our understanding of the functions of different Partners. This is particularly relevant to our assessment of the performance of the Alliance against the stated benefits of the Partnership.

In particular, we think that this is helpful as a point of reference as to what might be expected if each of GAVI’s Partners are contributing to the Alliance.

We define Partners as being the full range of institutions and constituencies of GAVI that have a

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60 Note that the review of the contribution of GAVI’s strategy and planning process in Phase II (Section 2.6) is directly relevant to the assessment of the Work Plan and to the way in which the partnership functions in practice.
direct interest in the achievement of GAVI’s mission and objectives.\textsuperscript{61}

- **Multilateral Partners.**\textsuperscript{62} This would include the UNICEF, WHO and WB. These Partners play a particularly key role within the organisation in terms of delivery of activities that are necessary for the achievement of GAVI’s mission at both country and global levels. The multilateral organisations are also among the original Partners of the GAVI Alliance and might be expected to be key players in supporting the development of policies that inform the structure and form of program expenditure.

- **Donors.** By definition, the Donor Partners may be institutional or private donors, and include bilateral governments, foundations and private donors that fund GAVI’s activities. BMGF, which is also one of GAVI’s original founding members, is included as a Donor Partner. The expectation is that, as a minimum, donors’ engagement with GAVI will be to ensure that donated funds are efficiently put to use to meet the purposes for which they were given. This does not of course preclude a more detailed involvement in the development of strategy and policy, but is unlikely to involve delivery (e.g. of vaccination programs).

- **Recipient Country Partners.** Developing country governments are also key Partners of GAVI – representing the ultimate recipients of GAVI’s resources through a constituency system. They help to establish political commitment of participating governments and coordinate and monitor the immunisation and related healthcare activities of donor agencies, local health providers, communities, and government agencies at national / regional levels. Recipient Country Partners would also be expected to provide input on key health policy and immunisation issues, and ensure that national (and regional) perspectives are represented in GAVI policy discussions, research and product development initiatives.

- **Vaccine Industry Partners.** As with Multilateral Partners, the vaccine industry has roles both in terms of the governance of GAVI, and also in the delivery of key aspects of its mission and objectives. They are GAVI’s suppliers and include industry representatives such as vaccine manufacturers of both Organisation for Economic Co-operation and Development (OECD) and developing countries. In addition, these Partners – individually or collectively – support the achievement of national immunisation goals and work with international public health agencies. For example, it might be reasonable to expect these Partners to provide strategic advice to the Alliance on the way in which it should organise its vaccine procurement in order to achieve its objectives.

- **Research and Technical Health Institute Partners.** These organisations bring the knowledge and experience of the research community to the GAVI, keep the research community apprised of relevant policy directions being assumed by GAVI Partners, and provide technical staff for operations and help build capacity for research and development.

\textsuperscript{61} This analysis draws heavily on background analysis conducting by CEPA (as part of the Governance work) for the November 2007 Board meeting in Capetown.

\textsuperscript{62} We also refer to UNICEF and WHO as ‘Implementing Partners’ given their role in supporting GAVI outcomes in countries.
• NGO / Community Based Organisation (CBO) Partners. The various NGO and CBOs, particularly in developing countries (but not excluding those with presence in the OECD countries), also play a role in advocacy and the delivery of GAVI’s objectives.

• Unaffiliated / Private individuals. One of the distinctive features of the GAVI Partnership is the inclusion of private individuals on the Board of the Alliance. These Board members serve in their individual capacity and bring particular skills or networks of contacts to the organisation. The types of skills vary but include, for example: financial management; legal / transactional expertise; advocacy; and specific programmatic expertise.

4.3. E-survey and structured interview findings

4.3.1. E-survey

Questions 21 and 25 of the e-survey are relevant to this evaluation question:

Q21: GAVI’s multi-stakeholder alliance model has been core to achieving its immunisation objectives.

Q25: Better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI.

Figure 4.1 below sets out the results to question 21 and indicates that most respondents (more than 80%) either ‘agreed’ or ‘strongly agreed’ with the statement. Using our scoring approach, the mean score for this question is 1.0, hence the average of response is that stakeholders agree that GAVI’s multi-stakeholder alliance model has been core to achieving its immunisation objectives. The variance of responses is 0.74, which is a typical level of variation and comparable to the results for most other questions.

Details of the ‘open field’ comments for the e-survey statement are available in Annex 1. The majority of the comments provide clarifications / explanations from respondents who did not ‘agree’ or ‘strongly agree’ with the statement. Key points to note are that:

• One of the primary reasons for not agreeing strongly with this statement related to the concern that, in practice the nature of GAVI has changed from one of collaboration between Partners to one that is better characterised as being a partnership between donors and recipients (i.e. as a ‘grant making’ entity).

• There are also a number of related comments about the extent to which attribution of ‘achievement’ is appropriate.
Figure 4.1: E-survey responses to question 21 “GAVI’s multi-stakeholder Alliance model has been core to achieving its immunisation objectives” (282 responses, of which 247 were non-blank)

Figure 4.2 below sets out the results to question 21 and indicates that again, more than 80% of respondents either ‘agreed’ or ‘strongly agreed’ with the statement. Using our scoring approach, the mean score for this question is 1.2, hence the average response is that stakeholders agree that better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI. The variance of responses is 0.54, which is a relatively low level of variation, suggesting respondents views are generally consistent. This response is also consistent with the qualitative feedback received from stakeholders via open commentary fields forming part of the questionnaire.

More detail on the ‘open’ responses is provided in Annex 1. Key points to note are that:

- A number of comments were made in relation to the need for more clarity around Partner roles, but also for Partners to be more proactive, fulfil assigned roles, make valuable contributions, and to engage more to demonstrate their commitment.

- A lesser number of stakeholders also commented that more clarity on the role, accountabilities and working processes (particularly at country level) of the Secretariat would be useful.

- Some respondents highlighted the need for a regular review of roles and responsibilities for GAVI to be more efficient and for greater harmony between its constituent organisations.
Overall, respondents largely agree that GAVI’s multi-stakeholder Alliance model has been core to achieving its immunisation objectives, though there is a strong sense that better definition of the roles and accountabilities of Partners within the Alliance would improve the results achieved by GAVI even further.

4.3.2. Findings from structured interviews

The interview questions relating to SG4.3 were:

“What are the relative strengths and weaknesses of GAVI’s multi-stakeholder Partnership model?”

“What are the relative strengths and weaknesses of GAVI’s multi-stakeholder Partnership model? Are there specific examples of the Alliance achieving greater impact by working with a wide range of partners?”

The main points to note from the structured interviews about the strengths and weaknesses of the Partnership are detailed below.

Bringing together stakeholders

First, there is a general sense across all responses that the multi-stakeholder Partnership has worked well in terms of bringing together all of the legitimate stakeholders in immunisation and creating a focus on immunisation.

Areas where this inclusiveness and focus is deemed to have added value (i.e. where more is achieved together than separately) are as follows:

- The ability to attract additional donor resources given the focus on immunisation compared with alternative channels (including multilaterals).
• The alignment of global and national immunisation funding processes which provides clarity on roles and responsibilities and when it works, avoids duplication (or use of unproductive time in deciding who should do what).

• The ability to bring all immunisation stakeholders around the same table, which helps to align interests and expectations. For example, the vaccine industry being a key Partner of the Alliance assists in the speedy introduction of new vaccines, and is a vital aspect of GAVI's value add (as this is difficult to achieve through the existing multilateral systems).

Weakness associated with inclusiveness are:

• The fact that decision making can be more protracted and bureaucratic, given the size of the Board and the number of stakeholders involved.

• The significant time, governance and other costs (incurred by Partners and Secretariat) associated with operating the Partnership.

• The risk that decisions and positions can be ‘watered down’ which reduces effectiveness.

• The need for effective management of any conflicts of interest (GAVI has sought to achieve this through its conflict of interest policy).

Changing nature of the Partnership

Second, and consistent with some of the qualitative e-survey responses, a number of interviewees have commented on the development of the nature of the Partnership (to be more formal or corporate) and the increasing role and independence or ‘self-sufficiency’ of the Secretariat. Comments about this are as follows:

• For some of the interviewees, positive aspects of this related to improved decision making and governance, and also more clarity on roles.

• Others emphasised the negative aspects, including (i) the reduced involvement of Partners in the development of key policies and a reduced sense of ownership of the Alliance – reducing the added value (e.g. through the extent of innovation in systems and tools to support immunisation in country); (ii) the reduced level of ‘technical input’ on the Board; and (iii) the risk that there is duplication, with GAVI doing things that lie within the remit of WHO (e.g. the Vaccine Strategy work was given as an example of this – though we understand that it was subsequently agreed between GAVI and WHO how roles and responsibilities would be allocated).

Accountability of Partners

Many respondents believe that despite improvements, GAVI has yet to achieve the right level of accountability for the use of GAVI funding by individual Partners to the Alliance as a whole.

For some Partners, this is about excessive micro-management and burdensome information / reporting requirements from the Secretariat; for others (including Board Members and the Secretariat) it reflects more general concern about whether the level and nature of transparency and accountability of WHO and UNICEF is appropriate / effective given their dual role in the
Partnership. This is an issue that is picked up in more detail on the context of Section 4.5 on the Work Plan. Interviewees have also raised concerns about the unclear accountability of Partners at country level – especially if something were to go wrong or if there are issues of financial mismanagement.

Other comments

Other comments that relate to the contribution of the Partnership include the following:

- A number of respondents comment on the fact that GAVI has transformed the relationship between the multilaterals and the private sector.

- The relative lower participation of CSOs at the Alliance level is a weakness of GAVI (although it is recognised that the CSO meeting in Vietnam in November 2009 and follow-up thereafter seeks to address this).

- IFFIm / AMCs are good examples of the value of the different skills that are available to GAVI through Board membership of unaffiliated members in particular.

- GAVI generally seems to function more effectively as a Partnership compared to other GHPs such as GF, where although there are multiple constituencies, Partner roles are less clearly defined and practised.

4.4. Contribution of GAVI stakeholders in Phase II

In this section we present our analysis and findings from a review of how different players have contributed to the Alliance and set this against the stated benefits of the Alliance. There have been two sources of evidence for this analysis: (i) a desk review of the extent to which the stated benefits of the PPP are borne out in Board and EC minutes; and (ii) comments received as part of our structured interview process.

Section 4.2 of this report sets out our understanding of the different functions and roles of Partners within GAVI.

4.4.1. Analysis of GAVI's performance against the stated benefits of public-private partnerships

Stated benefits of public-private partnership

The clearest statements that relate to the benefits that GAVI believes that it derives from PPP are on the GAVI website. The most relevant quotes are set out below in Figure 4.3. However, in summary, the stated benefits relate to the fact that the Alliance is able to bring together all stakeholders in immunisation. The combination of public and private institutions together with private individuals is claimed to:

- improve outcomes in immunisation and health systems;
- support innovation;

63 http://www.gavialliance.org/about/in_partnership/index.php
• challenge expectation and status quo; and
• provoke debate about new and better ways of achieving joint objectives.

Figure 4.3: Quoted benefits of GAVI

In particular:
“the GAVI Alliance is a global health partnership representing stakeholders in immunisation from both private and public sectors: developing world and donor governments, private sector philanthropists such as the Bill & Melinda Gates Foundation, the financial community, developed and developing country vaccine manufacturers, research and technical institutes, civil society organisations and multilateral organisations like the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and the World Bank.

Working together, Alliance members achieve objectives, that no single agency or group could achieve:
  o accelerate access to existing underused vaccines;
  o strengthen health and immunisation systems in countries;
  o introduce innovative new immunisation technology, including vaccines.”

and:
“Public Private effect: Building on public sector expertise in health and development, with the acumen of private individuals and organisations, the power of the public-private partnership continues to deliver. GAVI has developed innovative mechanisms and approaches to international health and development such as IFFIm, ADIPs and the pilot AMC. Some of these initiatives have, in turn, sparked the formation of other task-oriented partnerships.

Unique contributions: Partners contribute to the Alliance through participation in strategy and policy-setting, advocacy, fund-raising, vaccine development and procurement, country support and immunisation delivery. Independent Board members also contribute their viewpoints, challenging expectations and the status quo. This dialogue sparks debate and innovation. New balances emerge from testing the boundaries.”

Source: GAVI Website

4.4.2. Review of Board minutes against stated benefits

It is not possible as part of a desk review to attribute contributions reported in the minutes of the meetings. Given this our review has sought only to make a judgement about the range of comments and input that have been provided as part of a small number of Board and EC meetings in Phase II. We have reviewed meetings in 2008 and 2009, since these reflect the move to the new governance structure.

It is important to recognise the limitation of this analysis – given both the (appropriate) brevity of the minutes; the reliance on them for accuracy and nuance; and the fact that the meeting minutes do not capture the full contributions of Partners, Board members or the Secretariat to any issue.

That said, points to note from this review are as follows:

• The Board and EC meetings reviewed cover a good mix of policy and strategy, finance and program material. The minutes of the meetings record input from individuals / and institutions with a mix of skills and expertise.

• Where comments are attributed there is a priori evidence to suggest that different Partners contribute according to particular interest and / or skills:
Discussion of GAVI’s vaccine strategy involved input from key technical experts including the Chair of the WHO Strategic Advisory Group of Experts (SAGE) committee.

- Unaffiliated Board members with specific private sector expertise in Finance and Audit, and in Investment Management play key roles on these standing committees and in Board meetings.

- Partners (both WB and WHO) made important contributions to the development of GAVI’s TAP.

- Donor contributions to meetings are in line with their expected role in terms of accountability for funds donated. In particular, also noted are donor contributions in relation to the work on governance and transition.

- There is evidence that interaction around particular issues (e.g. the Vaccine Strategy) has strengthened the relationship between the GAVI Secretariat and Technical and Research Partners (following the clarification of roles / responsibilities as outlined in Section 4.3.2).

- However, there is relatively little evidence of active involvement of the vaccine industry in key decisions and discussions. On a significant number of occasions, private sector representatives have recused themselves from the discussions. We have not formed a view on the appropriateness of this or otherwise, but simply note the lack of evidence of involvement based on this review.

In summary, based on the meeting minutes only, there is a priori evidence to suggest that: (i) the Alliance is able to access the appropriate mix of skills and expertise (from Board members or others; and (ii) that at its best, it succeeds in bringing together all stakeholders in immunisation. The level of this engagement and its impact (e.g. in terms of innovation and challenge) is not possible to judge from the minutes. However, we note the relative lack of recorded input from private sector / industry representatives.

4.5. Review of Work Plan and Budget

One component of our analysis of this evaluation question has been a review of the development of the Work Plan and Budget. We define this as the process and resulting Board approved documents that bring together successive years of (i) planned activity of Alliance Partners and the Secretariat towards the achievement of GAVI’s objectives; and (ii) the expenditure to support this activity. It is therefore a core part of the collaboration referred to in the evaluation question.

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64 There is an important distinction here that relates to the extent to which GAVI has funded this activity through its various funding channels (e.g. the Fund, the UNICEF Trust Fund, or the GFA) or the activity has been funded by partners (e.g. from ‘GAVI earmarked’ bilateral support). Figure 2.1 (4.1) presents numbers on the wider basis. See Section 2.3.1 for more details.
In what follows, we set out our understanding of the development of the Work Plan and identify a series of themes that emerge from the desk review. We then provide a summary of the views expressed by stakeholders about the Work Plan and Budget as part of our fact finding and structured interviews.

4.5.1. Desk review

Figure 2.1 (reproduced here as Figure 4.4) below provides a summary of our understanding of the Work Plan’s development from the substantive Work Plan for Biennium 2003-04 (further information in Annex 8). Figure 4.4 also shows how the numbers of Secretariat staff and ‘Work Plan funded’ staff in Partner organisations have evolved.

Figure 4.4: Evolution of GAVI Work Plan and Budget expenditure and staff numbers

Source: GAVI, CEPA Analysis

We recognise that the desk review we have conducted is not exhaustive. However, we believe that, combined with stakeholder interviews, it is sufficient to provide both (i) a broad narrative on the Work Plan’s development; and (ii) a good basis for drawing out the key themes.

Points to note are as follows (divided between the period prior to the 2008 Work Plan and Budget and subsequently).

Prior to the 2008 Work Plan and Budget

- **Process:** the process for setting and approving the Work Plan and Budget seem to have been difficult and protracted. It has not always been clear who in governance terms, was responsible for approving and monitoring Work Plan and Budget. Also, the nature of what has been required has not been defined consistently over the years.
• **Structure and content of material:** Approval has typically required a number of iterations and (notwithstanding considerable hard work by Technical Partners and the Secretariat to respond to Board points) has been characterised by repeated concerns about:
  
  o the extent to which activities in the Work Plan were sufficiently well defined so as to be both measurable and related to GAVI’s specific objectives;
  
  o the relative lack of monitoring of activity against milestones and the absence of timely information on expenditure;
  
  o reporting needs by Partners and the extent of detail that various Partners need to report on, in terms of tracking the activities and resources allocated to them in the Work Plan;
  
  o failure to present new activities in the context of the delivery or otherwise of old activities, and more generally a failure to get the right balance between the detail and the overall picture; and
  
  o whether increases in funding for, and the number of Secretariat staff have been sufficiently well justified.

**2008 Work Plan and Budget onwards**

• **Process:** the process since 2007 has shown a marked improvement, including greater clarity about who is responsible for reviewing, approving the Work Plan and Budget, and by when. Our impression is also that there is now increasing clarity on what the Work Plan and Budget are expected to cover.

• **Structure and content of material:** based on our review of the Work Plan and Budget papers since 2007, there also appears to have been a significant improvement in the content of the material. However, concerns remain particularly about:
  
  o how to define GAVI related activity as against the Technical Partner normative mandates – and this was reflected in the Work Plan Validation Process.
  
  o defining Work Plan activities specifically against the achievement of GAVI’s objectives and monitoring them at an appropriate level.\(^6^5\)

### 4.5.2. Structured interviews

Key points to note from the structured interviews that we have undertaken are as follows:

• There is a clear sense amongst all interviewees that the Work Plan and Budget documentation has improved considerably over time – and most markedly since 2008 (this is consistent with our own desk-based analysis). However, interviewees also think that more remains to be done to improve the process.

• Some respondents echoed concerns that are apparent in Board minutes – and in

\(^6^5\) This is also a theme identified in CEPA’s review of GAVI’s 2007-10 Strategy and Work Plan related documents (see Section 2.6).
particular – that there is still more to be done in terms of improving the accountability of Technical Partners and transparency and timeliness of reporting on performance.

- However, others (particularly those in receipt of GAVI Alliance funds) noted that the there has been a distinct shift in Phase II in the way in which they relate to GAVI. Interviewees describe this shift as (i) being about a ‘dilution’ or ‘loss’ of the Alliance characteristics of the GAVI; or (ii) reflecting the fact that GAVI is increasingly seen as a ‘grant’ management organisation. Specific examples on how this manifests itself are as follows:
  - development of key policies and processes are now led more by the Secretariat (with Technical Partner input). This contributes to a reduced sense of Partner ownership at working level.
  - there is a sense that Secretariat colleagues are increasingly ‘micro-managing’ relationships with Partners – requiring more information on inputs and activities. This approach was contrasted to the earlier approach in which Partners felt that they were ‘trusted’ to go away and deliver, and the level of scrutiny was limited. There is a sense from interviewees that although more scrutiny was necessary, the ‘pendulum had swung back too far the other way’.
  - A significant number of interviewees indicated that there was potential to improve the Work Plan process particularly by making it more output / outcome focused.

4.5.3. Conclusions in relation to the Work Plan and Budget

Whilst the Work Plan and Budget has been integral to GAVI’s achievements, it is clear that it has also been a source of significant tension within the Alliance since its inception. Perhaps more than other aspects of GAVI, it goes to the heart of what the Alliance really means, what its value add is, and how Technical Partners should be accountable to it.

Given its importance, the Work Plan and Budget need to be seen in the context of the development of GAVI – i.e. the evolution of more formalised governance structures, processes, and an expanded Secretariat. There are clearly different views about the advantages and disadvantages of these changes – and particularly in terms of the relationship between the Technical Partners and the Alliance.

Based on this review, as well as interview evidence, our views about the Work Plan and Budget process are as follows.

- Although the subject of considerable tension, the Work Plan is actually an indication of real partnership – since it attempts to define explicitly the obligations that the Technical Partners have to the Alliance and vice versa. In its earlier form, it was described as being “the collective effort of Partners” and the “critical coordinating role” required for outcome optimisation. It is interesting to contrast this with GF, where in particular, the

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engagement of the Multilateral Technical Partners is much less clear.\textsuperscript{67}

- Prior to the 2008 Work Plan and Budget, the process typically appears to have been protracted and difficult, and Board approval has often been provided despite recurrent concerns about the structure and content of the material.

- Since 2008, the process and material appear to have improved significantly. However, concerns remain particularly about:
  - how to define GAVI related activity as against the Technical Partner normative mandates – this was reflected in the Work Plan Validation Process.
  - defining Work Plan activities specifically against the achievement of GAVI’s objectives and monitoring them at an appropriate level.

With the benefit of hindsight, the time taken to resolve issues with both the process and the structure of materials appears (in CEPA’s view) to not have supported the effectiveness of the Partnership. In part, this can be explained by the difficulties of producing and managing financial data for such a complex entity (or group of entities). But it also appears to reflect a relative failure to tackle this difficult, but nonetheless important issue.

### 4.6. High-level review of GAVI strategy / planning documents in Phase II

As part of our review of GAVI’s progress against its own targets and outputs, we have also had the opportunity to review GAVI’s strategy and planning documents – in terms of their contribution to GAVI’s effectiveness.

Whilst we have not carried out a detailed review of the processes that have led to the development and use of the documents, we do have a number of observations to make. We are aware that there is currently a process underway to develop the new GAVI Strategy for 2011-15. Our expectation is that a number of the observations here are being factored into this process.

#### 4.6.1. Desk review of strategy documents

Table 4.2 below provides details of the documents that the Secretariat have referred us to as part of this element of the work. This is not an exhaustive list, but focuses on the most recent Strategy related documents (i.e. 2008-10). In addition to these documents, the Secretariat has provided us with the relevant 2008 and 2009 Partner reports against Work Plan activities.

Our desk review of these documents is set out in Supporting Paper 8. This review was conducted with two objectives:

- To understand GAVI’s view of its own progress against its strategy (at output and indicator levels).
- To understand how the strategy is used in the organisation – including the way in which outputs are monitored and reported on.
- As part of this evaluation, we conducted an evidence-based assessment of GAVI’s

\textsuperscript{67} As noted in the recent Global Fund evaluation, this reduces the extent to which the Partnership is a reality.
performance against its revised strategy at the indicator and output levels. Details of our methodology and findings are available in Supporting Paper 8.

It is the latter that we are interested in here.

Table 4.2: Strategy related documents

<table>
<thead>
<tr>
<th>Documents</th>
<th>Source and commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI 2008 Work Plan</td>
<td>The Roadmap documents was referred to in particular as part of the Phase II evaluation RFP documents</td>
</tr>
<tr>
<td>GAVI Deliverables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is a relatively high level review that looks at progress organised by the four SGs.</td>
</tr>
<tr>
<td></td>
<td>This annex to the 2008 Progress Report provides a more detailed assessment of progress at the ‘milestone’ level in the Roadmap document. It is a synthesis of Work Plan reporting by the Partners.</td>
</tr>
<tr>
<td>GAVI Alliance Strategy (revised)</td>
<td><a href="http://www.gavialliance.org/documents">www.gavialliance.org/documents</a>.</td>
</tr>
<tr>
<td></td>
<td>This html document brings together the earlier Strategy, Road Map, Work Plan and Deliverables referred to above into a single ‘logical framework’ document. This document is in the public domain, but is not signposted from the GAVI website and is therefore not accessible to most visitors to the website.</td>
</tr>
<tr>
<td>2009-10 GAVI Alliance Work Plan and 2009 Admin Budget</td>
<td><a href="http://www.gavialliance.org/about/governance/boards/reports/2008_10_29_gavi_alliance_board_meeting.php">http://www.gavialliance.org/about/governance/boards/reports/2008_10_29_gavi_alliance_board_meeting.php</a></td>
</tr>
<tr>
<td></td>
<td>We understand that an equivalent document for 2009 is currently in production.</td>
</tr>
<tr>
<td>Partner 2009 Work Plan Reporting</td>
<td>Programme and Policy Committee (PPC) document – provided in confidence at the same time as circulated to PPC members. This document is a synthesis of Partner Work Plan activity up to 2009. It does not comment on the output level of indicators. A synthesis for 2008 was not completed.</td>
</tr>
</tbody>
</table>

4.6.2. Structured interviews

We have not discussed these issues specifically as part of our structured interviews – with the exception of our interviews with Secretariat staff. Given this, readers should be aware that the observations (below) are largely based on CEPA’s judgement and experience – as opposed to
interview or other evidence.

4.6.3. Summary of findings

Our observations are as follows:

- The original suite of 2008-10 strategy documents were comprehensive, but not as internally consistent as they might have been. In our view, the new ‘Logical Framework’ of the Revised Strategy documents is an improvement in the way the ultimate organisational goal, outcomes, outputs (sub-outputs), and activities are linked.

- The revised strategy is also an improvement in having a set of indicators of performance at the Output level. We recognise the challenge to any organisation of identifying indicators that are at the same time: (i) reliable; (ii) at an appropriate level of aggregation; and (iii) sufficiently controllable by GAVI. That said, we note that:
  
  o some indicators are not clearly defined (i.e. it is not clear from the description of the indicator what is being measured or what is the purpose of the indicator);
  
  o some indicators aim to quantify progress but do not have a baseline or target; and
  
  o there is a reference to data sources for some indicators, but it is not clear who is responsible for collecting / calculating indicators or tracking progress against them.

- Although there is clearly complexity here given the role of Technical Partners in delivering Work Plan activities, it is striking that there is not an obvious link between activities and indicators, or ownership of indicators. In particular, it is not clear (i) how detailed Partner activities contribute to the achievement of the indicator; and (ii) who is the lead Partner for a particular indicator. (This point is relevant particular to the discussion of the Work Plan and the ongoing preparation of the Alliance’s integrated Work Plan).

- In GAVI’s self-reported progress against its strategy (2009 Work Plan Information / Update), although outcomes and outputs are being reported against, indicators are not being used to assess output performance. In some cases indicators are not considered in assessing whether an output has been met (e.g. no indicators were met for Output 1.1 but Output was rated as ‘met’ / ‘on-track’), and in others, information not in scope of the framework is used to assess outputs (e.g. in Output 4.4, the ‘donations policy’ is used to evidence progress on the Output even though the indicators only relate to a gender policy.

- Our sense (on admittedly limited evidence) is that there is not a good understanding in the Alliance as to what the correct reference document is for the strategy, outputs, indicators. Furthermore, Partner reports (i) are in different formats; (ii) progress is not always directly reported against, or relevant to, the revised strategy; and (iii) separate reporting of activity and funding – all of which make an assessment of progress difficult.

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68 This is due to the different Memorandum of Understandings GAVI has with different Partners, each of which specify different formats and level of detailed provided.
For example, UNICEF and WHO report at the activity / deliverable level, whereas WB reports at the SG level. Therefore, the Secretariat was not able to assess progress directly from Partner reports.

A summary of findings from our performance assessment of GAVI’s progress against its strategy is presented in Table 4.3 below, along with GAVI’s self-reported progress. The outputs have been rated slightly differently under the two approaches, however the significant differences in assessment results highlight the challenges in using the strategy document and available evidence in assessing progress.

Table 4.3: Summary of performance assessment results at output level against GAVI’s strategy

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number of outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation team assessment</td>
<td></td>
</tr>
<tr>
<td>Green: Achieved/over-achieved</td>
<td>1</td>
</tr>
<tr>
<td>Amber: On track to be achieved</td>
<td>0</td>
</tr>
<tr>
<td>Red: Not likely to be achieved</td>
<td>5</td>
</tr>
<tr>
<td>Black: Not assessed</td>
<td>11</td>
</tr>
<tr>
<td><strong>GAVI 2009 Work Plan Information / Update</strong></td>
<td></td>
</tr>
<tr>
<td>Green: On track / ongoing into 2010</td>
<td>11</td>
</tr>
<tr>
<td>Amber: Progress made in some areas</td>
<td>5</td>
</tr>
<tr>
<td>Red: Significantly delayed</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: CEPA analysis / ‘2009 Work Plan Information/ Update’

Given the above, it is not clear how useful the strategy documents have been for GAVI in monitoring its own performance or for stakeholders to follow progress. In the context of overall evaluation question, it is reasonable to argue that the Alliance structure is a contributing factor to this conclusion – i.e. that by its nature, the Alliance makes it more difficult to achieve clarity in the definition of outputs and activities and appropriate monitoring. We also understand there are team level KPIs, however, we were not provided with these and we have not found evidence to suggest that they have been important in monitoring or performance management.

We understand that there are plans for the Data Warehouse and Reporting Tool to address the lack of information by revising the dashboard to directly map against the revised strategy in the second part of the project (first part of project ended in June 2010). This would help to monitor progress, but by the time it is implemented, it is likely to have little or no impact on Phase II of GAVI (i.e. up until the end of 2010), and is more likely to impact in Phase III.

4.7. Summary of evidence and conclusions

Has the GAVI focus on collaboration with a wide range of public and private stakeholders contributed to its effectiveness and impact?

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69 Output not assessed because composite performance indicators could not be evaluated due to: (i) no evidence; (ii) insufficient evidence; (iii) available evidence not granular enough for assessment; or (iv) indicator ambiguous.
Summary of evidence

The top-level evidence from each theme / area of work conducted for this part of the evaluation are as follows:

- We believe that there is evidence to support the view that the partnership of public and private sector is a key driver of GAVI’s achievements through its ability to raise funding, align key global and national players in immunisation, and support innovation.

- The changed nature of the Partnership remains an area of concern for some. Although we are not convinced that it has had a detrimental effect on its level of innovation, the role of the Secretariat has remained an issue, particularly for some Implementing Partners, which has detracted from the ability of the organisation to operate efficiently.

- The GAVI Work Plan and Budget is at the heart of the Alliance. Although there have been improvements, the time taken to resolve issues with the process and material had reduced the Partnership’s effectiveness. There is still a feeling that the process does not get the right balance between accountability and empowerment of Partners supported with GAVI funds.

- The nature of GAVI as an Alliance has made it more difficult to develop a coherent link between strategy, outputs and activities.
### Evaluation question SG4.3: Has the GAVI focus on collaboration with a wide range of private and public stakeholders contributed to its effectiveness and impact?

<table>
<thead>
<tr>
<th>Issue/ Theme</th>
<th>Findings</th>
<th>Robustness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution of Partners</td>
<td>There is evidence to support the view that the partnership of public and private sector is a key driver of the GAVI's achievements through its ability to raise funding, align key global and national players in immunisation, and support innovation.</td>
<td>C Based on desk review of GAVI documents, the e-survey and interview evidence only. Not amenable to quantitative analysis.</td>
</tr>
<tr>
<td>Changing nature of the Partnership</td>
<td>The changed nature of the partnership remains an area of concern for some. Although we are not convinced that this has had a detrimental effect on its level of innovation, the issue of the role of the Secretariat remains a distraction for some Partners.</td>
<td>D Our conclusions here rely on interview evidence together with CEPA's existing knowledge of the organisation. Although it is important to recognise subjectivity here (given the importance of CEPA's judgement in weighting available evidence), we are confident that our conclusions here are correct.</td>
</tr>
<tr>
<td>Work Plan and Budget</td>
<td>The GAVI Work Plan and Budget is at the heart of the Alliance. The time taken to resolve issues with both the process and the structure of materials appears (in CEPA's view) to not have supported the effectiveness of the Partnership. There is still a feeling that the process does not get the right balance between accountability and empowerment of Partners supported with GAVI funds.</td>
<td>B Based on consistent findings in comprehensive desk review of GAVI documents and interview evidence only.</td>
</tr>
<tr>
<td>Contribution of strategy and planning process to effectiveness</td>
<td>The nature of GAVI as an Alliance has made it more difficult to develop a coherent link between strategy, outputs and activities, and significant weaknesses remain. The format of reporting has inhibited its ability to monitor Alliance progress.</td>
<td>B Based only on desk review, but objectively verifiable with GAVI documents and consistent with interview evidence.</td>
</tr>
</tbody>
</table>

**Findings from performance assessment**

GAVI's revised strategy does not offer defined outputs with indicators in relation to this evaluation question (see Annex 9 for details).
Conclusions

Although a number of the detailed aspects of our analysis point to the challenges and difficulties associated with working in partnership, our basic conclusion is that GAVI’s focus on collaboration between stakeholders has been an important contributor to its value add. The primary mechanism for this has been focus and inclusiveness on immunisation, which has supported increased finance, alignment of activity and created the potential for innovation. We say more about this in the overall evaluation conclusions.

The existence of tensions in any partnership is not, in our view, an indicator or success or failure per se. What matters is how partners and the partnership as a whole deal with these issues. This is primarily an issue of governance – which is not part of the scope of this review.

However, to some extent, these tensions impact on the operational effectiveness of GAVI. For GAVI in Phase II, the main ongoing issues relate to the development of the nature of GAVI from the informal Alliance embodied in the Working Group, towards a ‘partnership institution’ in its own right (i.e. a principal itself and a separate legal entity) with a more independent Secretariat and formal governance arrangements.

We do not comment on the relative merit of different positions here. However our conclusion is that:

- some of the ongoing issues about role and responsibilities and Work Plan accountability can only have reduced the Partnership’s effectiveness – to the extent that it has diverted time and attention from the core mission and objectives; but

- that we have not seen evidence that these issues have materially impacted on GAVI’s contribution and value add in Phase II.
5. **FINDINGS AT SG4 LEVEL**

5.1. **Introduction**

The previous sections presented our findings by evaluation question. In this section, we bring together the evidence across the SG4 evaluation questions to assess the extent to which the goal has been met.

The fourth and final goal of GAVI is to *increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation*.

Our approach to evaluating this Goal has been to organise our analysis around the following three evaluation questions. For ease of reference these are:

**SG4.1** Has the distinctive organisational structure contributed to the efficiency, effectiveness and impact of GAVI? If so how?

**SG4.2** To what extent has GAVI increased awareness of, interest in, and commitment to immunisation and child health?

**SG4.3** Has the GAVI focus on collaboration with a wide range of private and public stakeholders contributed to its effectiveness and impact?

In order to provide an assessment of GAVI’s overall performance against this SG we look at the elements of the analysis in this report (supplemented with findings from the other SG reports) to consider two questions:

- **Whether there has been improved efficiency, increased advocacy and continued innovation?** Evaluation questions SG4.1 and SG4.3 are most relevant for the ‘improved efficiency’ aspect of the overall goal. SG4.2 is clearly directly relevant to the ‘increased advocacy’ component of the overall SG. The ‘continued innovation’ is not dealt with directly in any of the three evaluation question. However, we have considered the issue in the context of our discussion of the development of the Partnership under evaluation question SG4.3 and draw on evidence from other areas of the evaluation.

- **Whether (for each) it is reasonable to conclude that GAVI’s performance has increased its value add?** In thinking about GAVI’s value add as a Partnership we focus on five possible characterisations of value add referred to in the overall evaluation methodology section. These are: (i) more of a given activity; (ii) improved (e.g. more effective, efficient or strategic); (iii) unique actions of contributions; (iv) faster actions; and (v) new / innovative.

We have not conducted a review of the extent to which GAVI has assessed the added value of the Partnership.
5.2. Improved efficiency

We define improving efficiency\(^\text{70}\) as being about the extent to which the outputs / impact that GAVI is able to achieve for a given level of resources (broadly defined to include Partner and country resources) is increasing. This means that expanding activities (e.g. the introduction of additional monitoring activities) which adds cost should not be interpreted as reducing efficiency – unless it does not contribute to commensurate increases ‘outputs / impact’.

It is challenging to draw conclusions here given the absence of indicators (collected or monitored by GAVI on its own performance). Our approach has therefore been to review the findings across the evaluation to make judgements about the extent to which they are consistent with improved efficiency.

5.2.1. Contributions to improved efficiency from SG4 report

Table 5.1 sets out our findings from this report. Where we think that the evidence supports the conclusion that there has been increased efficiency we indicate this with a ‘✓’. A ‘✗’ indicates the view that an area of activity / or weakness has ‘detracted’ from efficiency. Where we do not think that an area of activity has neither improved or worsened efficiency we note with a ‘-’.

*Table 5.1: Assessment of improved efficiency*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Assessment</th>
<th>Improved efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overheads ('narrow')</td>
<td>During Phase II, administrative overheads (excluding Work Plan expenditure) as a proportion of ODF have more than halved (compared with a peak at the end of Phase I) although these are dependent on a continued level of disbursements.</td>
<td>✓</td>
</tr>
<tr>
<td>Overhead ('broad')</td>
<td>The wider measure of overhead efficiency (including Work Plan expenditure) has also fallen over Phase I, but the trend is now upwards.</td>
<td>-</td>
</tr>
<tr>
<td>TAP</td>
<td>The introduction of the TAP in Phase II has been an appropriate development to tackle a relative weakness in GAVI systems. But feedback suggests that implementation challenges and some aspects of design need to be tackled for it to contribute effectively to improved efficiency.</td>
<td>-</td>
</tr>
<tr>
<td>Application processes</td>
<td>GAVI’s application, review and approval processes have improved over time and achieve a reasonable balance between competing objectives. These improvements are, in our view, consistent with improved efficiency.</td>
<td>✓</td>
</tr>
</tbody>
</table>

\(^{70}\) In economics, the efficiency of a firm or activity is defined in two separate concepts (i) the ability to produce the maximum level of output from a given set of outputs; and (ii) the extent to which inputs are used in optimal proportions for a given set of prices / technology.
### Issue | Assessment | Improved efficiency
---|---|---
Monitoring and communication | Monitoring of country performance at the Alliance level (i.e. as opposed to by Implementing Partners in country) and GAVI communications with countries appear to be relatively weak. This relates to an ongoing issue in relation to the roles, responsibilities, and accountabilities of Partners at the national level and the Secretariat in particular. Our judgement is that this has detracted from efficiency. | ✗
Work Plan and Budget process | The Work Plan and Budget materials have improved significantly in the Phase II. However, the time taken to resolve issues with both the process and the structure of Work Plan and Budget materials does not appear to have supported the effectiveness / efficiency of the Partnership. | –
Strategy and planning | As with other areas of our evaluation we have observed improvements in Phase II. However, our judgement is that strategy documents have not been particularly effective in supporting performance monitoring of the organisation – and have not therefore contributed to improved efficiency. | –
Global advocacy | This is dealt with separately in the overall SG. Our analysis suggests that the quality and quantity of global advocacy outputs have improved. Our sense is that this increase has been proportionately greater than the increases in costs. However, we do not have an indicator of advocacy cost over time. | –

#### 5.2.2. Contributions to improved efficiency from other SG reports

Examples of evidence that are supportive of improved efficiency from other aspects of our evaluation are as follows:

- **SG3:** Level and predictability of donor funds. Increases in donor pledge periods and the average size of grants is *a priori* evidence of improved efficiency (assuming that fundraising costs have not increased).\(^{71}\) This is largely an argument associated with scale (and is consistent with our analysis of overheads).

- **SG2:** GAVI’s commitment to fund NVS grants through to 2015 (without re-application) has the effect of reducing country burden, and supporting efficiency. (As we note in our analysis of financial sustainability it may reduce incentives for co-financing).

#### 5.2.3. Conclusions

In the absence of efficiency indicators collected by GAVI to monitor its performance against this SG we have found it difficult to reach conclusions here. However, based on the information that is available to us we believe that there have been some efficiency improvements:

- We observe an improvement in the narrow overhead cost efficiency measure (i.e. administrative overheads excluding Work Plan expenditure as a proportion of overheads). This reflects the fact that disbursements have increased at a faster rate than administrative costs.

\(^{71}\) We are not aware that GAVI collects (or have not seen) information on the efficiency of its fundraising activities.
Of course overhead cost efficiency is a relatively narrow measure of efficiency – since it does not capture the quality of disbursement (i.e. development impact or costs borne by Partners). However, evidence of improvements in many aspects of GAVI’s operations over Phase II (e.g. in the applications processes; the quality and quantity of advocacy input) suggest that impact has increased at least in proportion to disbursement.\textsuperscript{72}

However, there are exceptions that have been referred to above and in our discussion of each evaluation question. Perhaps the main example is the monitoring of country performance at the Alliance level (i.e. as opposed to by Implementing Partners in country) and GAVI communications with countries. We believe that both of these detracted from efficiency and GAVI’s added value (although we have noted that there is inevitably some trade-off here between being ‘light touch’ and monitoring performance).

A further issue that has not been discussed as part of other evaluation questions relates to the development of GAVI’s basic financial and information monitoring systems. A specific review of these systems was not part of our scope. However, during the course of our evaluation, we have reached an overall view that management of financial and performance information has not been a priority during Phase II. This reflects specific issues that we have had in accessing reliable data (easily and quickly) but also the apparent absence key indicators of performance.

We understand that there are explanations for this (e.g. related to the historic role of Partners and the Secretariat, and the separate existence of the UNICEF hosted Alliance and the Fund); and that there have been improvements in the last two years. However, our judgment is that this aspect of GAVI has detracted from its efficiency, and is surprising given that it is one of the largest GHPs.

5.3. \textbf{Increased advocacy}

Our assessment of GAVI’s performance in increasing its advocacy is contained in our analysis under evaluation question SG4.2. The conclusions of this section are reproduced here for ease of reference and the key findings are summarised in Table 5.2.

5.3.1. \textbf{Conclusions on advocacy from evaluation question SG4.2}

There is \textit{a priori} evidence to support the view that GAVI has broadly succeeded in increasing \textbf{awareness} and \textbf{interest} in immunisation at both the global and national levels. This success has primarily been a ‘by-product’ of GAVI’s fundraising (and innovative finance) activities and its programmatic expenditure.

Increased donor funding for immunisation is also indicative of greater \textbf{commitment}.

Other key points are as follows:

- Although we have focused most of our work on immunisation (as opposed to child health) our assessment is that there is relatively little evidence to support an impact on awareness on child health issues – which is clearly broader.

\textsuperscript{72} We have not conducted an assessment of the GAVI cost per average death averted over time. In principle we would expect this to increase as GAVI moves to higher cost, new vaccines. However, we do not regard this as an indicator of efficiency in this context.
Our evaluation suggests that the quality, planning and quantity of GAVI’s global advocacy activities has improved over Phase II – although there are still implementation challenges, including in coordinating Partners, and widening the Partnership’s advocacy messages and channels.

Feedback about national level advocacy has been mixed, and varied between countries. This reflects uncertainty about where it makes sense for advocacy messages and activities to be ‘GAVI’ as opposed ‘GAVI Partners’. National level advocacy would benefit from a strategic approach considered in the advocacy strategy, and a mechanism of lessons learned between countries.

Clear progress indicators and monitoring would enable a more robust assessment of advocacy performance in future.

Table 5.2: Assessment of increased advocacy

<table>
<thead>
<tr>
<th>Issue</th>
<th>Assessment</th>
<th>Improved advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>GAVI publications and advocacy material have improved over time and are now of a high quality.</td>
<td>✓</td>
</tr>
<tr>
<td>Planning</td>
<td>GAVI has been proactive in global level advocacy through the use of press releases, event attendance, social media and indirectly through fundraising.</td>
<td>-</td>
</tr>
<tr>
<td>Global advocacy inputs</td>
<td>There is <em>a priori</em> evidence of increased interest in immunisation and child health at the global level and it is widely accepted amongst stakeholders that GAVI has been pivotal in putting immunisation back on the map.</td>
<td>✓</td>
</tr>
<tr>
<td>Global advocacy outputs</td>
<td>Impact at national level has largely been as a result of GAVI’s program funding and the input of GAVI Partners at the country level – as opposed to advocacy activity per se. A national approach has not yet been successfully integrated into its strategy</td>
<td>-</td>
</tr>
<tr>
<td>National advocacy input</td>
<td>GAVI has had a strong influence in raising the profile of immunisation at the national level. This influence is expected to increase with the introduction of the rotavirus and pneumococcal vaccines – although the funding issue is a challenge</td>
<td>-</td>
</tr>
<tr>
<td>National advocacy output</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3.2. Does increased advocacy activity supported GAVI’s value add?

Our judgment is that advocacy does support GAVI’s value add to the extent that it results in increased awareness, and interest and total funding commitments to immunisation at a global and national level.

We are aware that there are complicated issues here that relate to displacement – i.e. the concern that increased funding for GAVI will come at the expense of funding to GAVI Partners. Indeed our analysis of SG3 provides some (inconclusive) evidence which suggests that there may have been an element of displacement in earmarked bilateral funding to WHO and other bilateral funding to NIPs.

However, our view of value-add here reflects: (i) the fact that WHO in particular remains an
integral part of GAVI; and (ii) the simple assumption that increased resources for immunisation in total (regardless of immunisation priority / channel) should be regarded as a positive contribution.

5.4. Continued innovation

The issue of innovation has not been explicitly considered as part of any of the three evaluation questions in this report. This section therefore summarises our view about evidence in relation to innovation across the evaluation as a whole.

In summary, we believe that although the nature of innovation and areas of GAVI’s focus and contributions have changed over its first two phases, it has continued to innovate.

- In Phase I, GAVI’s key contributions (or areas of innovation) were in terms of the tools (FSPs / cMYPs, DQA / DQS) and approaches (e.g. the funding windows, and approach of working through Partners) to support country planning, financing and monitoring of routine immunisation programs.

- In Phase II, the amount of innovation in terms of tools and approaches to support routine immunisation appears to have reduced (as many of the critical tools needed were developed in Phase I); and we observe a shift in GAVI’s energy/resources and focus onto other areas of innovation – most notably innovative finance and the HSS window.\(^7\)

In terms of the extent of value add, there is a concern (raised by some stakeholders) that this shift in the nature of innovation – despite its continuation – has reduced the added value of the Partnership.

This is a difficult issue and we do not have evidence which would support a strong conclusion. Furthermore, our assessment of GAVI’s performance according to its revised strategy suggests mixed results in terms of innovation. Output 4.4 ‘innovative policies and processes developed and implemented’ efficiently’ was met but Output 4.5 ‘Secretariat organised to deliver efficiently to advocate and innovate’ was not met (see Annex 9 for more detail).

However, our view is that a lessening in innovation on tools and programmatic approaches in immunisation was inevitable given the need to focus on delivery. Some of our interviewees referred to the importance to GAVI of getting ‘proof of concept’ of its ability to support the introduction of a new vaccine across all of its eligible countries.

The issue therefore for us is not about the changing nature of innovation – which we believe has continued to add value. Rather the question is whether the energy and resource required for some of this value add has reduced the effectiveness of the organisation in delivering the basics. Our view is that this has occurred, although we are not in a position to make a judgment about its net impact on GAVI’s value add.

\(^7\) During Phase II there have also been steps forward in the way in which GAVI makes decisions – e.g. the Vaccine Investment Strategy, and the way in which GAVI has sought to support accelerated introduction (i.e. ADIPs and AVI).
6. **Conclusion**

On the basis of the analysis conducted in this report (and more generally in our evaluation) we conclude that GAVI has been reasonably successful in improving efficiency, increasing its advocacy and continuing innovation. We believe that this has, in general continued to add to GAVI’s value add. In particular:

- We observe an improvement in the narrow overhead cost efficiency measure (i.e. administrative overheads excluding Work Plan expenditure as a proportion of overheads). This reflects the fact that disbursements have increased at a faster rate than administrative costs. Furthermore, GAVI’s application, review and approval processes have improved over time and achieve a reasonable balance between competing objectives. These improvements are, in our view, consistent with improved efficiency.

- The quality of GAVI advocacy material and level of advocacy activity have increased over time. There is *a priori* evidence of an increase in interest in immunisation at the global level and it is widely accepted amongst stakeholders that GAVI has been pivotal in putting immunisation back on the map.

- Although the nature of innovation and areas of GAVI’s focus and contributions have changed over Phase I to Phase II, GAVI has continued to innovate.

Notable exceptions include the following:

- The monitoring of country performance at the Alliance level (i.e. as opposed to by Implementing Partners in country) and GAVI communications with countries. We believe that both of these detracted from efficiency and of GAVI’s added value to some degree in Phase II.

- Although there have been significant improvements in recent years, the time taken to resolve issues related to the Work Plan and Budget process has constrained the organisation’s ability to improve efficiency.

- GAVI’s ability to capture and produce basic financial and performance information monitoring. Again, although performance has improved in the latter half of Phase II, our judgment is that this aspect of performance creates inefficiencies and risks for the organisation.