

What is the Full Country Evaluations project?

As Gavi is a learning organisation, it is vital that we understand how vaccination programmes are being implemented, what are they achieving and the obstacles and constraints that individual countries face to ensure that access to and uptake of immunisation is equitable. The Full Country Evaluations (FCE) as prospective evaluations, allow for continuous learning and offer a unique opportunity to better understand programme implementation and operational challenges on a real-time basis over the life-course of the evaluation project in Bangladesh, Mozambique, Uganda and Zambia. The final 2015 FCE reports and briefs are available at Gavi website: <http://www.gavi.org/results/evaluations/full-country-evaluations/>

What is the FCE Alliance management response?

This Alliance response is developed by Gavi Secretariat together with the Alliance Partners to provide contextual information on ongoing efforts and future actions identified to address the key cross-cutting findings and recommendations arising from the 2015 cross-cutting FCE report. While the recommendations were made based on observations in Bangladesh, Mozambique, Uganda and Zambia, the Alliance management response is developed with an aim to improve our policies and processes which have relevance for all Gavi-supported countries.

Country-specific findings are disseminated and discussed separately with in-country partners and country-specific actions will be led by in-country stakeholders and are not included as part of this Alliance management response.

What is the process to prepare the Alliance management response?

Relevant Gavi Secretariat teams and Alliance Partners (or groups i.e. Alliance Technical Teams) were approached to identify the actions to be taken, responsibility and timeframe in response to the 2015 FCE cross-cutting report findings and recommendations.

Stream	Summary of main findings from 2015 FCE report	Summary of recommendations from 2015 FCE report	Alliance Response	Responsibility ¹	Timing ²
New vaccine introductions	<p>1. Persisting challenges in introducing and routinizing new vaccines. Suboptimal routinization has been driven in part by vaccine stock outs.</p>	<p><i>Gavi Secretariat, Alliance partners, Country governments:</i></p> <p>1. Should enhance investments in the quality, timeliness, and use of data to facilitate ongoing monitoring and evaluation of new vaccine introductions beyond the Post Introduction Evaluation (PIE).</p>	<p>There is a need to improve Monitoring & Evaluation (M&E) to ensure sufficient domestic resources (infrastructure, human resources (HR) and funding) are committed to ensure new vaccines are sustainably inserted into routine schedule and achieve/maintain adequate supplies and high vaccination coverage;</p> <p>Gavi promotes a culture of data use at all levels of health system by supporting data review activities and tools (e.g. supply chain data dashboard); Furthermore, Gavi requires a set of data quality monitoring and strengthening activities as a condition for new grant applications.</p> <p>Leveraging Data Strategic Focus Area (SFA) funding, the Centers for Disease Control and Prevention (CDC) will conduct risk assessments and monitoring and evaluation activities (e.g. impact evaluation of Oral Cholera Vaccine (OCV) use, coverage</p>	Gavi Secretariat M&E team and CDC.	There activities are under way in 2016.

¹ This column identifies the appropriate Gavi Secretariat Teams and/or Alliance Partners that are responsible to undertake the suggested actions.

² This column should be filled by the expected time that will take to complete the suggested actions.

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			and cost evaluation) following deployment of OCV stockpile vaccine.		
		<p>Gavi Secretariat, Alliance partners, Country governments:</p> <p>2. Should make greater investments in denominator and target population estimation and better forecasting of vaccine supply, including wastage rates, at the subnational level.</p>	Through both Targeted Country Assistance (TCA) and SFA funding, Gavi is exploring the benefits of linking immunization registries with civil registration and vital statistics systems. The Data SFA is also funding the development of economic evaluations of the costs and cost-effectiveness of linking immunization information systems with civil registration and vital statistics systems.	Gavi Secretariat M&E team, CDC, UNICEF, WHO and World Bank (WB)	In-country work is ongoing, and by the end of 2016 a report will be available following a multi-country workshop on interoperability between Health and Civil Registration and Vital Statistics (CRVS), with a special focus on immunization.
Human Papillo-ma Virus (HPV) vaccine	1. HPV vaccine demonstration projects could be better designed to maximize learning for national introduction.	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should develop a communication plan, including roles and responsibilities of Secretariat and partners, to ensure the timely transfer of learnings from relevant reports.</p>	Under the proposed programme changes the technical assistance (TA) will be provided through the Partners' Engagement Framework (PEF) a central tenant of the PEF design is that countries are actively engaged in the including identification, selection, and the defining of responsibilities process of TCA. The PEF process is designed to allow for a clear understanding of the roles and responsibilities of Gavi Secretariat and the core and expanded partners.	Gavi Secretariat HPV team, WHO, Clinton Health Access Initiative (CHAI) and PATH	HPV programme change to be made in January 2017. ³
		<p>Gavi Secretariat, Alliance partners:</p> <p>2. Should provide comprehensive and early technical guidance to countries, beyond guidelines, at the design stage of</p>	Under the proposed programme changes, there will no longer be a HPV demonstration programme required. For countries without demonstration programme experience, there will be frontloaded technical assistance (TA) that will guide countries through global lessons learned and use the country specific	Gavi Secretariat HPV team and technical partners providing HPV	HPV programme change to be made in January 2017. ³

³ Pending Gavi Board decision December 2016

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		<p>HPV demonstration projects (both Gavi- and non-Gavi-supported) (...). This should include advising countries to test multiple delivery models, where feasible, and to undertake an initial financial feasibility assessment when choosing delivery models.</p>	<p>context to decide on the strategy/ mix of strategies for HPV introduction, considering cost of delivery strategy and whether it would be affordable given a country's fiscal space. Technical assistance will be provided via TCA featuring an 'a la carte menu' of support provided from in-country partners through the Partners' Engagement Framework (PEF). Joint Appraisal (JA) discussions will include a stronger focus on HPV to help countries identify their specific TA needs. Support will be offered in a range of areas, including: Decision-making: support in advocacy, impact analysis, budget impact and costing analytics as well as support to facilitate NITAG review and support in the development of a sustainable implementation plan (selection of delivery strategy, communication / advocacy, training, etc.) and preparation of Gavi applications.</p>	<p>related TA support at country level</p>	
	<p>2. Learning products not being available in a timely manner.</p>	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should provide comprehensive and sustained technical guidance to countries, beyond guidelines, at the implementation and evaluation stage of HPV demonstration projects (both Gavi- and non-Gavi-supported) to facilitate the completion of the required evaluation components in time to guide the year one review and maintain countries' momentum transitioning from demo to national introduction.</p>	<p>The TA provided via the TCA a la carte menu through PEF will provide support for implementation. This support will include: support in critical areas, e.g. – microplanning, social mobilisation, vaccination cards, registries, coverage monitoring system. This TA will also provide support in completion of the required evaluation components including: support for post-introduction evaluation, coverage surveys and costing analysis. In addition, a technical working group has been established to develop comprehensive slide decks summarising learnings from cost (delivery and social mobilisation) vs. coverage, a key element currently missing in lessons learned.</p>	<p>Gavi Secretariat HPV team, TA partner at country level</p>	<p>HPV programme change to be made in January 2017.³</p>
		<p>Gavi Secretariat, Alliance partners:</p> <p>2. Should review the feasibility of requiring countries to deliver evaluation products and refine the delivery model prior to the second year of the demonstration project.</p>	<p>As part as the proposed HPV programme changes, countries will no longer have to submit five evaluation reports to Gavi, instead the required evaluation component will be a PIE of the national introduction, for which the a la carte menu of TCA through PEF will provide guidance.</p>	<p>Gavi Secretariat HPV team, TA partner at country level</p>	<p>Programme change to be made in January 2017.³</p>

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			For countries that are continuing under the current HPV strategy accountability for partners supporting and submitting evaluation activities will be augmented.		
Health Systems Strengthening (HSS)	1. A major root cause of slow implementation of Gavi's HSS in FCE countries is the complex nature of health systems strengthening coupled with a time-consuming, unfamiliar, and difficult design, application, and implementation process including disbursements from Gavi to country and to the final implementation level, which are not taken into account in operational plans. This complexity is compounded by multiple changes to the design of Gavi's HSS window of support over time and limited understanding of these changes at the country level due to insufficient communication and guidance.	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should act, beyond the 2016 guidelines, to proactively enhance country understanding of the HSS grant design, requirements, and procedures.</p>	The increased staffing for Senior Country Managers (SCMs) in recent years has reduced the country to SCM ratio from an average of 14:1 in 2008 to less than 3:1 in mid-2016. One of the key SCM functions is to ensure country stakeholders and partners have a good understanding of Gavi policies, initiatives, decisions, etc. Training and information sessions for Gavi Secretariat Country Support staff on HSS grant policies and procedures, and the newly approved Health System and Immunisation Strengthening (HSIS) Framework and implementation timelines, are intended to facilitate support to countries for improved understanding of HSS grant requirements. The effect of this increased support to countries, from both the Secretariat as well as Alliance partners, should be reflected in improved HSS grant approval rates and increased grant implementation as measured in Alliance KPIs. This year, the Secretariat has also designed country tailored information sheets, to communicate reporting and renewal requirements and timelines for all Gavi support, including HSS. These information sheets were made available to Senior Country Managers to share with their countries.	Gavi Secretariat (CEF, HSIS, CS, support teams) and Alliance partners	Ongoing.
		<p>Gavi Secretariat, Alliance partners:</p> <p>2. Should enhance dialogue between country governments, partners, and the Gavi Secretariat to ensure HSS grants are aligned with country planning cycles and accurately reflect the time required for Gavi and in-country processes. This could take the form of greater involvement of the SCM or the Gavi HSS team (with increased staffing) at the design phase.</p>	The new Country Engagement Framework (CEF), which includes implementation of the recently approved HSIS framework, is being phased-in with five early learning countries in 2016. This approach aims to: <ul style="list-style-type: none"> - Contribute to improved national strategic planning processes, including donor coherence, complementarity of Gavi support, and grant alignment to country national strategic operational priorities, plans and timelines - Focus investments in key areas needed to improve coverage, equity and sustainability - Increase the focus on implementation and shift accountability closer to country 	Gavi Secretariat (CEF, CS, support teams) and Alliance partners	2016: elements of the new approach phased-in 5 early learning countries As of 2017: the new approach will be phased-in gradually as of January 2017

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			<ul style="list-style-type: none"> - Refine the process of accessing Gavi support and minimise transaction costs associated with current application process - Improve predictable funding and shorten the time for disbursing funds - Differentiate support and engagement based on country needs, risk profile, and transition status 		starting with those requiring new HSS funding..
	2. The combination of a complex support window and limited capacity at country level has resulted in a heavy reliance on external technical assistance for HSS in FCE countries, particularly at the design and proposal phase.	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should prioritize opportunities to channel resources for technical assistance (TA) to positions within the government system and then from within the country, with accompanying orientation of local TA providers to Gavi HSS. Where this is not possible, Gavi could explore models of embedded TA. Where external technical assistance is required, we recommend earlier and better coordination, including orientation of external TA providers around country context. External TA consultants could be paired with a local TA provider to build country capacity in designing HSS applications.</p>	Early planning under the new CEF approach will hopefully allow for better planning to address bottlenecks and flag TA needs. The Targeted Country Assistance component of the 2016 PEF is funding 188 WHO and UNICEF staff at country level to provide and support TA, of which 137 (78%) are national/local personnel, some of which are embedded in the Ministry of Health. TCA also funds expanded partners, who in some cases provide support embedded in the Ministry of Health.	Gavi Secretariat (CEF, CS, S&P, support teams) and Alliance partners	<p>2016: elements of the new approach phased-in 5 early learning countries. Country TCA plan ongoing.</p> <p>2017: the new approach will be phased-in gradually with the remaining Gavi countries</p>
	3. Number of deficiencies (insufficient data or evidence to support investments, failure to harness catalytic nature of Gavi HSS investments, and limited consideration of sustainability) in the design of Gavi HSS	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should enhance investments in data, tools, and analysis to support countries' bottleneck assessments and overall HSS grant design (...). This should be part of Gavi's Strategic Focus Area (SFA) on Data and Health Systems Immunization Strengthening (HSIS) reforms.</p>	One of the main principles of the newly approved HSIS Framework is to strongly encourage evidence based investments in the SFAs, specifically data availability, quality and use; supply chain; community engagement; and in-country leadership, management and coordination. Additional guidance to countries for investments in these areas will be developed for use in 2017. In parallel, the CEF approach will allow for in country dialogue during the grant design phase to better determine country specific bottlenecks for achieving sustainable increases in	Gavi Secretariat and Alliance partners	2016: elements of the new approach phased-in 5 early learning countries. Ongoing implementation of the Data SFA.

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	<p>grants that limit the potential of the window of support to meet its objectives of improving immunization coverage and equity.</p>	<p><i>Gavi Secretariat, Alliance partners:</i></p> <p>2. Should provide earlier guidance and technical support from Gavi Secretariat and partners to ensure that the design of HSS grants is sustainable. For those countries that have, or have already applied for, HSS grants, we recommend that Gavi identify opportunities to work with countries to improve the sustainability aspects of active HSS grants. This should be part of Gavi's Strategic Focus Area on Sustainability.</p>	<p>coverage and equity, and how these can best be targeted by investments in the SFAs during HSS grant design.</p> <p>In order to promote early engagement and long-term programmatic and financial sustainability of investments made through HSS grants, the HSIS Framework has included an increased emphasis on sustainability through the tailoring of HSS support to countries based on their transition phase to help ensure that the design of HSS grants is sustainable. These principles have been incorporated into guidance for early learning countries in 2016, and will be further developed for guidance to remaining countries applying for Gavi HSS support in 2017.</p> <p>The Gavi Secretariat has developed Operational Guidelines around recurrent costs for human resource remuneration (salaries, per diem and incentives), and has also provided additional guidance for the IRC to review sustainability of HSS grants, including recurrent costs in HSS proposal budgets. The new HSIS framework formally states that <i>“For low-income countries: (...) Grants including recurrent costs shall include plans for the government to increasingly cover and sustain these costs as appropriate for the country context.”</i> Moreover, it formally discourages countries in the preparatory and accelerated transition phases from using HSS funds to fund recurrent costs.</p> <p>For those countries with existing HSS grants, the JA process allows flexibility for updating operational budgets and work-plans through reallocation or reprogramming of grants, for a number of reasons including improved sustainability, as countries incorporate findings from reviews and assessments, including Programme Capacity Assessments (PCA) , Programme</p>	<p>Gavi Secretariat and Alliance partners</p>	<p>2017: the new approach will be phased-in gradually with the remaining Gavi countries</p> <p>2016: elements of the new approach phased-in 5 early learning countries</p> <p>2017: the new approach will be phased-in gradually with the remaining Gavi countries</p>

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			Audits, Transition Assessments or other findings from JA discussions.		
Programmatic and financial capacity	1. National decision-makers must balance the public health impact of new vaccine introductions and global and country-level political pressure with programmatic and financial sustainability.	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should invest further in strengthening national and subnational EPI programmatic and financial management, including ensuring that EPI programs have the appropriate number of people with the appropriate skills and capabilities supported by a well-coordinated partnership. Gavi's new Strategic Focus Area (SFA) on Leadership, Management, and Coordination should ensure that their efforts are linked to the HSIS reforms that aim to reduce the complexity of Gavi's grant processes.</p>	With the SFA on Leadership, Management and Coordination (LMC) Gavi has developed a new approach to strengthen the EPI management capacities. The approach includes a 'menu of support' for countries with a focus on strengthening the resourcing and capabilities of the EPI teams. Strengthening LMC will be a key enabler for countries to implement the new HSIS grants. The diagnosis of LMC-related strengths and weaknesses in countries will be integrated into the new HSIS country dialogue, and the HSIS grant will be a key instrument to fund LMC interventions.	Gavi Secretariat (CS, S&P, HSIS)	Q4 2016 onwards
		<p>Gavi Secretariat, Alliance partners:</p> <p>2. Should invest further in strengthening evidence -informed country -level decision-making in Ministries of Health, including the EPI program, and its advisory bodies (e.g., Interagency Coordination Committees (ICCs), National Immunization Technical Advisory Group (NITAGs)), while ministries of health should carefully consider recommendations from ICCs, NITAGs, and the Independent Review Committee (IRC) and address them where feasible.</p>	With the LMC SFA, Gavi has developed a new approach to strengthen Coordination Fora (CF) in countries (ICCs/HSCCs and equivalent). This will include guidance and a 'support package' for CF with tools, and trainings/technical assistance for selected CF.	Gavi Secretariat (CS, S&P)	Q4 2016 onwards

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		<p>Gavi Secretariat:</p> <p>3. Should articulate how country and global level monitoring processes (JAs, High Level Review Panel (HLRP), IRCs) will recognize and flag when countries are at risk of becoming overwhelmed, programmatically or financially, by the cumulative effects of immunization programs activities and implementation of Gavi grants. This should be followed by an engagement process to determining appropriate responses and support needed.</p>	<p>The annual JA process is intended to determine the programmatic or financial burden on countries based on evidence from implementation progress reporting and financial reporting. This country engagement will flag delays in implementation and determine TA needs to support countries as needed.</p>	<p>Gavi Sec and Alliance partners</p>	<p>Ongoing</p>
	<p>2. The oversized administrative and management burden of Gavi grants and processes, both for specific windows of support such as HSS and across streams, further strains limited EPI program capacity</p>	<p>Gavi Secretariat:</p> <p>2. Should continue strengthening the representation and participation of implementers or their representatives on global-level policy and program review and development committees. For each new or revised policy, procedure, or guideline, include an assessment of potential impact on country program capacity.</p>	<p>Recent policy review processes have been jointly led by the Gavi Secretariat Policy team with the relevant implementing team in the Secretariat to ensure an implementation perspective throughout the process. In addition, a new model of country consultations has proven effective in engaging and learning from implementers on the ground as policy recommendations are being developed. This has led most recently to new policy recommendations for Gavi's HSIS grants that aim to reduce fragmentation and burden on countries. Going forward, the Secretariat commits to continue and enhance these best practices, while including criteria around implementation feasibility (and related assessments of implications for countries) in standard operating procedures for policy reviews.</p>	<p>Gavi Secretariat (Policy team)</p>	<p>Ongoing</p>
	<p>3. Overly optimistic application and implementation timelines – set by Gavi and by countries -- result in limited ability to adaptively manage grants.</p>	<p>Gavi Secretariat, Alliance partners, Country governments:</p> <p>1. Countries should include realistic timelines in their applications and implementation plans – paying particular attention to their administrative and financial processes.</p>	<p>Under the new CEF approach, countries are required to perform a full portfolio 'review' every 3-5 years (in line with the national strategy) for the coming period. This will result in a high-level Programme Support Rationale for that period, which will be accompanied by a more detailed integrated operational workplan and budget for the coming 1-2 years – for all Gavi support.</p>	<p>Gavi Sec and Alliance partners</p>	<p>2016: elements of the new approach phased-in 5 early learning countries</p>

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			The annual review and renewal process also grants additional flexibility for updating the grant workplan and budget annually based on implementation progress and learning from reviews, assessments, and findings from the JA process.		2017: the new approach will be phased-in gradually with the remaining Gavi countries
Technical Assistance	1. The relevance, effectiveness, and efficiency of technical assistance to address coverage and equity goals, as well as to build sustained country capacity, could be improved.	<p>Gavi Secretariat:</p> <p>1. Map existing TA providers, users, and skill sets in as many countries as possible.</p>	An independent evaluation is being undertaken by an external body to assess the relevance, effectiveness and efficiency of the TA provided to priority countries (Tier 1 and Tier 2) under PEF. This evaluation assesses TA provided to address various programmatic areas, including coverage and equity as well as will map existing TA providers (core and expanded partners) and assess the different models to deliver TA. The outcomes of this evaluation will allow Gavi to modify and improve the TA it finances in real time as the PEF rolls out. Detailed activities financed by Gavi in all PEF-eligible countries have been submitted to Gavi, including expected outcomes and milestones. This includes detailed information on the number of FTEs financed, where they are based and their area of work. A roster of Expanded Partners has also been compiled, with their specific areas and countries of work. This was compiled following a Request of Interest and a Request For Proposals (RFP), and can be referred to if additional areas of TA need are expressed by the country.	Gavi Secretariat (S&P) and Alliance partners	Ongoing
		<p>Gavi Secretariat:</p> <p>2. Ensure that TA providers selected have not only the skills and expertise related to substantive gaps and needs, but also familiarity with the most effective approaches to providing TA.</p>			
		<p>Gavi Secretariat, Alliance partners:</p> <p>3. Identify TA needs and potential solutions based on a comprehensive, systematic, evidence-informed approach which is country-led and integrated with a broader assessment of health system capacities and bottlenecks to ensure that TA is coordinated and complements capacity building goals of other Gavi and non-Gavi supported investments.</p>			

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	<p>2. As part of the PEF principles and structure there is a need for:</p> <ul style="list-style-type: none"> • A clearer specification of how capacity-building will be achieved and how it relates to other mechanisms such as HSS. • A clear theory of change will help to properly articulate capacity-building goals and objectives as well as the overall design and vision of PEF. 	<p>Gavi Secretariat, Alliance partners:</p> <p>1. Should include an explicit goal of PEF to build EPI program capabilities and capacity. This goal should be supported by a theory of change and be reflected through PEF's design and implementation.</p>	<p>The TCA component of PEF provides funding for TA in countries, unique to the needs of the country. This includes TA specific to strengthening EPI coverage, and 188 country-level staff, some of which embedded into the MOH, to support a range of activities. Approximately 20% of TCA funding to core partners (WHO, UNICEF, CDC) is going towards supporting workshop and training in countries.</p> <p>A theory of change has been drafted to outline the key principles of PEF and how it has evolved from the previous Business Plan.</p>	Gavi Secretariat(S&P)	Ongoing
		<p>Gavi Secretariat, Alliance partners:</p> <p>2. (...) Ensure that PEF is implemented with clear communication and transparency.</p>	<p>To ensure transparency and clear communication, processes for PEF in 2017 have been summarised in a PEF 2016-2017 processes guidance note, which authored with inputs from relevant teams at Gavi as well as core partners. The guidance note was circulated to partners at all levels (HQ/RO/CO) via SCMs or partners internally. PowerPoint decks summarising key messages and processes have also been put together and circulated to relevant teams at Gavi for their use in country missions, regional working groups, workshops, etc.</p>	Gavi Secretariat(S&P)	Q3 2016
		<p>Gavi Secretariat, Alliance partners:</p> <p>3. Should consider how to integrate various mechanisms of providing TA and capacity-building (HSS, PEF, SFAs), and how it maps onto an ideal end-to-end process in countries.</p>	<p>A workshop was held in Q1 2016 with relevant teams in Country Programmes and M&E to discuss how the PEF can improve and better align with existing Gavi programmes/policies. The PEF 2016-2017 process guidance note includes guidance on how TA provided to transitioning countries should be better aligned to the country's transition plans and grants. The PEF functions include measures of how well the PEF is aligned with country plans.</p>	Gavi Secretariat(S&P, HSIS)	Q1-Q3 2016

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	<p>3. The JA process, as presently designed and implemented, may be limited in its ability to produce unbiased, country-led, and comprehensive assessments of TA needs.</p>	<p>Gavi secretariat:</p> <p>1. Should develop or provide more systematic, user-friendly tools and approaches to identifying bottlenecks and evidence-informed solutions (...).</p>	<p>With regards to the 2016-2017 PEF process, the identification of TA needs / bottlenecks will take place at the JA under country leadership without going into details of budgets or providers so that the focus will be kept on TA gaps analysis. The discussion on budgets and providers will take place after the JA without country present. TCA proposal will be submitted jointly by partners with one proposal per country. In 2015, proposals were submitted to Gavi per partners, and the Secretariat is taking a different approach in 2016 in order to achieve better alignment, less duplication and more transparency with regards to the activities proposed. In 2016, the TCA submission template requires a Ministry of Health validation of its content prior to submission. A new focal point for the JAs will be assigned to support the continued refinement of the JA process and tools. The focal point will take lessons learned from the 2016 round of JAs and TA discussions as a basis for 2017 refinements.</p>	Gavi Secretariat	Ongoing
		<p>Gavi Secretariat:</p> <p>2. Should provide time, for example, to be present in-country at the JA, and training to enable SCMs – as a relatively neutral party - to play a stronger coordinating and mediation role in the JA process of identifying TA needs and providers to mitigate potential conflicts of interest.</p>	<p>As above – a new focal point for the JAs will be assigned to support the continued refinement of the JA process and tools. The focal point will take lessons learned from the 2016 round of JAs and TA discussions as a basis for 2017 refinements</p>	Gavi Secretariat	Ongoing
	<p>4. Evidence from the transition year suggests a need for</p> <ul style="list-style-type: none"> • stronger communication • change management 	<p>Gavi secretariat, Alliance partners and countries:</p> <p>1. Should make efforts to make the global-level policy-making processes more inclusive and transparent of all Alliance partners, particularly countries.</p>	<p>A workshop was held in Q1 2016 between relevant teams in Country Programmes and M&E to discuss improvements in alignment and communication in the PEF process both internally and between partners. The outcomes of this workshop were taken into account during the 2017 PEF planning process in order to improve the process and communication both within the Secretariat and within the</p>	Gavi Secretariat (S&P)	Q1 2016

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	<ul style="list-style-type: none"> • standardization • guidance on key processes 	<p><i>Gavi Secretariat:</i></p> <p>2. Should increase the transparency of all Gavi processes, including PEF, via clear communication from SCMs. Ensure that countries receive actionable feedback and appropriate support to implement that feedback at each stage of the process.</p>	<p>Alliance. For example, in order to address the lack of alignment between partners that was noted during the 2016 TCA submissions, the Secretariat is requesting that partners submit TCA jointly by country (rather than a proposal per partner) through a live online sheet in order to avoid duplication and encourage transparency. Another outcome of the workshop was to improve communication between the PEF team and Country Support (CS) – in order to address this, the PEF team now regularly attends CS team meetings in order to provide PEF updates and answer questions. The PEF team has also created ‘Regional focal points’ in order to handle requests from each of the Gavi regions, and provide support during country or regional meetings with partners.</p>		
		<p><i>Gavi Secretariat:</i></p> <p>3. Should ensure that new partners – whether from regional offices or from expanded partners – have the tools to succeed in the first year of implementing PEF-derived TA, including awareness of the other partners, access to coordinating fora and terms of reference that may exist, and Gavi-specific training and capacity-building as needed.</p>	<p>To ensure better transparency on work that new partners do - we have compiled a tool which lists all the partners working in a particular country. Gavi uses this tool to ensure that all stakeholders, including Gavi Secretariat and in-country core / traditional partners are aware of all the partners active in a country.</p> <p>The need for support from expanded partners (those outside of WHO/UNICEF) will come through the JA or other country-level meetings. The partner is identified through a specific request by the country, or through an RFP process in order to identify the most appropriate partner. The scope of activity and expected outcomes will be defined by the SCM and the partner based on the need that has been identified.</p> <p>In addition, the reporting process for new partners has been redesigned to make it exactly the same as that of core / traditional Partners, including the launch of the Partner Portal, an online platform used to capture biannual partner milestone reporting. Thus, the work of new partners gets discussed at the same coordinating fora (JA, Regional working Groups, Inter-agency Coordination Committee) as that of core / traditional partners. New partners are being provided training for using Gavi's reporting tools and processes.</p>	Gavi Secretariat (S&P)	Ongoing

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			We are also introducing a process, whereby any new partner that is brought on-board is introduced to core Gavi partners in the country to facilitate their orientation to Gavi processes.		