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Gavi
The Vaccine Alliance

Annual Evaluation Report 2022

Table of contents

Acronyms

ACT-A	Access to COVID-19 Tools Accelerator	**JSI**	John Snow Institute
AMC	Advance market commitment	**KII**	Key informant interview
BMGF	Bill and Melinda Gates Foundation	**KPI**	Key performance indicator
CCE	Cold chain equipment	**LMIS**	Logistics Management Information System
CCEOP	Cold chain equipment optimisation platform	**LP**	Learning priorities
CCS	Country case study	**M4H**	Mapping for Health
CEPA	Cambridge Economic Policy Associates	**MEL**	Measurement, Evaluation and Learning
CET	Centralised Evaluation Team	**MOPAN**	Multilateral Organisation Performance Assessment Network
CoP	Community of Practice	**MRS**	Maintain, restore and strengthen
DAC	Development Assistance Committee	**MS**	Market shaping
DFID	Department for International Development	**MSS**	Market shaping strategy
DRC	Democratic Republic of Congo	**MTE**	Mid-term evaluation
EA	Evaluability assessment	**OECD**	Organisation for Economic Co-operation and Development
EAC	Evaluation Advisory Committee	**ODP**	Operational deployment plan
ED	Evaluation design	**PCV**	Pneumococcal conjugate vaccine
EHG	Euro Health Group	**PPC**	Programme and Policy Committee
EIR	Electronic Immunisation Registry	**PPR**	Pandemic preparedness and response
ELTRACO	Eligibility and Transition Policy and the Co-Financing Policy	**PSE**	Private sector engagement
EMR	Evaluation Management Response	**PSEA**	Private-sector engagement approach
EOG	Evaluation Operational Guidelines	**SBP**	Service bundle provider
EvLU	Evaluation and Learning Unit	**SC**	Steering committee
FED	Fragility, emergencies and displaced populations	**SFP**	Self-financing participants (COVAX)
FER	Fragility, emergencies and refugees	**SMT**	Senior Management Team
FP	Focal point	**S&P**	Supply and procurement
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria	**ToC**	Theory of change
GFF	Global Financing Fund	**RTMD**	Remote temperature monitoring device
HLEQ	High-level evaluation questions	**UFE**	Utilisation-focused evaluation
HMF	Healthy Markets Framework	**UNEG**	United Nations Evaluation Group
INFUSE-PS	Innovation for Uptake, Scale and Equity in Immunisation Procurement Services	**UNICEF**	United Nations International Children's Emergency Fund
IRC	Independent Review Committee	**WHO**	World Health Organization
iTracker	Implementation tracker	**ZD**	Zero-dose

Foreword

We are pleased to share Gavi's first annual evaluation report produced under the 2021 Evaluation Policy (1) and framed against Gavi's strategic plan for 2021-2025 (Gavi 5.0/5.1). The primary audiences for the report are Gavi's Board and governance committees, the Vaccine Alliance and the broader global health community. This report not only serves accountability purposes, but it also aims to contribute to Alliance learning. A key focus for evaluations in 2021-2022 included (1) ensuring evaluations are an enabler to inform the implementation of the Gavi 5.0 strategy, (2) a laser focus on utility to drive evaluation processes, and (3) agility to adapt to the changing context with the COVID-19 pandemic.

Evaluation is a key enabler in implementing Gavi's fifth strategy (2021-2025), including informing the pandemic response through COVAX and recovery from the COVID-19 crisis.

Recommendations from evaluations commissioned in Gavi 4.0 (2016-2020) fed into the operationalisation of key areas of work under Gavi 5.0, for example, key lessons on Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) that prompted changes to how equipment is used at the central and regional level and how the programme is managed through CCEOP project management teams (PMTs) and the evaluation of Gavi's Advance Market Commitment (AMC) for pneumococcal

vaccines informed updates to the Vaccine Funding Guidelines and the Fragilities Emergencies and Refugee (FER) Policy evaluation was used in the review and update of Gavi's policy, now the Fragilities Emergencies and Displaced Populations (FED) Policy.

Gavi is currently in the final stages of implementation of two centralised evaluations from the 5.0 evaluation workplan: Gavi's initial response to COVID-19 and the Baseline study and formative review of the COVAX Facility and COVAX AMC, which has provided critical learning to inform Gavi's future pandemic preparedness and response (PPR) and along with Gavi's broader learning agenda for COVAX helped to ensure on-going reflection learning and strengthening as COVAX evolved to respond to the pandemic through 2022.

Furthermore, recently completed evaluations provided key insights to support decision-making – e.g. on the introduction and scale-up of electronic Immunisation Registries (eIRs) and electronic Logistics Management Information Systems (eLMIS) – in low- and middle-income countries as digital solutions that can improve immunisation service delivery in low-resource settings, and key recommendations to improve the review process by the Independent Review Committee (IRC)[1] and ensure alignment with Gavi 5.0/5.1.

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[1] The Independent Review Committee (IRC) is composed of a range of technical experts who meet regularly to review applications for support from Gavi-eligible countries and to advise on their suitability for funding, ensuring alignment with Gavi's strategic objectives and compliance with Gavi policies.

Keeping laser-focused on the use case for our evaluations and strengthening our approach to stakeholder engagement, defining evaluation questions and methods and evaluation management processes helped to keep the workplan on track to deliver in 2021-2022.

Gavi is a learning organisation, therefore, reflecting and strengthening how we work is at the core of our approach. Many important activities were undertaken through 2022 to enhance the credibility, independence and utility of evaluations, drawing from experiences with evaluations in Gavi 4.0 and 5.0, a 2021 internal review of the evaluation function and guidance from Gavi's Evaluation Advisory Committee. Key efforts included an enhanced consultative process as part of Gavi's Learning System to understand organisational evidence needs as a starting point for building the evaluation work plan; strengthening coordination with other monitoring and learning activities across Gavi; strengthening our approach to stakeholder analysis and engagement; communication and learning plans developed for each evaluation process to maximise opportunities for learning aligned with Gavi's business needs and strengthening our quality assurance tools and processes. Action reviews following every evaluation process have been institutionalised with input from key users and suppliers, and annual look-back workshops have helped us to focus on the key areas to strengthen our evaluation practices.

Evaluations are a multi-step process providing opportunities for reflection and learning with key stakeholders along the way. Our priority is ensuring our key stakeholders are engaged throughout the process to ensure evaluations are fit-for-purpose and the results from evaluations are available in a timely way to inform key decisions. Examples of strengthened engagement throughout the evaluation process include reviewing deliverables, attending "sense-making" workshops where evaluators test the emerging findings, and "co-creation" workshops where evaluators and the Secretariat/key stakeholders develop the recommendations together to ensure they are actionable, which is critical.

Adapting evaluations to the COVID-19 pandemic

COVID-19 presented many challenges to delivering the evaluation workplan in 2022, largely due to countries catching up on postponed activities and a high burden on countries and Alliance staff with multiple evaluations/reviews and audits running in parallel. Further, staff transitions presented challenges of continuity and ensuring the right stakeholders are engaged at the right stage in the process.

Given this context, delays were approved by the Evaluation Advisory Committee (EAC) based on guidance from the Secretariat due to pressure on countries to respond to the COVID-19 pandemic and delays to the Funding Policy Review process.

It is important to note that from 2023, Gavi 5.0 evolved into Gavi 5.1, reflecting recalibrated 5.0 priorities in response to the prolonged impact of the COVID-19 pandemic on global health and immunisation and to integrate COVID-19, COVAX and its learnings into Gavi's core strategy. Gavi's Centralised Evaluation Workplan evolved in recognition of these strategic shifts, as reflected in this report.

Gavi's first Annual Evaluation Report provides the following sections:

01   **Section 1** of this report provides general information on Gavi's evaluation function and on Gavi's Evaluation Workplan for the current strategic period.

02   **Section 2** presents a high-level overview of the centralised[2] and decentralised[3] evaluations that were either ongoing or completed in 2022.

03   **Section 3** provides an update on the implementation status of Evaluation Management Responses (EMRs) from completed evaluations, i.e. on the implementation of action plans that show how recommendations accepted by Secretariat management will be operationalised. Other examples of the use of evaluation evidence beyond management responses are also presented in this section.

04   **Section 4** examines the performance of Gavi's evaluation function. It reports key challenges, developments and progress against the agreed outcomes for the 2019-2022 period.

05   **Section 5** looks ahead, presenting the outlook for the evaluation function and highlighting key priority areas of focus to strengthen the function in the coming year.

We hope that this report provides a helpful overview of how our evaluations have been instrumental in strengthening the delivery of Gavi's strategies, policies and programmes. The forthcoming year will bring further reflection as we embark upon the design process for Gavi 6.0 and consider how evaluation can best support Gavi's future work.

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[2] Centralised evaluations are planned, commissioned and managed by Gavi's Evaluation and Learning Unit (EvLU) and are assessed by Gavi's EAC.

[3] Decentralised evaluations are typically planned, commissioned and managed by other Gavi Secretariat teams outside the EvLU, and these are not assessed by the EAC.

Evaluation practice at Gavi

1.1

Purpose of the evaluation function

Evaluations at Gavi are defined as a systematic and objective effort to determine the relevance, appropriateness, effectiveness, efficiency, impact and sustainability of development efforts based on agreed criteria and benchmarks among key partners and stakeholders (1). Furthermore, evaluations at Gavi are designed and managed to meet the quality standards and requirements aligned with the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2).

The two overall objectives of Gavi's evaluation activities are:

1. to generate learning to support improvements in the performance of Gavi's programmes and policies; and

2. to improve the overall functioning of Gavi and its ability to deliver on its mission. While evaluation also provides a basis for accountability and the achievement of improved outcomes, the main focus of Gavi's evaluation activities is learning (1).

Evaluations should be utilisation-focused, with the intended use and the audience for each evaluation considered at all stages of the evaluation process, from selection of topics for evaluation through to dissemination of evaluation reports (1).

Gavi's evaluation activities aim to contribute to the following types of learning: operational and strategic decision-making in the Gavi Secretariat and the broader Alliance and information for the public good and Alliance partners (1). The former is prioritised to ensure there is demonstrable value in evaluation. The Evaluation Policy, Evaluation Advisory Committee (EAC) Terms of Reference (ToR) and the Evaluation Operational Guidelines (EOG) are structured to advance the use and application of evaluation findings (1,3,4).

Gavi's evaluation quality standards are aligned with the international evaluation principles of independence, credibility and utility, in line with the UNEG Norms and Standards for Evaluation (1,2). Gavi is also committed to the Paris declaration and other international aid effectiveness norms, including the application of the Development Assistance Committee (DAC) principles for the evaluation of development assistance (1,5).

1.2

Types of evaluations

Gavi undertakes centralised and decentralised evaluations. Centralised evaluations are planned, commissioned, and managed by Gavi's Centralised Evaluation Team (CET) within the Evaluation and Learning Unit (EvLU), and are assessed by the EAC. Decentralised evaluations are those that are planned, commissioned and managed by other units within Gavi, and these are not assessed by the EAC (1,6).

The decision as to whether an evaluation is centralised or decentralised is determined through the development of the evaluation work programme, in consultation with Secretariat teams, the Executive Office (EO) and final approval of those selected as centralised evaluations by the EAC.

Both centralised and decentralised evaluations are subject to Gavi's Evaluation Policy and can be any of, but not limited to, the following types of evaluations, which correspond to Gavi functions and programmes: strategic evaluations, thematic evaluations and country and programme evaluations[4] (1).

1.3

Oversight, roles and accountabilities for Gavi's evaluations

Gavi's Evaluation Policy and EOGs detail the oversight, roles and accountabilities for Gavi's evaluations (1,4). Key actors in the process include:

- **Gavi's EvLU:** EvLU reports to the Director of Measurement, Evaluation and Learning (MEL). It is led by the Head of Evaluation and Learning. EvLU is tasked with leading the development and delivery of the Centralised Evaluation Workplan and offering guidance to other commissioning units. Additionally, each commissioning unit's appointed Evaluation Manager handles the management of its decentralised evaluation;

- **Gavi's EAC:** supports the Board in fulfilling oversight responsibilities for the management of Gavi's evaluation activities. It comprises a majority of independent evaluation experts and a minority of Board members or alternate Board members; and

- **Evaluation Steering Committees (SCs):** provide relevant subject matter expertise, contextual and operational information and guidance to the Evaluation Manager and independent evaluators to strengthen quality and engagement through the evaluation process to enhance credibility and improve utilisation.

For further details on the roles of these actors and other key actors in Gavi's evaluation function, see section 7 of Gavi's Evaluation Policy (1).

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[4] For further details on definitions for each type of evaluation see Gavi's current Evaluation Policy

1.4 Gavi's Centralised Evaluation Workplan for 5.0/5.1

1.4.1. Development of Gavi's 5.0/5.1 Centralised Evaluation Workplan

A Centralised Evaluation Workplan was developed prior to the beginning of the strategic period and is reviewed biannually with the EAC. The development process commenced in October 2019, when the CET and the EAC agreed on the following guiding principles (see Table 1) (7).

Table 1
Principles for developing the 5.0 Centralised Evaluation Workplan

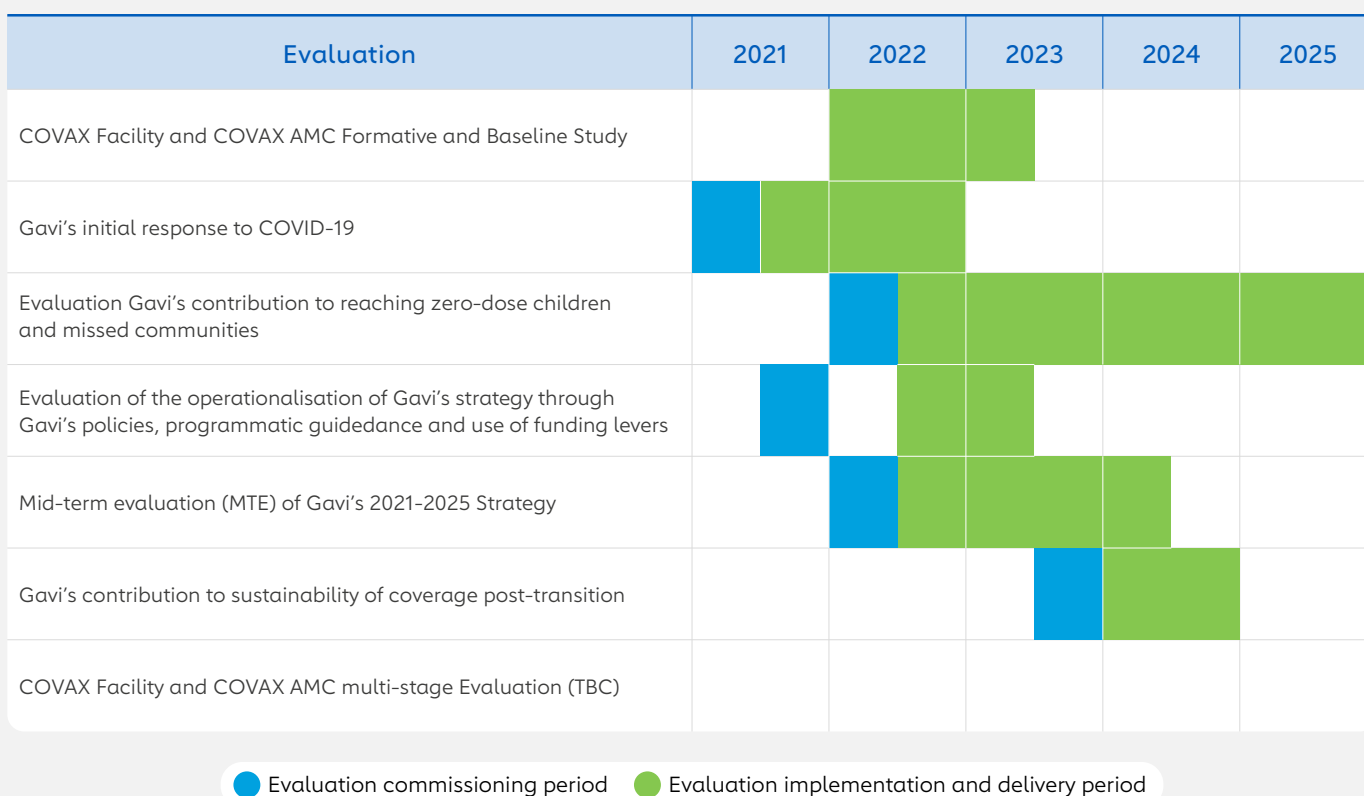|	
1	Evaluations will be focused on utilisation generating timely information to support performance management and to inform development/refinement of the Alliance model.
2	The evaluation workplan will focus on areas of high strategic value to Gavi's Board and specific to shifts anticipated in Gavi 5.0 including: • new/refined programmes of support, policies, strategies (e.g. funding policies); and • end of Gavi support.
3	Use of rigorous methods to generate robust learning, using existing information generated through other sources.
4	Equity and sustainability, as the organising principles for Gavi 5.0, should be incorporated into evaluations whenever relevant. This includes an equity and/or sustainability lens applied to the engagement of country/regional-level institutions to conduct the commissioned evaluations.
5	The approach to use of evaluation resources should balance a management of a limited number of centralised evaluations focused on the most important questions while providing enhanced support the learning generated through decentralised evaluations. This includes prioritising resources to ensure dissemination of key findings and lessons learned.
6	Support collaboration for joint evaluations and learning where possible. These joint efforts will likely be critical to informing global health action required for delivering on collective efforts towards achievement of the Sustainable Development Goals (SDGs), which Gavi and other partners support.

The development of the workplan's content (i.e. topics and evaluation questions) was informed by a broader consultative process driven by the Gavi 5.0 strategy and its theory of change (ToC) to identify the critical evidence gaps and learning questions for Gavi for 5.0. This involved a thorough desk review along with consultation with the Gavi Secretariat, Alliance partners and governance committees (8). Learning questions were prioritised and grouped thematically. Those potentially requiring a centralised evaluation (informed by considerations like the use case, robustness of data required and timing) were identified and presented to the EAC for guidance. Once the evaluation topic areas were refined and agreed upon, high-level evaluation questions for each evaluation were developed based on the following criteria:

1. directly linked to the Gavi 5.0 ToC;
2. potential to be used for decision-making and action; and
3. address areas where there are evidence gaps.

Guidance on the development of the Centralised Evaluation Workplan was provided by the EAC at three meetings (October 2019, March 2020 and November 2020) before its final approval by the EAC in April 2021 (7-12).

### 1.4.2. Gavi's 5.0/5.1 Centralised Evaluation Workplan: content and coverage

The 5.0/5.1 Centralised Evaluation Workplan for 2022 was reviewed and approved by the EAC in September 2021, in March 2022 and in September 2022 (13-15). Figure 1 shows the 5.0/5.1 Centralised Evaluation Workplan for 2022.

Gavi's 5.0/5.1 Centralised Evaluation Workplan provides coverage across the strategic goals and the ToC for Gavi's 5.0 strategy. Figure 2 provides, for example, a visual representation of how the scope of three key centralised evaluations,[5] which were ongoing in 2022, were able to cover Gavi's 5.0 ToC.

Figure 1
Approved Centralised Evaluation Workplan for 5.0/5.1 in 2022

Evaluation	2021	2022	2023	2024	2025
COVAX Facility and COVAX AMC Formative and Baseline Study		🟩	🟩		
Gavi's initial response to COVID-19	🟦 🟩	🟩			
Evaluation Gavi's contribution to reaching zero-dose children and missed communities		🟦 🟩	🟩	🟩	🟩
Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers	🟦	🟩	🟩		
Mid-term evaluation (MTE) of Gavi's 2021–2025 Strategy		🟦	🟩	🟩	
Gavi's contribution to sustainability of coverage post-transition				🟦 🟩	
COVAX Facility and COVAX AMC multi-stage Evaluation (TBC)					

🟦 Evaluation commissioning period   🟩 Evaluation implementation and delivery period

[5] The COVAX facility and advance market commitment (AMC) and Gavi's initial response to COVID-19 evaluations are not represented on Figure 2 as these were not originally captured in the 5.0 ToC and separate ToCs were developed for these areas of work.

FIGURE 2

ToC coverage by the Zero-Dose, Strategy Operationalisation and Mid-Term evaluations
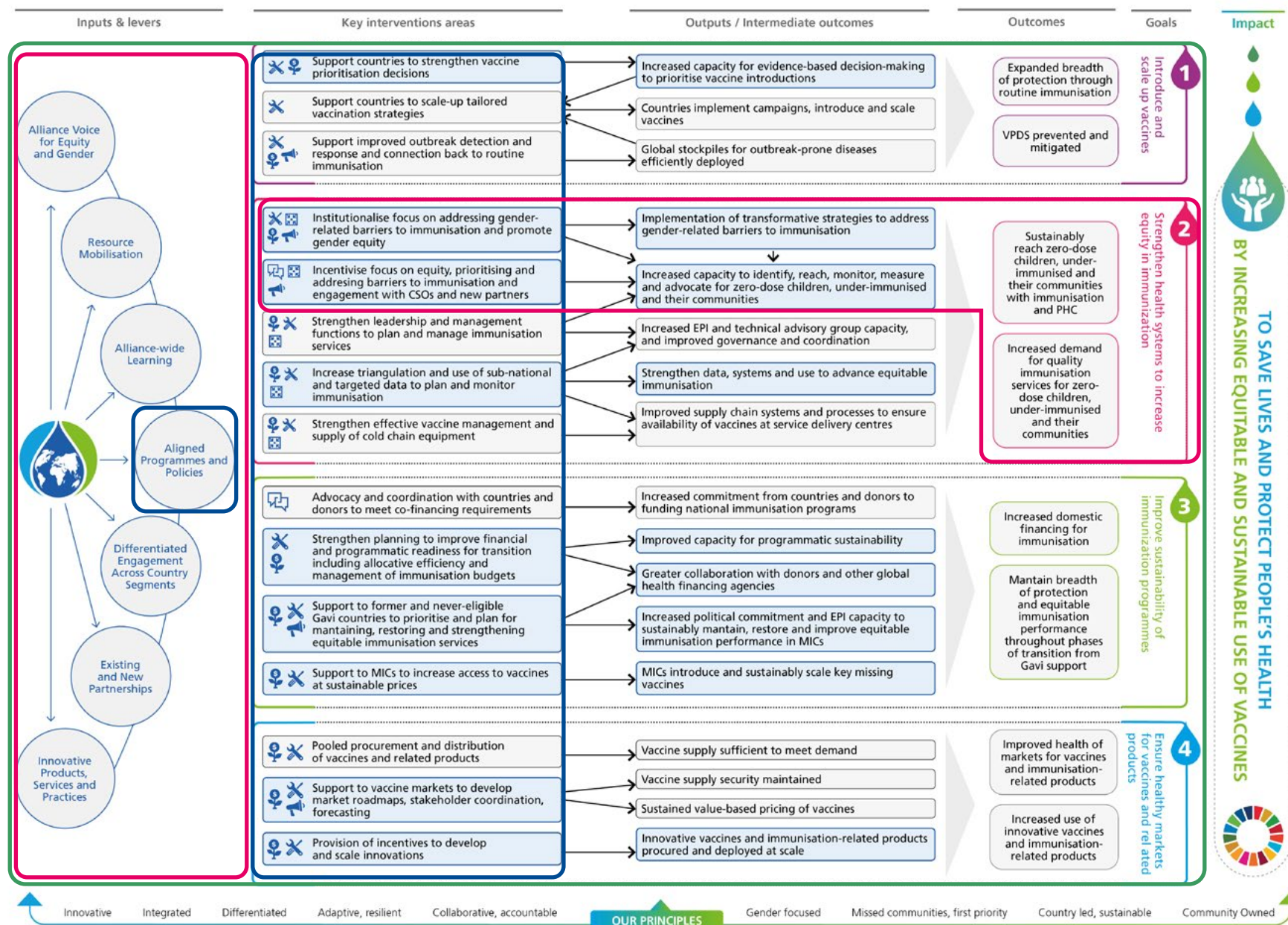
Focus of Strat.Ops

Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic Guidance and use of funding levers (Strat. Ops.)

Strat. Ops. EQs focus on the "gap" (i.e., causal pathways and assumptions) between the "Aligned Programmes and Policies" lever and the "Intervention Areas".

Focus of MTE

Mid-Term Evaluation of Gavi's 5.0 strategy (MTE)

MTE EQs focus on the alignment/coherence across the ToC, from left to right.

Focus of ZD Eval

Evaluation of Gavi's contribution to reaching zero dose children and missed communities (ZD Eval)

Objective 3 seeks to examine the use of all levers to operationalise the ZD agenda.
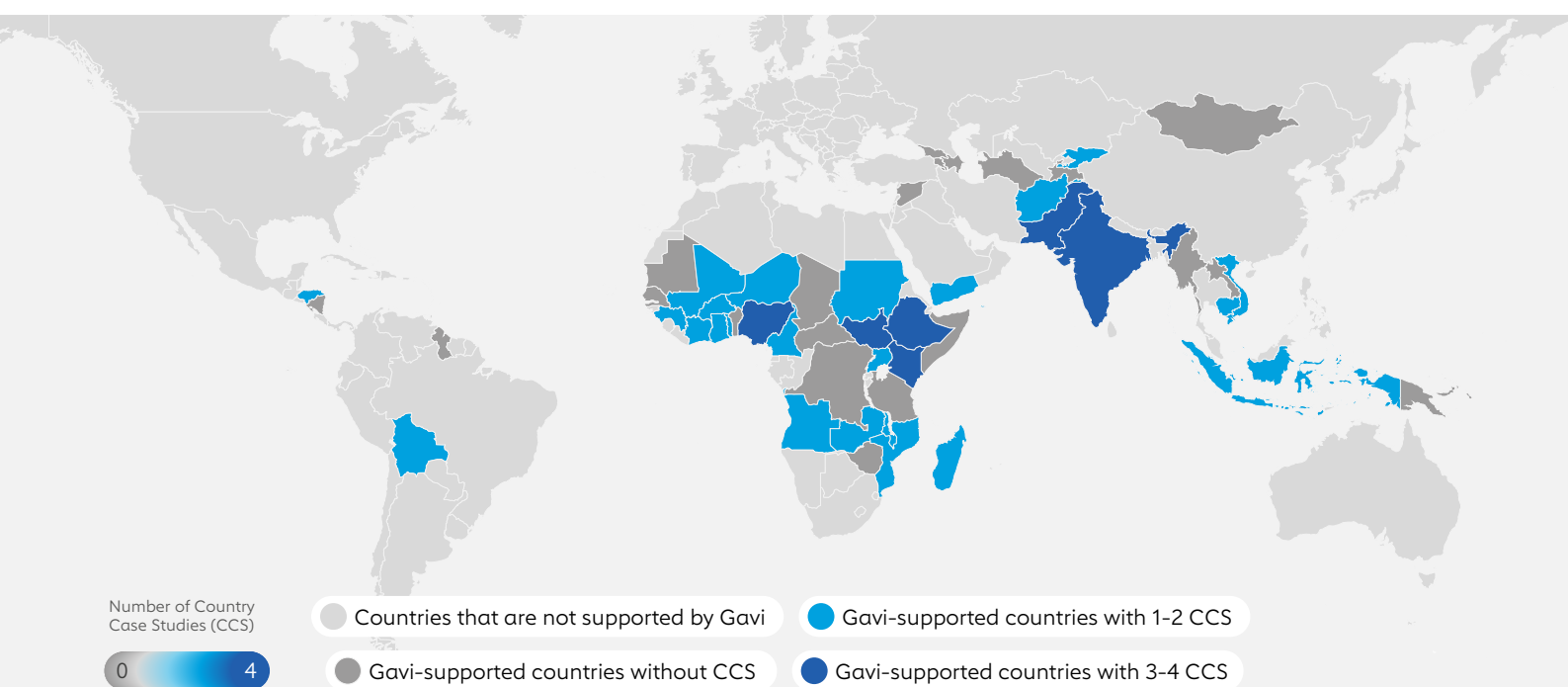
Shifts to planned timelines were discussed with Gavi's senior management team and agreed upon with the EAC in these meetings, given the impact of the pandemic, delays to the operationalisation of 5.0 and the burden on countries. This included delays to the start dates for the zero dose, strategy operationalisation and contribution to the sustainability of coverage post-transition evaluations.

1.4.3. Evaluation coverage across countries

In 2022, country case studies were conducted in 21 countries (out of 57) that are currently supported by Gavi and 3 countries that have transitioned out of Gavi support (out of 17), as represented in Figure 3 below.

Figure 3

Evaluation geographic coverage for evaluations completed or ongoing in 2022

Number of Country Case Studies (CCS)

0 — 4

○ Countries that are not supported by Gavi
● Gavi-supported countries with 1-2 CCS
● Gavi-supported countries without CCS
● Gavi-supported countries with 3-4 CCS

1.4.4. Evaluation budget

A total of US$ 2.48 million was spent on centralised evaluations in 2022. This included US$ 1.18 million on commissioned independent evaluations from the 4.0 centralised evaluation workplan, i.e. evaluations included in the evaluation workplan for the previous strategic period and that were completed in 2022, and US$ 1.3 million spent on centralised evaluations on the Gavi 5.0/5.1 workplan. As of December 2022, US$ 2.47 million was planned for 2023 for centralised evaluations.[6]

Table 2

Evaluation budget, 2021-2023

Centralised evaluations	2021 planned	2021 actuals	2022 planned	2022 actuals	2023 planned	2023 actuals
Gavi 4.0	US$ 2.75 million	US $2.04 million	US $1.38 million	US $1.18 million	US$2.47 million	N/A
Gavi 5.0/5.1		N/A		US $1.3 million		TBC
Total	US $2.75 million	US $2.04 million	US $1.38 million	US $2.48 million	US $2.47 million	TBC

[6] There is additional spend on Gavi's decentralised evaluations, but this information is not currently consolidated across the organisation.

Section 2

Evaluations completed or ongoing in 2022

2.1 **Completed or ongoing centralised evaluations in 2022**

Four centralised evaluations were completed, and five were ongoing at the end of 2022. For more details on each evaluation (e.g. objectives, scope and recommendations), please consult Annex A.

Centralised evaluations **completed** i.e. published with an Evaluation Management Response (EMR) in 2022:

Centralised evaluations commissioned under Gavi 4.0*
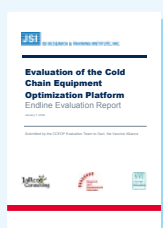
Evaluation of the Cold Chain Equipment Optimization Platform: Endline Evaluation (CCEOP Endline)

Evaluation timeline: December 2017- November 2021; published July 2022

Supplier: John Snow Institute (JSI), with partners Stat View International (Guinea), JaRco Consulting (Kenya) and Research and Development Solutions (RADS) (Pakistan). **Requested by:** Gavi Board

Gavi Pneumococcal Conjugate Vaccine Advance Market Commitment pilot: 2nd Outcomes and Impact Evaluation (PCV AMC)

Evaluation timeline: March 2021- February 2022; published June 2022

Supplier: Dalberg. **Requested by:** Advance Market Commitment (AMC) Board/Gavi Board

Evaluation of Gavi's Fragility, Emergencies and Refugees policy (FER)

Evaluation timeline: November 2020- September 2021; published March 2022

Supplier: Dalberg. **Requested by:** Advance Market Commitment (AMC) Board/Gavi Board

Gavi's COVAX Facility and COVAX AMC Evaluability Assessment and Evaluation Design Study (COVAX EA/ED)

Evaluation timeline: August 2021- March 2022; published March 2022

Supplier: Itad. **Requested by:** Gavi Board

* Evaluation timelines represent contract start and end dates.

Centralised evaluations **ongoing** in 2022 (continued):

Centralised evaluations commissioned under Gavi 4.0*

COVAX Facility and COVAX Advance Market Commitment Formative Review and Baseline Study (COVAX Phase 1)

Evaluation timeline: March 2022-March 2023; published May 2023
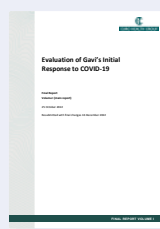
Supplier: Itad. **Requested by:** Gavi Board

Centralised evaluations commissioned under Gavi 5.0*

Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers (Strat. Ops.)

Evaluation timeline: August 2022-August 2023

Supplier: EHG. **Requested by:** Gavi Board

Evaluation of Gavi's initial response to COVID-19

Evaluation timeline: November 2021-December 2022; published May 2023

Supplier: EHG. **Requested by:** Gavi Board

Evaluation of Gavi's contribution to reaching zero-dose children and missed communities

Evaluation timeline: September 2022-December 2025

Supplier: Ipsos, with partners Itad/Market Access Africa. **Requested by:** Gavi Board

Mid-term evaluation (MTE) of Gavi's strategy from 2021-25

Evaluation timeline: October 2022-March 2024

Supplier: EHG. **Requested by:** Gavi Board

* Evaluation timelines represent contract start and end dates.

2.2

Evaluation dashboard for completed or ongoing centralised evaluations in 2022

The dashboard presented in Figure 4 offers an overview of key information relating to centralised evaluations completed or ongoing in 2022, including key data collection approaches,[7] quality of final evaluation reports,[8] level of management agreement with evaluation recommendations, timeliness of completion of the EMR (within 60 working days),[9] implementation status of actions indicated in the EMR,[10] as well as number of page views and downloads of final evaluation products.

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[7] As per latest information available as of August 2023, i.e. in the latest available deliverable.

[8] For centralised evaluations, the EAC's assessment of the final evaluation report must be posted on Gavi's public website, alongside the final evaluation report and its EMR.[7] As per latest information available as of August 2023, i.e. in the latest available deliverable.

[9] As per Gavi's Evaluation Operational Guidelines, EMRs must be produced and signed off by the relevant primary users, i.e. business owners, within 60 working days of the completion of an evaluation.

[10] Time between the publication of the final evaluation report and the action implementation deadlines in EMR.

FIGURE 4

Evaluation dashboard for completed or ongoing centralised evaluations in 2022

Overview of completed or ongoing centralised evaluations in 2022

Data collection in centralised evaluations

Evaluations	Number of key informant interviews[1] (Global / Country)	# of country case studies	Documents reviewed
COMPLETED IN 2022			
CCEOP Endline[2] Cold Chain Equipment Optimization Platform - Endline Evaluation	220	3	N/A[3]
FER Policy Evaluation of Gavi's Fragility, Emergencies and Refugees policy	64	3	500+
PCV AMC Gavi Pneumococcal Conjugate Vaccine Advance Market Commitment pilot: 2nd Outcomes and Impact Evaluation	71	7	80
COVAX EA/ED Gavi's COVAX Facility and COVAX AMC Evaluability Assessment and Evaluation Design Study	26	N/A	359
ONGOING IN 2022			
COVAX Phase 1 COVAX Facility and COVAX Advance Market Commitment Formative Review and Baseline Study	133	6	1002
COVID-19 Evaluation of Gavi's initial response to COVID-19	190	8	400
Strat.Ops. Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers	127	8	1017
ZD Evaluation of Gavi's contribution to reaching zero dose children and missed communities	145+	8	415
MTE Mid-term evaluation of Gavi's strategy from 2021-25	124	7 [4]	344

Public engagement with evaluation products[5]

	Evaluation page views	Final report downloads	Summary EMR downloads
COMPLETED IN 2022			
CCEOP Endline	3,000	80	N/A[6]
FER Policy	300	100	50
PCV AMC	300	20	20
COVAX EA/ED	400	60	N/A[7]

Timeliness of completion of the EMR (within 60 working days)

EMR was completed and signed off by business owner…

- ● Within 60 days → FER Policy, → PCV AMC
- ● After 60 days → CCEOP Endline[8]

EAC Quality Assurance rating and Gavi management agreement with recommendations for evaluations completed in 2022

EAC Quality Assurance of final evaluation reports[9]

| Evaluations	Evaluation Advisory Committee rated this report as:			
	Fully met or exceed Gavi quality standards	**Met** Gavi quality standards with only minor shortcomings	**Partially met** Gavi quality standards with some shortcomings	**Did not meet** Gavi quality standards with major shortcomings
CCEOP Endline	○	✓	○	○
FER Policy	○	✓	○	○
PCV AMC	✓	○	○	○

Gavi management agreement with recommendations

Evaluations	Level of management agreement with evaluation recommendations[7] (Agree / Partially agree / Disagree)
CCEOP Endline	37.5% Agree / 62.5% Partially agree
FER Policy	50% Agree / 50% Partially agree
PCV AMC	25% Agree / 50% Partially agree / 25% Disagree

Implementation status of actions indicated in EMRs for evaluations completed in 2022[10]

Actions in EMR
- ● Complete
- ● Continuous actions
- ● Not complete (future due date)
- ● Not complete (past due date)
- ● No update on progress

|	CCEOP Endline	FER Policy	PCV AMC
Continuous actions	3	1	1
No update on progress		3	
Not complete (future due date)	5		1
Not complete (past due date)	4	2	
Complete	18	8	
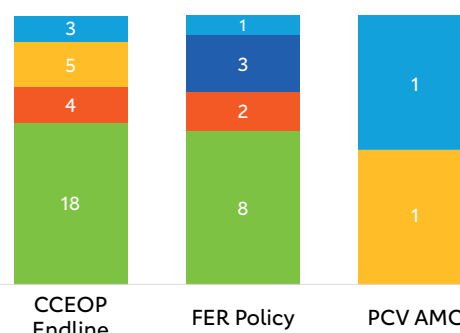
Notes:

1. The numbers of Global KIIs vs. Country KIIs are provided in Annex A.
2. Including all phases of this multiyear evaluation (baseline, midline, market shaping, endline).
3. Information not available.
4. Thematic case studies are to be conducted for MTE instead of CCS. See Annex A for more details. Please note that this is subject to change.
5. These are not exact numbers, but approximate numbers. It is also important to note that Gavi's Communications team migrated their data to a new system which caused a loss of numbers between March and April 2023.
6. Information not available.
7. There was no EMR for Gavi's COVAX Facility and COVAX AMC EA/ED as the aim was to assess the readiness for an evaluation i.e., findings were to inform the design of the multi-stage evaluation.
8. Completion of the CCEOP EMR required extensive coordination across partners, which led to delays in the finalisation of the EMR process within the 60 working days timeline.
9. Although the EAC was involved in the quality assurance of the COVAX Facility and COVAX AMC EA/ED, no EAC QA assessment summary was produced for Gavi's website, considering that this evaluation was conducted to inform the design of the multi-stage evaluation.
10. Implementation status documented as per last progress update with business owners in Jan/March 2023.

2.3 Completed or ongoing decentralised evaluations in 2022

Two decentralised evaluations were completed[11] and four evaluations were ongoing at the end of 2022.[12] For more details on each evaluation (e.g. objectives and scope), please consult Annex B.

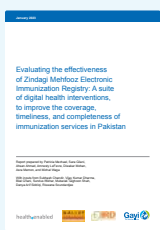### Decentralised evaluations **completed** in 2022:

Decentralised evaluations commissioned under Gavi 5.0*
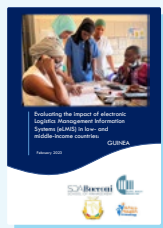
Evaluating the impact of electronic Immunization Registries (eIR) and electronic Logistics Management Information Systems (eLMIS) in low- and middle-income countries

Evaluation timeline: August 2021-December 2022; supplier: Centre for Research on Health and Social Care Management (CERGAS) at Bocconi University and MM Global Health Consulting

Requested/funded by: Bill & Melinda Gates Foundation (BMGF) (Gavi Secretariat engaged in the advisory group)

Evaluating the effectiveness of Zindagi Mehfooz Electronic Immunization Registry (ZM-EIR)

Evaluation timeline: March 2021-December 2022

Supplier: HealthEnabled. **Requested by:** Gavi Secretariat and INFUSE-PS

Decentralised evaluations **ongoing** in 2022:

Decentralised evaluations commissioned under Gavi 5.0*

Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017-2026

Evaluation timeline: May 2022-January 2023; published: March 2023

Supplier: EHG. **Requested by:** WHO Evaluation Office, in collaboration with UNICEF and with Gavi (Vaccine Programmes)

Evaluation of the Independent Review Committee (IRC)

Evaluation timeline: November 2022-March 2023; published April 2023
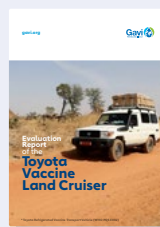
Supplier: Boston Consulting Group. **Requested by:** Gavi Secretariat (Funding Design and Review)

Evaluation of Mapping for Health (M4H) project in DRC (INFUSE)

Evaluation timeline: March 2021-September 2023

Supplier: HealthEnabled. **Requested by:** Gavi Secretariat and INFUSE-PS

Evaluation of the Toyota Vaccine Land Cruiser

Evaluation timeline: January 2022-June 2023

Supplier: Othman Abubakar.[13] **Requested by:** Gavi Secretariat (Private Sector Partnerships and Innovation)

* Evaluation timelines represent contract start and end dates.

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[11] As per Gavi's Evaluation Policy, EMRs are to be completed for both centralised and decentralised evaluations. As there are currently no processes in place to follow-up on this requirement for decentralised evaluations, decentralised evaluations are currently considered completed when the evaluation report is finalized. Once EMRs are systematically produced for decentralised evaluations, we will then be able to consider them completed once the EMR has been published.

[12] This is based on information on decentralised evaluations shared with EvLU by other Gavi teams, following a request sent in July/August 2023. Responses were obtained from: Programme Support Team (PST), Vaccine Programmes (VP), Health Systems and Immunisation Strengthening (HSIS), Funding Design and Review (FD&R), Innovative Finance (IF) and Middle-Income Countries (MIC). PST and MIC had no activities to report.

[13] Individual hired by Gavi from September 2021 to June 2023 as a consultant to conduct this evaluation.

Use of evidence from completed evaluations

There are many strategies that are used to ensure that the evidence generated from evaluations is embedded in Gavi's work for faster course correction, scaling of best practices and innovations and enabling cross-Alliance learning to achieve Gavi's strategy.

As previously mentioned, EMRs are requested following an evaluation to indicate whether management (i.e. relevant business owners) agree, partially agree or disagree with the recommendations of an evaluation and indicate actions to implement for each recommendation that is agreed or partially agreed (1,2,4). Following up on the implementation of actions in EMRs is important to track the utilisation of evaluative evidence and to ensure accountability.

Gavi deploys a range of other strategies to promote and facilitate the use of evaluation evidence both during and after the evaluation process – e.g. engaging key stakeholders in key processes, recommendation co-creation/validation workshops, engaging focal points in the EMR process, dissemination sessions, including evaluation evidence in governance meeting papers, targeted briefings, etc.

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3.1

Evaluation management responses

Gavi's Evaluation Policy requires that EMRs be produced within 60 working days of completing an evaluation (1). UNEG and the Organisation for Economic Co-operation and Development (OECD) DAC evaluation standards indicate that there needs to be a formal and systematic process to ensure that management responses to evaluations are produced and that their implementation is tracked and reported (UNEG Standard 1.4; OECD DAC Evaluation Quality Standard 4.2) (2,5). The last Multilateral Organisation Performance Assessment Network (MOPAN)[14] assessment (2015-2016) of Gavi's performance highlighted a lack of follow-up on evaluation recommendations (16). As a result, the evaluation function has taken steps to strengthen systems to support this.

In 2022, an internal EMR tracker (EMR iTracker) was launched and is currently coordinated by Gavi's CET. It includes all EMRs that are still active, i.e. EMRs that include at least one action that is not fully implemented.

Moving forward, relevant business owners will be requested to provide documentation on the progress of implementation into the EMR iTracker and this will be requested every six months until all actions have been completed, for a maximum of five years. Actions can be cancelled by the business owners when/if no longer relevant for the context, but justification will need to be provided when this the case.

It is important to note that there is currently no process in place to request EMRs and follow-up on their implementation for decentralised evaluations. Ensuring that EMRs are completed and that their actions are implemented for decentralised evaluations is a key area of focus for 2023.

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14 MOPAN is an independent network of 21 member states that assesses the performance of multilateral organisations.

3.1.1. Implementation of evaluation management responses

This section presents an update on implementing the actions included in EMRs. Centralised evaluations with an active EMR, i.e. with at least one action that is under way and/or not yet taken (and that has not reached the five-year tracking limit), are included here.

Centralised evaluations with an **active EMR:**

Evaluation of the Cold Chain Equipment Optimization Platform: Endline Evaluation (CCEOP Endline)

Evaluation timeline: December 2017-November 2021; published July 2022

Supplier: JSI, with partners Stat View International (Guinea), JaRco Consulting (Kenya) and RADS (Pakistan). **Requested by:** Gavi Board

Gavi Pneumococcal Conjugate Vaccine Advance Market Commitment (PCV AMC) pilot: Second Outcomes and Impact Evaluation

Evaluation timeline: March 2021-February 2022; published June 2022

Supplier: Dalberg. **Requested by:** AMC Board/Gavi Board
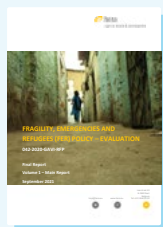
Evaluation of Gavi's Fragility, Emergencies and Refugees policy (FER)

Evaluation timeline: November 2020-September 2021; published March 2022

Supplier: HERA. **Requested by:** Gavi Board

Evaluation of Gavi's Private Sector Engagement Approach 2016-2020 (PSEA)

Evaluation timeline: May 2020-July 2023; published: July 2021

Supplier: Mott MacDonald. **Requested by:** Gavi Secretariat

Evaluation of Gavi's Eligibility and Transition and Co-financing Policies (ELTRACO) (May 2019-November 2019)

Evaluation timeline: May 2019-December 2019; published: November 2019

Supplier: CEPA. **Requested by:** Gavi Board

Evaluation of the Gavi Supply and Procurement Strategy, 2016-2020 (April 2020-November 2020)

Evaluation timeline: April 2020-December 2020; published: November 2020

Supplier: Cambridge Economic Policy Associates (CEPA). **Requested by:** Gavi Board

Evaluation of Gavi support to Civil Society Organisations (CSOs)

Evaluation timeline: April 2018-November 2018; published: August 2019

Supplier: Itad. **Requested by:** Gavi Secretariat and CSO Constituency

Evaluation of Gavi's Gender Policy (Gender)

Evaluation timeline: November 2018-May 2019; published: May 2019

Supplier: Itad. **Requested by:** Gavi Board

Evaluation of the Cold Chain Equipment Optimization Platform: Market Shaping (CCEOP MS)
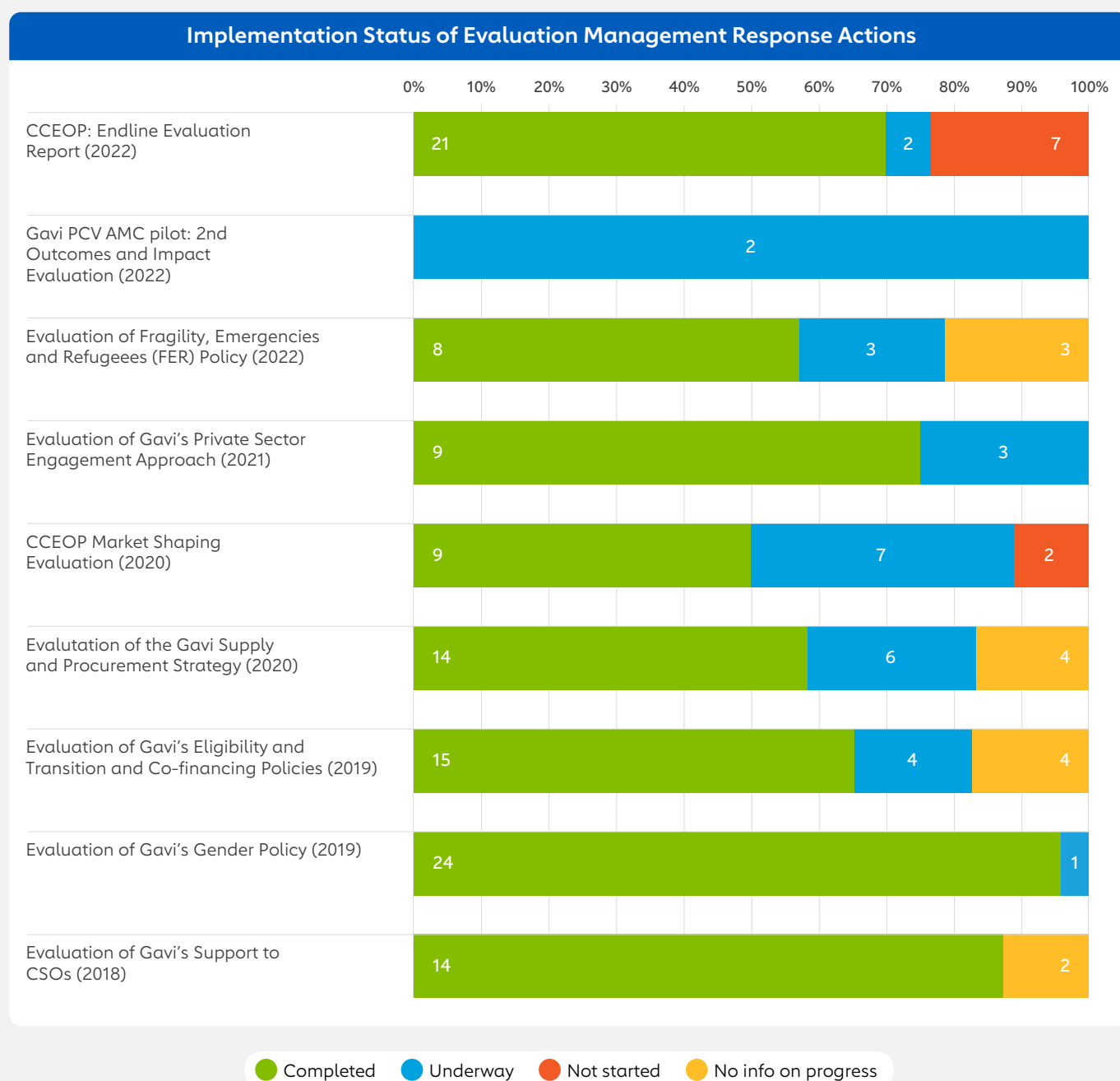
Evaluation timeline: January 2018-August 2020; published with CCEOP Endline (July 2022)

Supplier: JSI, with partners Stat View International (Guinea), JaRco Consulting (Kenya) and RADS (Pakistan). **Requested by:** Gavi Board

Figure 5 provides an overview of the level of implementation of evaluation recommendations for the centralised evaluations listed above, i.e. if actions have been completed, are under way, have not been started or have been cancelled.

Figure 5
Implementation status of actions included in the active EMRs – as of January/March 2023

Implementation Status of Evaluation Management Response Actions

Evaluation	0%		100%
CCEOP: Endline Evaluation Report (2022)	21	2	7
Gavi PCV AMC pilot: 2nd Outcomes and Impact Evaluation (2022)	2		
Evaluation of Fragility, Emergencies and Refugeees (FER) Policy (2022)	8	3	3
Evaluation of Gavi's Private Sector Engagement Approach (2021)	9	3	
CCEOP Market Shaping Evaluation (2020)	9	7	2
Evalutation of the Gavi Supply and Procurement Strategy (2020)	14	6	4
Evaluation of Gavi's Eligibility and Transition and Co-financing Policies (2019)	15	4	4
Evaluation of Gavi's Gender Policy (2019)	24	1	
Evaluation of Gavi's Support to CSOs (2018)	14	2	

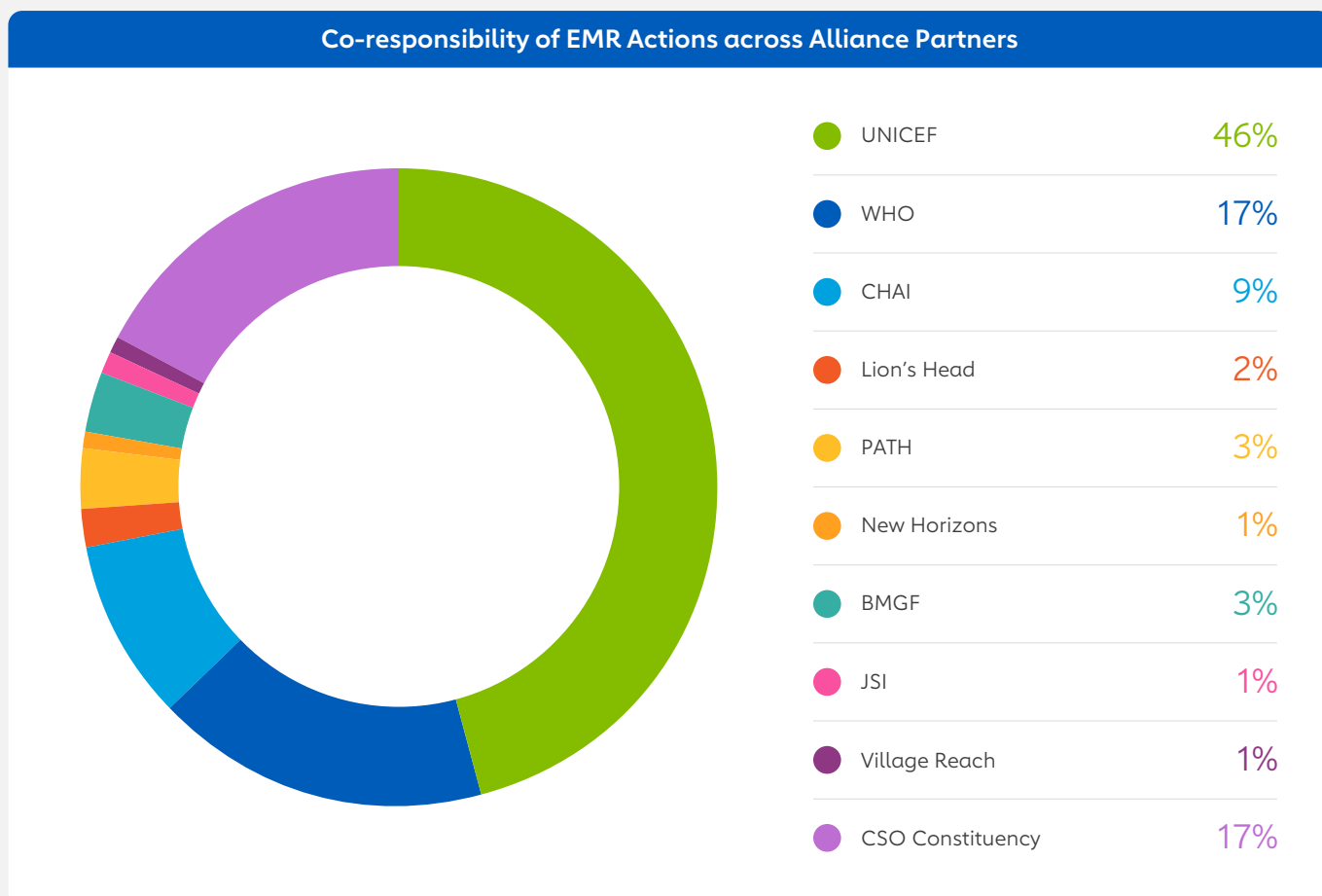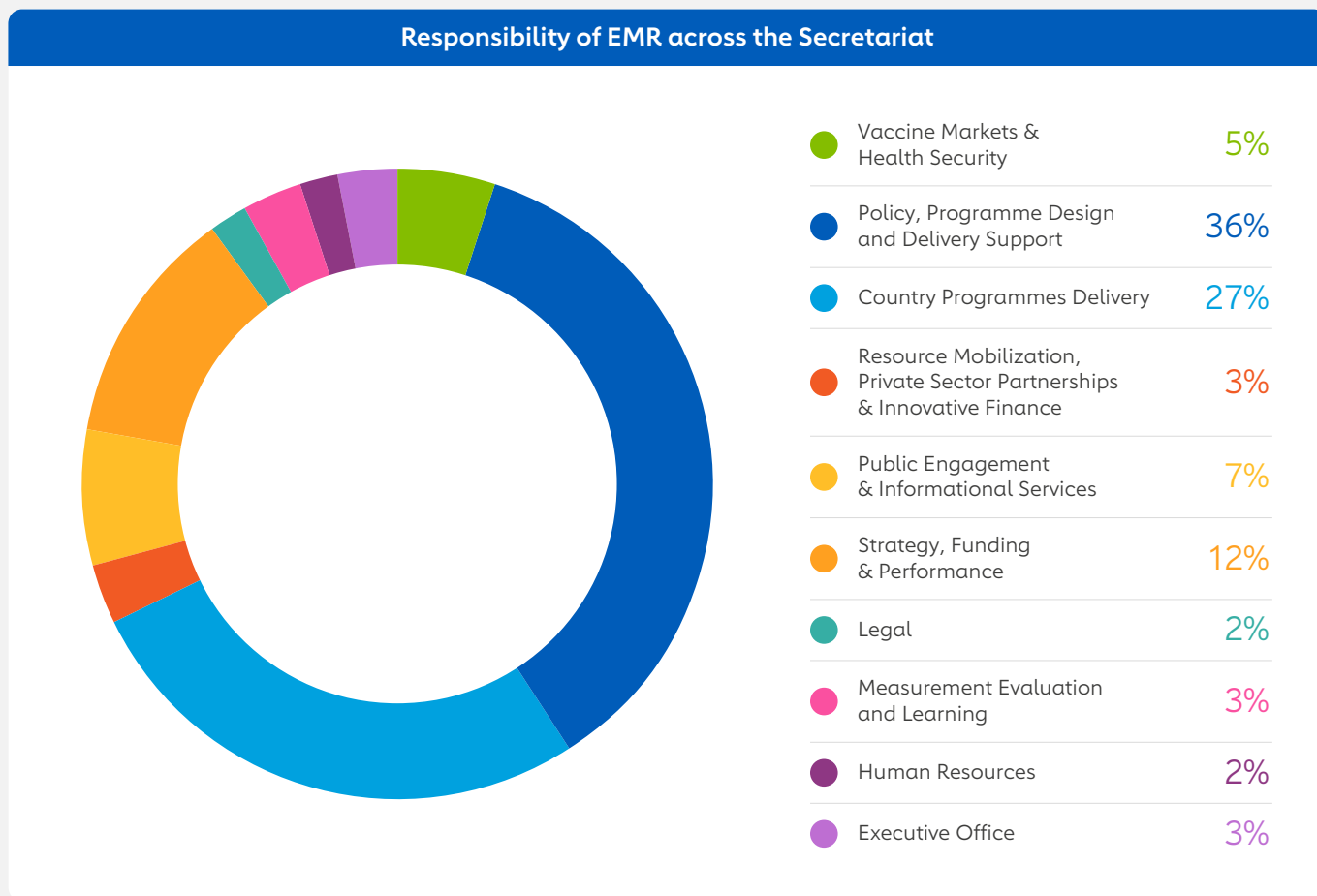● Completed   ● Underway   ● Not started   ● No info on progress

EMRs must indicate who is responsible within the Gavi Secretariat to implement each action and/or to ensure that this action is implemented (1,4). When collaborating with Alliance partners to implement certain actions, this must also be indicated in the EMR.

Figure 6 provides information on the responsibility of the Gavi Secretariat and co-responsibility with Alliance partners for all actions included in the EMRs of the centralised evaluations included in this section.

FIGURE 6
Responsibility for actions included in the active EMRs

Responsibility of EMR across the Secretariat

●	Vaccine Markets & Health Security	5%
●	Policy, Programme Design and Delivery Support	36%
●	Country Programmes Delivery	27%
●	Resource Mobilization, Private Sector Partnerships & Innovative Finance	3%
●	Public Engagement & Informational Services	7%
●	Strategy, Funding & Performance	12%
●	Legal	2%
●	Measurement Evaluation and Learning	3%
●	Human Resources	2%
●	Executive Office	3%

Co-responsibility of EMR Actions across Alliance Partners

●	UNICEF	46%
●	WHO	17%
●	CHAI	9%
●	Lion's Head	2%
●	PATH	3%
●	New Horizons	1%
●	BMGF	3%
●	JSI	1%
●	Village Reach	1%
●	CSO Constituency	17%

3.1.2. Strengthening our processes to follow up on EMRs

As Gavi's CET strives to improve its processes to follow up on the implementation of the actions included in EMRs, a project is planned for 2023 to document the mechanisms used by other multilateral organisations to systematically track and report on the implementation of evaluation recommendations. This will inform future decisions aiming to improve Gavi's practices. The recommendations and actions emerging from this exercise will be presented in the 2023 Annual Evaluation Report.

3.2

Strategies to promote the use of evaluation evidence

To promote and facilitate the uptake of evaluation evidence, Gavi uses a variety of mechanisms both during the evaluation process and after the publication of the report. These strategies are informed by the 17-step Utilisation-Focused Evaluation framework (UFE) (17). Table 3 below presents examples of key elements integrated into Gavi's approach.

Table 3
Examples of elements integrated into Gavi's approach to promote and facilitate the uptake of evidence

1	Agreeing to a clear use case/s for the evaluation that drives the process with the evaluation questions and timeline set out in the request for proposal informed by this.
2	A comprehensive stakeholder analysis undertaken upon initiation of the evaluation process.
3	A tailored stakeholder engagement approach including, for example, identification of a set of Focal Points from within the Secretariat comprising key users of the evaluation to engage through the process, i.e. sourcing documents, key informant interviews (KIIs), deliverable review etc.
4	Engagement of a Steering Committee, including representation of partners and other key stakeholder/expert groups, to support utility.
5	A communication and learning plan informed by the stakeholder analysis and driven by evaluation objectives/use cases and an understanding of Gavi business processes, to ensure evidence is available and accessible for planning/decision-making.
6	Interactive mechanisms for engaging a broader set of stakeholders including sense-making, validation and/or co-creation workshops to obtain feedback on findings/to draft recommendations to refine/strengthen and ensure feasible/actionable.
7	Policy briefs to capture key topics in a concise, tailored and accessible document for decision-makers.
8	Creative and tailored dissemination approaches including workshops/webinars taking place after the finalization of the report.

These approaches were applied to the evaluations completed in 2022. Additional practices were also introduced for specific studies e.g. contracting specialised facilitators to support the co-creation workshop process for the pneumococcal conjugate vaccine (PCV) AMC evaluation. It is also important to note that for evaluations that were ongoing at the end of 2022, additional measures were implemented to enhance utility through the evaluation process. These include efforts to enhance engagement with Gavi's

Board, such as conducting technical briefings to Gavi's Board and Gavi's Policy and Programme Committee (PPC) members on the Centralised Evaluation Workplan.

Furthermore, since 2022, focal points from the Senior Management Team have now been identified for each centralised evaluation of strategic importance to the Board to support implementation and stakeholder engagement through the evaluation process to enhance the credibility and utility of the evaluation findings and recommendations.

3.3

Examples of the use of evaluation evidence

In addition to the EMR iTracker, the use of centralised evaluation evidence, i.e. in strategic discussions and/or to support the development of guidelines, policy and programming (beyond what is included in EMRs),[15] is systematically documented. Table 4 presents examples of decisions/activities informed by evaluation evidence. The intended use for decentralised evaluations completed in 2022 is provided in Annex B.

Table 4
Examples of the use of evaluation evidence

Evaluations	Examples of use of evaluation evidence beyond EMRs
CCEOP Endline (2022)	• Remote temperature monitoring device (RTMD) is now mandatory for cold chain equipment used at the central and regional levels. • Expanding the role of CCEOP Project Management Teams (PMTs) to have a more holistic view of cold chain equipment (CCE) investments, maintenance, CCE performance, Operational deployment plan (ODP) validation and SBP performance irrespective of funding source. • Lessons learned have informed discussions around Gavi's future role in pandemic preparedness and response (PPR).
PCV AMC (2022)	• Evaluation evidence informed the PCV AMC Department for International Development (DFID) Annual Report • Vaccine Funding Guidelines have been updated to enable assessment of new vaccine options, i.e. across all Gavi antigens (over 40 options in total).
FER Policy (2022)	• Lessons learned have been used in reviewing and updating Gavi's FER policy, now the Fragility, Emergencies and Displaced Populations (FED) Policy.
PSEA (2021)	• Findings, lessons learned and recommendations used to inform the revision of the PSEA Strategy under Gavi 5.0. • PPC recommendation and Board approval of the principles of Gavi's 5.0 PSEA Strategy: country-driven, aligned to Gavi's zero-dose agenda, vaccine delivery and immunisation system strengthening. • The Board approved the creation of an Alliance-wide private sector Community of Practice (CoP) and a Private Sector Investors Group. • PPC recommendation to the Secretariat to further elaborate on the operationalisation in fragile and conflict contexts and the alignment between Gavi's existing governance mechanisms and the proposed private sector structures.
CCEOP MS (2020)	• CCEOP application guidance updated to include the three-preferences approach. • Used in updating the market shaping strategy (MSS).
Supply and Procurement (2020)	• Inclusion of healthy demand as a strategic priority in the MSS. • Inclusion of healthy demand attributes in the new iteration of the Healthy Markets Framework (HMF). • Operationalisation of partnership optimisation to explore a more efficient alliance partnership model and to explore optimised reporting/analysis structures that will better emphasize longer-term strategies. • The new 5.0 MSS includes the demand for health to be more country-centric.
ELTRACO (2019)	• Used in the Funding Policy review and update. • Informed the Revision of the Eligibility and Transition Policy and the Co-Financing Policy.
Gender Policy (2019)	• Used to inform new Gavi Gender Policy (2020) • Integrating gender in the Gavi 5.0 Strategy, specifically with the zero-dose agenda, with Objective 2, and elevating "gender-focused" to a principle. • Integration of gender in new Gavi 5.0 grant application and programme funding guidelines, and integration of a gender lens into IRC reviews. • Integration of a gender marker in application workplans and budgets. • Creating a Senior Manager role for gender within the Gavi Secretariat. • The term "gender-responsive" is now used instead of "gender-sensitive". • Gavi talks on gender and immunisation case studies. • Contracts signed with the Global Women's Institute to design two courses on gender and immunisation. • Establishment of the Alliance Gender Equality and Coordination Group with the purpose of having increased coordination in the learning of gender-responsive approaches, capacity enhancement of staff, knowledge sharing and implementation in countries. • Reestablishment of the gender technical working group and a gender Steering Committee.

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[15] This is currently only done for centralised evaluations, but it is planned to include decentralised evaluations.

Strengthening evaluations in Gavi 5.0/5.1

4.1

Measures introduced to enhance the credibility, independence and utility in 2022

Actions were taken to strengthen the evaluation function and to enhance the credibility, independence and utility of Gavi's evaluations, based on experiences with 4.0 and 5.0 evaluations, from an internal review of the evaluation function conducted in 2021 (18-26) and from After Action Reviews (AARs) completed after every evaluation process.

A series of measures to strengthen **planning** for evaluations were introduced, including:

- Early identification of prioritised learning questions to inform the development of the multi-year evaluation workplan, based on inputs from the Gavi Secretariat, Alliance partners and the EAC;

- Strengthening coordination with other monitoring and learning activities across Gavi;

- Evaluability assessments conducted prior to undertaking key evaluations; and

- Systems strengthened for sourcing/collating documents and data.

Additional efforts to ensure the **quality** of Gavi's evaluations were undertaken including:

- Quality assurance tools were reviewed to align with current best practices in the evaluation sector and roles of key actors in the quality assurance process were clarified in the EOGs;

- EAC Focal Points for each evaluation routinely reviewed inception reports for each evaluation; and

- Systematic engagement of partners and EAC members[16] on Steering Committees for each evaluation.

Tools and processes were developed to strengthen **engagement** with the evaluation process among key stakeholders, with the intent to enhance **utility,** including:

- Strengthened stakeholder analysis process at the start of evaluations, including clear understanding of use case/timing for evaluation questions;

- Development of a communication and learning plan at the start of each evaluation process;

- Guidance on writing evaluation reports for Gavi developed for suppliers based; and

- An annual evaluation report shared with the EAC/Board including tracking of implementation of the actions included in EMRs.

Another key area of focus is on ensuring **Gavi countries are integral to all aspects of the evaluation process** ranging from engagement through the process, composition of advisory bodies and through consortia that involve or are led by institutions from Gavi partner countries. Key initiatives in this area were undertaken, and include a supplier review to identify barriers to selection of suppliers from low- or middle-income countries (LMICs) and a set of actions to expand the supplier base agreed in consultation with the EAC.

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[16] A key shift allowing EAC members to sit on the Steering Committee of centralised evaluations was an important change included in a revision to Gavi's Evaluation Policy approved by the Gavi Board (December 2021) and implemented through 2022. The change in policy was enacted to enable the EAC to maintain the oversight required to fulfil its terms of reference (21).

Looking to the future

This section provides an overview of the outlook for the evaluation function in 2023 and beyond. This includes kicking off the process to develop an evaluation workplan for the Gavi 6.0 strategy and strengthening the evaluation function.

5.1
Development of the Evaluation Workplan for Gavi 6.0

In preparation for the next strategic period, Gavi 6.0 (2026-2030), the development process for the centralised evaluation work plan will commence. This process will build on experiences with Gavi 5.0 evaluations. The evaluation team will collaborate with the EAC to align the workplan's design process, principles and timeline for development. Input from countries and other key stakeholders will be critical during the development of the Gavi 6.0 evaluation workplan.

5.2
Strengthening Gavi's Evaluation Function for 6.0

Recent AARs, completed after each evaluation process, highlighted ongoing challenges to delivery such as 1) stakeholder fatigue from multiple evaluations running concurrently due to shifts to timelines related to the pandemic and delays to the operationalisation of Gavi 5.0, 2) a limited pool of suppliers bidding for evaluations and lack of representation from LMICs, 3) a lack of processes to systematically follow-up on EMR implementation, 4) evaluations being transaction cost heavy from stakeholder and supplier perspective, and 5) a lack of detail/transparency in reporting on methods used by evaluators. In addition to the activities to strengthen the function identified below, these are key issues for reflection as Gavi develops the evaluation workplan for Gavi 6.0.

To further strengthen the evaluation function in 2023, Gavi plans to:

Continue to learn from the broader evaluation sector to ensure Gavi's evaluations draw on the most appropriate and robust methods to answer the evaluation questions.

Collaborate with other evaluation functions to expand the supplier pool and engage further suppliers from LMICs.

Continue to invest in the professional development of the evaluation team through training opportunities, workshops and conference attendance.

Continue to mainstream gender and human rights within its evaluation processes and strengthen how climate change is approached in evaluation processes learning from practices in other evaluation functions.

Continue to enhance evaluation management processes and ensure transparency of methods/analysis presented in evaluation reports.

Share and engage stakeholders in evaluation evidence via targeted, innovative and strategic approaches.

Embed systematic EMR follow-up tracking and reporting systems including the addition of a key performance indicator (KPI) on the implementation of evaluation recommendations in Gavi's performance management system.

Strengthen the coordination of Gavi's decentralised evaluations to maximise learning opportunities, e.g. ensuring that they are systematically added to Gavi's Learning Portal,[17] and that final evaluation reports are published online.

Furthermore, the process for the MOPAN assessment of Gavi started in Q1 2023, and a draft report is expected in Q4 2023. Three key outputs related to the evaluation function will be assessed 1) the independence of the evaluation function (KPI 8.1), 2) evaluation coverage (KPI 8.2) and 3) evaluation quality (KPI 8.3). This assessment will help to identify key priority areas to strengthen the evaluation function and will inform planning for Gavi's next evaluation function review.

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[17] A repository of evaluation, research studies and other learning activities conducted by Gavi.

For further information, please consult our webpage:
https://www.gavi.org/programmes-impact/our-impact/evaluation-studies

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Annex A: Details of completed or ongoing centralised evaluations in 2022

Centralised evaluations completed in 2022

This section presents further details on the centralised evaluations that were **completed** between January and December 2022, including but not limited to evaluation timelines, supplier commissioned, objectives and scope, data collection, as well as recommendations and level of management agreement with recommendations.
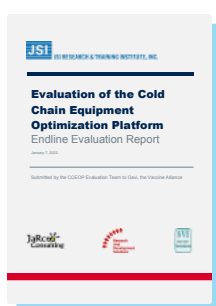
Evaluation of the Cold Chain Equipment Optimization Platform (CCEOP): Endline Evaluation (John Snow Institute (JSI))

Requested by: Gavi Board – commissioned under Gavi 4.0

Evaluation timeline	December 2017-November 2021; published July 2022 • December 2017-March 2018, inception phase • March 2018-April 2021, baseline and midline phases and CCEOP market shaping • March 2021-November 2021, endline phase
Objective(s)	• To assess the relevance, effectiveness, efficiency, outcomes and sustainability of the CCEOP investment in three countries (Guinea, Kenya and Pakistan) that Gavi selected for this evaluation given their stage of CCEOP deployment • To assess CCEOP's progress against its original objectives while keeping in mind the other channels through which countries were obtaining cold chain equipment (CCE) and taking such channels into account, when possible, as part of the evaluation
Scope	• Global-level market shaping and country-level implementation • Early implementation countries • Implementation period: 2018-2020 • Covers the results framework from inputs to outcomes and the primary questions address the relevance, effectiveness, efficiency, outcomes, results and sustainability of the platform
Number of documents	N/A[18]
Number of key informant interviews (KIIs)	Total of **220** (country KIIs) (72 for Guinea, 63 for Kenya, 85 for Pakistan)
Country Case Studies (CCS)	**3** (Guinea, Kenya and Pakistan)

[18] Information not available

Recommendations and response	For recommendations, including management's level of agreement with recommendations, please consult the Evaluation Management Response (EMR)	Summary EMR ⌝
Quality Assurance (QA)	The Evaluation Advisory Committee (EAC) rated this report as: Met Gavi quality standards with only minor shortcomings	
Final report	Published on Gavi's website: CCEOP Endline Evaluation Report	

Evaluation of Gavi's Fragility, Emergencies and Refugees (FER) policy (HERA)

Requested by: Gavi Board – commissioned under Gavi 4.0

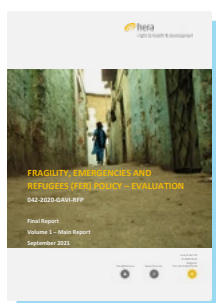|	
Evaluation timeline	November 2020-September 2021
Objective(s)	To assess the overall design, implementation and results of FER policy (2017)
Scope	Retrospective, covering the period from when the FER policy was designed and first applied (June 2017 until mid-2020) • Benchmark Gavi's FER policy against similar policies from other organisations/development agencies, as part of the proposed evaluation approach • Out-of-scope: Gavi's approach/response to the COVID-19 pandemic
Number of documents	**500+**
Number of KIIs	**64** (37 global KIIs, 27 country KIIs)
Country Case Studies (CCS)	**3** (Afghanistan, Bangladesh, South Sudan)
Recommendations and response	For recommendations, including management's level of agreement with recommendations, please consult the Evaluation Management Response (EMR) Summary EMR ⌝

Quality Assurance (QA)	The EAC rated this report as:
	Met Gavi quality standards with only minor shortcomings

Final report	Published on Gavi's website:
	FER Evaluation Final Report

Gavi Pneumococcal Conjugate Vaccine (PCV) Advance Market Commitment (AMC) pilot: Second Outcomes and Impact Evaluation (Dalberg)

Requested by: AMC Board/Gavi Board – commissioned under Gavi 4.0

Evaluation timeline	March 2021-February 2022, published June 2022
Objective(s)	To assess to what extent and how the PCV AMC pilot has achieved its overarching impact goal of reducing rates of morbidity and mortality from pneumococcal disease in developing countries.
Scope	• Covers the entire period of the pilot AMC mechanism implementation 2009-2020 • Retrospective, mixed-method evaluation using a theory-based approach and counterfactual
Number of documents	**80**
Number of KIIs	**71** (62 global KIIs, 9 country KIIs)
Country Case Studies (CCS)	**7** (Nigeria, India, Bangladesh, Cameroon, Pakistan, Bolivia, Indonesia)
Recommendations and response	For recommendations, including management's level of agreement with recommendations, please consult the Evaluation Management Response (EMR) **Summary EMR ↗**
Quality Assurance (QA)	The EAC rated this report as: **Fully meeting or exceeding Gavi quality standards**

Final report	Published on Gavi's website:

[PCV AMC Evaluation Final Report](#)

Gavi's COVAX Facility and COVAX AMC Evaluability Assessment and Evaluation Design Study (Itad)

Requested by: Gavi Board – commissioned under Gavi 4.0

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Evaluation timeline	August 2021-March 2022, published March 2022
Objective(s)	To assess the readiness for an evaluation, including the coherence and completeness of the COVAX Facility and COVAX AMC design, the availability of data to answer the evaluation questions (EQs), and the usefulness of doing so; and set out an appropriate and robust multi-stage evaluation design, using the findings of the above, that can be utilised over the life course of the COVAX Facility and COVAX AMC.
Scope	In terms of the scope of work, the evaluation considers the interconnectedness of roles, responsibilities, and ways of working between agencies to facilitate COVAX Facility and COVAX AMC results. The evaluation also considers the COVAX Facility and COVAX AMC in the context of COVAX and ACT-A more generally and the geopolitical and wider contextual factors at play. As such, this involves taking into consideration factors both within and outside of Gavi's direct control, and factors over which Gavi has both higher and lower levels of control and for which it can be held accountable.
Number of documents	**359**
Number of KIIs	**26** (22 global KIIs, 4 country KIIs[19])
Country Case Studies (CCS)	N/A
Recommendations and response	Recommendations to be taken forward into the evaluation design.
Quality Assurance (QA)	Quality assurance was done by the EAC, but no EAC QA assessment summary was produced for Gavi's website

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[19] AMC92 or self-financing participants (SFP) countries.
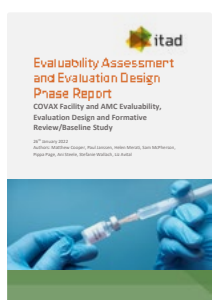
Final report	Published on Gavi's website:
	[COVAX EA/ED Final Report](#)

Centralised evaluations ongoing in 2022

This section presents further details on the centralised evaluations that were **ongoing** between January and December 2022, including but not limited to: evaluation timelines, supplier commissioned, objectives and scope, and data collection.[20]

Evaluation of Gavi's initial response to COVID-19 (Euro Health Group)
Requested by: Gavi Board – commissioned under Gavi 4.0

Evaluation timeline	November 2021-December 2022, published May 2023
Objective(s)	• To assess the design, implementation process, efficiency and effectiveness of respond and protect (R&P) (i.e. reprograming up to 10% of existing health system and immunisation strengthening (HSIS) grants, partners' engagement framework (PEF), targeted country assistance (TCA), post-transition support, co-financing waiver and eligibility freezes). • To assess the design, implementation process, efficiency and effectiveness of Gavi's maintain, restore and strengthen (M&R&S) in terms of immunisation services at the country level. • To assess how effectively countries executed the flexibilities funds and how Gavi and the Alliance mitigated risk (to the extent possible).
Scope	The evaluation covers Gavi's initial response to the COVID-19 pandemic under R&P and the design and roll-out of M&R&S. The evaluation examines M&R&S implementation since the release of the guidance in October 2020. The evaluation is not intended to address questions related to the COVAX Facility and COVAX AMC – these are being pursued through a separate evaluation.
Number of KIIs	**190** (47 global KIIs, 143 country KIIs)

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[20] As per latest information available as of July/August 2023, i.e. in the latest available deliverable.

Country Case Studies (CCS)	**8** (Kenya, Mozambique, Niger, Nigeria, Pakistan, Sudan, Togo, Uganda)
Use/expected use	• To inform programmatic initiatives to M&R&S routine immunisation and the future direction of Gavi's response to epidemic/pandemic situations. • To provide critical evidence for the ongoing Mid-Term Evaluation (MTE) of Gavi's 2021-2025 strategy.
Final report	Published on Gavi's website: **C-19 Evaluation Final Report**

COVAX Facility and COVAX Advance Market Commitment (AMC) Formative Review and Baseline Study (Itad, with 3ie)

Requested by: Gavi Board

Evaluation timeline	March 2022-March 2023, published May 2023
Objective(s)	• To ensure the successes, challenges and lessons learned from the COVAX Facility and COVAX AMC are independently evaluated and documented – both from a learning and an accountability perspective. • To assess what has worked well and less well to date in the design, implementation and results of the COVAX Facility and AMC, albeit with less focus on the latter given the implementation time period, from when COVAX was conceptualised in 2020 through to the end of 2021, although it recognises subsequent relevant shifts over Q1-Q2 2022.
Scope	The evaluation period is March 2020-December 2021.
Number of KIIs	**133** (76 global KIIs, 57 country KIIs)
Country Case Studies (CCS)	**6** (Brazil, Colombia, Democratic Republic of the Congo, India, Senegal, Vietnam)
Use/expected use	To inform discussions and decision-making at the PPC and Board level on strengthening COVAX's ongoing operations as well as Gavi's future role in pandemic preparedness and response (PPR).

Final report	Published on Gavi's website:

[COVAX Phase 1 Evaluation](#)

Evaluation of the operationalisation of Gavi's Strategy through Gavi's policies, programmatic guidance and use of funding levers
(Euro Health Group)

Requested by: Gavi Board – commissioned under Gavi 5.0

Evaluation timeline	August 2022-August 2023
Objective(s)	The principal objective of this evaluation is to assess the effectiveness of Gavi's strategy operationalisation model. The evidence generated by this evaluation will: • support identification of strengths and weaknesses in the strategy operationalisation model; and • generate organisation-level learning on Gavi's strategy operationalisation model. The evaluation's conclusions, lessons learned and recommendations are intended to inform ongoing changes to Gavi's strategy operationalisation model. In addition to other evaluations such as COVAX Facility and COVAX AMC and Gavi's initial response to COVID-19, this evaluation will also provide critical evidence to inform Gavi's mid-term evaluation to be completed by early 2023.
Scope	The evaluation will cover the operationalisation of Gavi's strategy through its programmatic policies, funding levers and the application process since 2015 (the period covered by the Gavi 4.0 and Gavi 5.0 strategies). The intent is not that the evaluation assesses the contribution and success of individual programmatic policies or other support modalities, but rather draws on Gavi's experience of designing and translating such policies into action at the country level through the funding levers and application process.
Number of KIIs	**127** (63 global KIIs, 64 country KIIs)
Country Case Studies (CCS)	**8** CCS (in-country: Cambodia, Democratic Republic of the Congo, Nigeria, South Sudan; desk reviews: Djibouti, Ethiopia, India, Yemen).

Use/expected use	• To inform the 6.0 design and operationalisation process
	• To provide valuable evidence to feed into the ongoing MTE of Gavi's 2021-2025 strategy (to help explain performance)
	• To inform the EVOLVE[21] project, as well as the operational excellence agenda
Final report	Soon to be published on Gavi's website: <u>Evaluation studies</u>

Evaluation of Gavi's contribution to reaching zero-dose children and missed communities (Ipsos, with partners Itad/Market Access Africa)

Requested by: Gavi Board – commissioned under Gavi 5.0

Evaluation timeline	September 2022-December 2025
Objective(s)	The evaluation will focus on the following four key objectives:
	• Evaluate the coherence and rationale of the Gavi's zero-dose agenda in terms of the Gavi 5.0 aim of "leave no one behind with immunisation";
	• Evaluate the plausible contribution of grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0, to achieving Gavi's targets related to reaching zero-dose and missed communities;
	• Assess the operationalisation of the zero-dose agenda through the Gavi 5.0 funding levers; and
	• Generate strategic lessons learned on the implementation of the zero-dose agenda to inform course correction and development of the Gavi 6.0 strategy.
Scope	This evaluation will be implemented over 2022-2025 (three phases).
	The 2023 product is intended to meet both learning (Gavi Secretariat, Alliance partners) and early-stage accountability (Gavi Board through the MTE) needs.
	The 2024 and 2025 products are primarily intended to meet the learning needs of the Gavi Secretariat, Alliance partners and countries and to inform the development of Gavi 6.0.
Number of KIIs	**145+** (65 Global/Regional KIIs, 80+ Country KIIs) for year 1
Country Case Studies (CCS)	**8** (in-country: Cambodia, Côte d'Ivoire, Djibouti, Ethiopia, India, Pakistan; desk reviews: Afghanistan, South Sudan (for year 1, to reassess for years 2 and 3).
Use/expected use	• To contribute to strategic and programmatic decision-making regarding course correction for Gavi 5.0/5.1 and development of Gavi 6.0.
	• To feed into the MTE of Gavi's 2021-2025 strategy.
Final report	Final report for year 1 will be available at the end of 2023.

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[21] EVOLVE is a transformational project to innovate the way Gavi manages and delivers funds to implementing countries and partners.

MTE of Gavi's 2021-2025 strategy (Euro Health Group)

Requested by: Gavi Board – commissioned under Gavi 5.0

Evaluation timeline	October 2022-March 2024
Objective(s)	The evaluation focuses on meeting the following three key objectives: 1. Evaluating the status of implementation of Gavi's fifth strategy by end 2023 and identifying the drivers and barriers that explain that status. 2. Assessing the extent to which implementation of the strategy on its current trajectory will plausibly result in achievement of the prioritised strategic goals and objectives and identify areas for course correction. 3. Generate a series of findings, conclusions, lessons learned and recommendations that can inform development of Gavi 6.0 (2026-2030).
Scope	The evaluation has both a summative component (which looks at implementation and progress to date against the Gavi 5.0/5.1 strategic goals and objectives) and a formative component (which focuses on emerging themes that could impact on the remainder of Gavi 5.1 and inform Gavi 6.0).
Number of KIIs	**124** (94 global KIIs, 30 country KIIs)
Country Case Studies (CCS)	**7** thematic case studies: innovation (Madagascar), sustainability (Malawi or Ghana, Zambia, Ethiopia), middle-income countries (Angola, Indonesia, Belize, Venezuela or Honduras, Sri Lanka), market shaping, horizon scanning, plausibility (Ethiopia, Mali, Burkina Faso, Kenya, Madagascar, Malawi or Ghana, Zambia, Kyrgyzstan), and drivers and incentives (same as for plausibility).[22]
Use/expected use	• To support course correction in Gavi 5.1 (2023-2025). • To inform the development of Gavi 6.0 (2026-2030).
Final report	Will be available in 2024.

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[22] Thematic case studies are to be conducted for MTE instead of CCS. Please note that this is subject to change.

Annex B: Details of completed or ongoing decentralised evaluations in 2022

Decentralised evaluations completed in 2022

This section presents further details on the decentralised evaluations that were **completed** between January and December 2022, including but not limited to: evaluation timelines, supplier commissioned, objectives and scope, as well as recommendations and use/expected use.

Evaluating the impact of electronic Immunization Registries (eIR) and electronic Logistics Management Information Systems (eLMIS) in low- and middle-income countries (Centre for Research on Health and Social Care Management (CERGAS) at Bocconi University and MM Global Health Consulting)

Requested/funded by Bill & Melinda Gates Foundation (BMGF) (Gavi Secretariat engaged in the advisory group)

Evaluation timeline	August 2021-December 2022
Objective(s)	Produce and disseminate quality evidence to support countries and donors in making decisions about the introduction and use of eLMIS and eIR solutions. Research questions: 1. Has the implementation of the eIR and/or eLMIS improved immunisation service delivery processes and outcomes? 2. To what extent do these systems comply with established norms and standards? – What were/are the barriers and opportunities for implementing these systems? 3. What is the impact of these systems on the national immunisation programme in terms of process efficiencies and health outcomes (e.g. cost savings, performance, timeliness, coverage)? 4. What is the short- and medium-term economic and financial impact of implementing and scaling up these systems in the country? How affordable and sustainable are the systems? 5. How interoperable are the systems with the national health management information and civil registration systems? 6. How can new evidence on tools and technologies, modalities and governance of these systems inform further investments from domestic sources, health financing institutions and technical partners for the sustained implementation of these systems?
Scope	• Effectiveness study to assess impact in terms of input, process and output indicators related to service delivery, including factors critical for the successful implementation and scale up of eIR and eLMIS. • Geographical scope: Guinea, Rwanda and Tanzania

| Support by CET	N/A
Recommendations	1. Design "simple" digital solutions informed by end-users to reflect contextual constraints.
	2. Utilise local developers and invest in building national capacity and communities of practice, including South-to-South learning.
	3. Leverage existing digital solutions, encouraging adaptations, fostering interoperability and avoiding duplications.
	4. Ensure strong political engagement and a clear vision to further enhance the ownership of these solutions and pave the way for their decentralised financing.
	5. Invest in human resources and digital infrastructure to avoid effort and system duplications.
Use/expected use	• Provide insights on status, gaps and opportunities for donors and country teams.
	• Support future decisions on the introduction and scale-up of eLMIS and/or eIR systems and technologies in low-resource settings.
Final report	Published on Gavi's website:
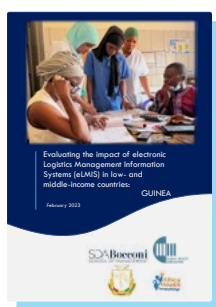
eLMIS Evaluation Final Report – Guinea

eLMIS Evaluation Final Report – Rwanda
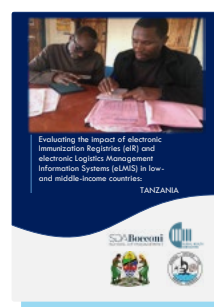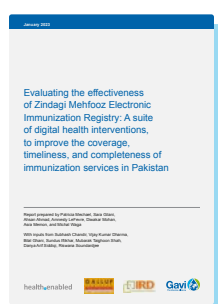
eLMIS Evaluation Final Report – Tanzania

Evaluating the effectiveness of Zindagi Mehfooz Electronic Immunization Registry (ZM-EIR) (HealthEnabled)

Requested by: Gavi Secretariat and INFUSE-PS

Evaluation timeline	March 2021-December 2022
Objective(s)	Produce and disseminate quality evidence to support countries and donors in making decisions about the introduction and use of EIR solutions.
	1. To determine barriers and facilitators to programme initiation.
	2. To determine the proportion of children among those eligible at a population level within the ZM-EIR registry.
	3. To determine the availability and use of ZM-EIR data across key stakeholder groups.

Objective(s) (continued)	**4.** To determine whether ZM-EIR usage (dose-response high use, moderate use and low use) in 27 districts of Sindh province is associated with significant differences in the proportion and timeliness of children 12-23 months fully immunised – bacillus Calmette–Guérin (BCG), diphtheria-tetanus toxoid and pertussis (DTP3), pneumococcal conjugate vaccine/oral poliovirus vaccines (PCV/OPV3), measles first dose – from 2014 to 2019.
	5. To determine whether ZM-EIR implementation in 27 districts of Sindh province is associated with significant differences in the proportion of children 12-23 months in the poorest and poorer socioeconomic strata (and other dimensions of equity) fully immunised (BCG, DTP3, PCV/OPV3, Measles 1) from 2014 to 2019.
	6. To determine the incremental cost-effectiveness of ZM-EIR compared to the status quo in 27 districts of Sindh province from a program perspective from 1 October 2017 to 31 December 2018.
Scope	• Effectiveness study to evaluate: ZM-EIR initiation (barriers and facilitators), registry coverage, data use, impact on immunisation, equity and cost-effectiveness.
	• Temporal scope: 2014-2019; geographical scope: Sindh province (Pakistan).
Support by CET	N/A
Recommendations	**1.** Move towards a paperless system to reduce the data-entry burden (double requirement to complete both paper and mobile data entry) for field vaccinators and facility staff.
	2. Engage more female vaccinators and address gender more systematically through gender analyses and planning at the start of all future ZM-EIR intervention planning.
	3. Engage with Ministry of ICT and mobile network operators to improve connectivity in poor performing districts with low ZM-EIR compliance due to poor connectivity.
	4. Co-design supervisor app for mobile phone and/or tablet to compliment ZM-EIR tools.
Use/expected use	• Provide insights on impact, remaining challenges and opportunities for donors and country teams.
	• Support future decisions on the introduction and scale-up of EIR systems and technologies in low-resource settings.
Final report	Published on Gavi's website:

ZM-EIR Evaluation Final Report

Decentralised evaluations ongoing in 2022

This section presents further details on the decentralised evaluations that were **ongoing** between January and December 2022, including but not limited to evaluation timelines, supplier commissioned, as well as objectives and scope.

MTE of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017-2026 (Euro Health Group)

Requested by: Gavi Board – commissioned under Gavi 4.0

Evaluation timeline	May 2022-January 2023
Objective(s)	1. Assess progress of the EYE strategy implementation and draw the way forward to ensure that the EYE strategy adapts successfully to emerging developments, incorporating ongoing risk analysis, and deprioritising accordingly within and between regions.
	2. Document key achievements, best practices, challenges, gaps and areas for improvement in the design and implementation of the strategy.
	3. Identify the key contextual factors and changes that are affecting yellow fever (YF) spread and transmission risk profile and influencing programme implementation.
	4. Make recommendations as appropriate on the way forward to improve performance and implementation, and to ensure sustainability in the future beyond 2026.
Scope	**Temporal scope:** period 2017 to mid-2022.
	Geographic scope: global, regional and country levels.
	The country level included the 40 countries identified in the EYE strategy as YF high-risk countries across Africa and the Americas.
Support by CET	N/A
Use/expected use	EYE partners reviewed the recommendations from this evaluation during a workshop in 7-8 June 2023 (hosted by Gavi) and outlined a series of actions to be prioritised and reflected in the "Management Response Plan".
	These actions are to be included in the workplans from the different governance bodies and assigned to the relevant organisations/focal points to take forward.
	EYE Secretariat is monitoring the inputs in the corresponding workplans and tracking progress.
Final report	Published on WHO's website: **MTE EYE Evaluation Final Report**

Evaluation of the Independent Review Committee (IRC)
(Boston Consulting Group)
Requested by: Gavi Secretariat (Funding Design and Review)

Evaluation timeline	November 2022-March 2023
Objective(s)	1. To assess the suitability of IRC's strategic design in the context of Gavi 5.0/5.1,
	2. To conduct an impartial assessment of IRC's proposal review process, and to utilise the assessment to collaboratively develop solutions with the concerned teams.
Scope	Identification of pain points in the end-to-end IRC review process, generating recommendations and creating a high-level change narrative and implementation plan. The main output of this assessment is the evaluation report. However, additional deliverables beyond the scope of the report were produced:
	• a high-level change narrative that summarises the key findings (case for change) and recommendations to facilitate decision-making and socialisation among key stakeholders;
	• a more detailed change management roadmap for the Funding Design and Review (FD&R) team to implement the recommendations; and
	• communication and change management materials for key stakeholders in the IRC process to gain buy-in and support for the findings and recommendations, such as the IRC Chair, Board members and key Alliance partners.
Support by CET	Support provided by CET: review of the terms of reference, provided guidance to the independent evaluators on their approach, review of the draft report.
Use/expected use	A high-level implementation roadmap and change management plan were developed in collaboration with the FD&R team and other relevant stakeholders within the Gavi Secretariat. Given the scope and complexity of the recommendations, a timeframe of two to three years was agreed, which aligns with the second half of the Gavi 5.1 strategic period and the development of a new Gavi 6.0 strategy for 2026-2030. The first priorities for 2023 will be 1) to define, through close cross-functional collaboration, a clear differentiation logic for IRC review processes and formats, which will set the baseline for subsequent process streamlining efforts under the EVOLVE project, and 2) to launch a series of targeted actions under the FD&R team to improve the quality of IRC reviews, develop IRC membership and culture, and strengthen IRC learning and mandate.
Final report	Published on Gavi's website:

IRC Evaluation Final Report

Evaluation of the Toyota Vaccine Land Cruiser (Othman Abubakar[23])

Requested by: Gavi Secretariat (Private Sector Partnerships and Innovation)

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Evaluation timeline	January 2022-June 2023
Objective(s)	1. Evaluate the performance of the WHO-prequalified Vaccine Land Cruiser in selected Gavi countries (Niger, Burkina Faso, Senegal and South Sudan)
	2. Assess its impact on enhancing access, efficiency and safety in vaccine distribution.
Scope	• Evaluation of the Vaccine Land Cruiser's effectiveness in reaching more locations and delivering vaccines in challenging terrains.
	• Examination of its cost-efficiency in reducing the overall cost of vaccine distribution.
	• Analysis of the implementation process and lessons learned for optimising performance.
Support by CET	N/A
Use/expected use	• The Vaccine Land Cruiser presents an efficient, cost-effective and reliable solution for vaccine distribution in regions with challenging terrains and harsh climates.
	• Its widespread application and continuous enhancements are strongly recommended to optimise the immunisation system design.
Final report	Published on Gavi's website:
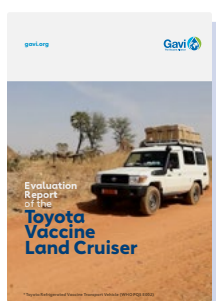
Evaluation Report of the Toyota Vaccine Land Cruiser

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[23] Individual hired by Gavi from September 2021 to June 2023 as a consultant to conduct this evaluation.

Evaluation of Mapping for Health (M4H) project in DRC (Infuse) (HealthEnabled)

Requested by: Gavi Secretariat and INFUSE-PS

Evaluation timeline	April 2021-September 2023
Objective(s)	Process evaluation to understand the context, implementation and identify mechanisms by which the use of geo-spatial data influences vaccination coverage in three selected provinces (Haut-Lomami, Kasaï and Kasaï) in DRC.
Scope	• Effectiveness study to assess the impact of geo-spatial tools on routine immunisation and campaigns. • Geographical scope: DRC provinces of Haut-Lomami, Kasaï and Kasaï.
Support by CET	N/A
Use/expected use	• Provide insights on impact, remaining challenges and opportunities for donors and country teams. • Support future decisions on the scale-up of geo-spatial technology for immunisation.
Final report	Will be available in 2023