



**MINISTRY OF FOREIGN AFFAIRS
OF DENMARK**
Danida

STRATEGY FOR DENMARK'S SUPPORT TO GAVI, THE VACCINE ALLIANCE

2018 – 2022

1. OBJECTIVE

This organisation strategy for the cooperation between Denmark and Gavi, the Vaccine Alliance (Gavi) forms the basis for the Danish support to Gavi and is the foundation for Denmark's partnership and dialogue with Gavi. It establishes Danish priorities for Gavi's performance within the overall framework of Gavi's own strategy 2016 – 2020 (annex 1). This strategy covers the period 2018 – 2022 with 2018 being the year Gavi has started initial discussions about the development of the next strategic framework 2021 – 2025.

The overall objective for Denmark's engagement with Gavi is – in line with Denmark's strategy for development cooperation and humanitarian action - to contribute to the achievement of the United Nation's Sustainable Development Goals (SDGs). Focus is especially on the SDG's prioritised by Denmark in Poor, fragile countries and Poor stable countries, namely 1 (no poverty), 3 (good health and well-being), 5 (gender equality), 16 (peace, justice and strong institutions) and 17 (partnerships for the goals). The Danish development cooperation is based on a human rights based approach and uses the principles of non-discrimination, participation, transparency and accountability across the entire development cycle. Evidence shows that immunisation programmes are one of the most cost-effective interventions to reduce child mortality, to healthier and more productive populations and thus a significant contribution to achieving several of the SDGs (refer to section 3.2).

Further, Gavi's partnership model and strategic priority to strengthen health systems and build resilience in emergency environments is aligned with the Danish encouragement to strengthen public-private partnerships in order to secure innovative funding, working with governments and civil society to make interventions more sustainable. Gavi uses their partnerships with e.g. private companies, and foundations and their business model to leverage the synergies amongst the SDGs, e.g. between immunisation and access to education.

This organisational strategy outlines specific goals and results in Gavi that Denmark would like to pursue in the cooperation. Denmark will work closely with likeminded countries and donors towards achieving the results.

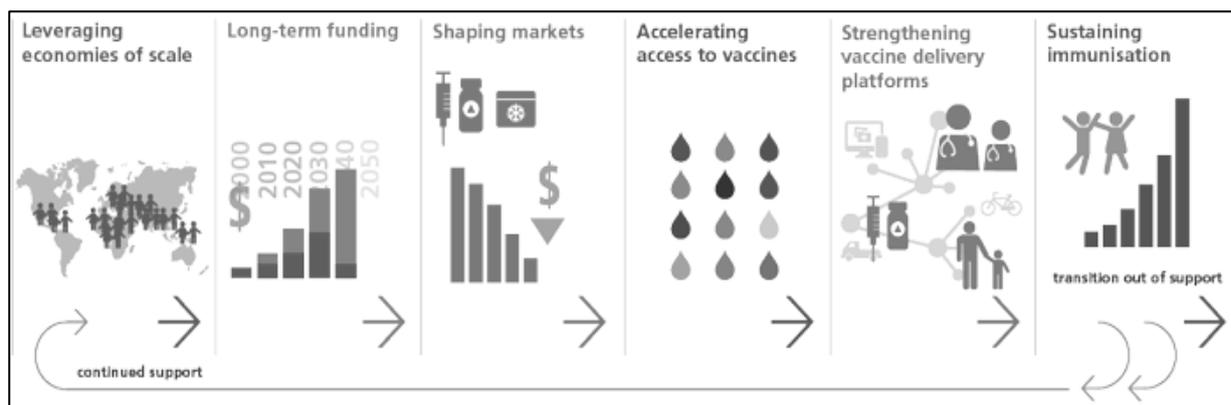
2. THE ORGANISATION

Gavi is an international alliance established in 2000 to improve access to new and underused vaccines for children living in the world's poorest countries. The organisation was established on a backdrop where the global immunisation efforts was beginning to plateau and more than 30 million children living in poor countries were not being immunised. Recognising the need for a new approach to immunisation Gavi was founded as a public-private partnership, bringing together expertise from all stakeholders working to improve childhood immunisation coverage in poor countries. The Gavi partnership model is designed to leverage financial resources and technical expertise to shape a healthy market mechanism and make vaccines more affordable, more available, and supply more reliable thus delivering the mission to save children's lives and protect people's health by increasing equitable uptake and coverage of vaccines in lower-income countries.

Denmark was one of the original six donors to Gavi, but currently the key partners in Gavi are the Bill and Melinda Gates Foundation (BMGF), the United Kingdom and Norway, all of which are large donors, WHO, UNICEF and the World Bank. Gavi pools country demand for vaccines and guarantees long-term predictable funding. Gavi currently works in more than 70 countries and works closely with the Ministry of Health in the respective countries with technical support from WHO as Gavi does not have a physical presence in the countries. UNICEF's supply division makes the purchases and provides logistic support to the supply chain, ensuring the vaccines becomes available at health facilities. To ensure sustainability Gavi and partners relies on national health systems, which also supports national ownership. The World Bank provides strategic advice on capital markets and innovative financing for vaccines.

One of the foundations of the Gavi business model is that support includes an exit strategy, has a tentative time limit and is designed to be catalytic. Countries that receive support have to co-finance the programme and work towards ensuring that national budget allocations are made available to sustain the immunisation programmes with a view to transition to a nationally owned and financed programme. The business model and theory of change is illustrated in figure 2.1 below.

FIGURE 2.1 THE GAVI BUSINESS MODEL AND THEORY OF CHANGE



By aggregating the demand from the poorest countries, Gavi is building confidence in the industry about the viability of the vaccine market. This is further strengthened by providing long-term donor support in combination with the cost-sharing principle whereby countries take over the financing of the vaccines over time. This creates market reliability and thus shapes the market and leads to more affordable vaccines. The support to health systems increases coverage and access, which leads to healthier and more productive populations and thus enabling countries to pay for their own vaccines.

Countries eligible for support can apply for funding three times annually. Gavi support is aiming to assist countries to implement their national immunisations plans and improve coverage and equity in a sustainable way. Countries may receive support for health systems strengthening, vaccines, cold chain equipment and targeted country assistance. All applications are reviewed by an independent review committee.

2.1 MANAGEMENT

The Gavi Secretariat offices are based in Geneva, Switzerland, where the CEO is based, and a small presence in Washington DC, USA. The Secretariat is supported by six departments: The Executive; Vaccines and Sustainability; Country Programmes; Finance and Operation; Resource Mobilisation & Private Sector Partnerships; and Public Engagement and Information Services.

The Secretariat is responsible for the day-to-day management and coordination, inclusive financial management and expenditure tracking, execution of Board decisions, preparation of the strategic plan for Board review and approval and implementation of the strategic plan.

2.2 GOVERNANCE AND ACCOUNTABILITY

Gavi is governed by a Board, which is the highest decision-making body in the alliance and consists of twenty-seven members. Eighteen members are representative board members and nine members are unaffiliated/independent board members. The CEO is an ex-officio non-voting member of the board and no staff members can be members of the Board. Donor countries have five seats. The donors are organised in five constituencies that each select one Board member. Denmark will become a member of the Nordic Constituency, which currently comprises of Norway, Sweden and Holland with Denmark joining as the fourth member. Currently the Netherlands is the Nordic Constituency representative, with Sweden as the alternate.

Representative Board members are selected by the eligible constituency in accordance with the process agreed for selecting its representatives. Unaffiliated Board members are nominated by a Board Nomination Committee and appointed by the Board. The term is three years with the possibility to be reappointed for a consecutive term of three years. Following the two terms, board members can be eligible for further terms, normally after a one-year break.

The Board is responsible for the strategic direction and policy-making. The key roles include setting the operational guidelines and approving work plans, budgets and business plans and making decisions regarding major funding. In addition, it establishes the framework for monitoring and evaluation and periodic independent evaluations of performance and financial accountability. It advocates for Gavi and engages with external partners.

Gavi's current strategy 2016 to 2020 aspires to reach 300 million children with a Gavi-supported vaccine by 2020 and is based on four strategic goals to deliver the mission:

1. The Vaccine Goal - accelerating equitable uptake and coverage of vaccines.
2. The Systems Goal – increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems.
3. The Sustainability Goal – improve sustainability of national immunisation programmes.

4. The Market Shaping Goal – shape markets for vaccines and other immunisation products.

Gavi is about to initiate the development of the next Strategy Plan, 2021 – 2025. As a member of the Nordic Constituency, Denmark will have the possibility to contribute and influence the strategic direction. Denmark’s priorities are very much aligned with the other members of the Nordic Constituency. Denmark can therefore use the experience and weight of Norway, Holland and Sweden respectively to promote Danish priorities and influence Gavi the best possible way.

2.3. FINANCIAL RESOURCES

Denmark has previously contributed a total of DKK 260 million (USD 45,7 million) up to 2013, which includes an extraordinary contribution of DKK 10 million (USD 1,8 million) to support the preparation of the HPV vaccine. At the pledging conference in London in 2011 Denmark committed DKK 75 million (USD 13,1 million) for the period 2011 – 2013. Denmark’s previous contributions to Gavi can be seen in Table 2.1.

TABLE 2.1 DANISH PREVIOUS SUPPORT TO GAVI IN MILLIONS DKK

2007	2008	2009	2010	2011	2012	2013
25	25	25	35*	25	25	25

*Extra DKK 10 million for HPV vaccine initiativ.

Gavi’s total annual income in 2017 was approximately DKK 5.5 billion¹ (USD 879 million). Table 2.2 presents a breakdown of the revenue based on source during the current strategy period².

TABLE 2.2: GAVI INCOME BY SOURCE, IN MILLIONS USD, (DKK AVERAGE VALUE)

	2015	2016	2017
Governments and private donors	4,426 (28 billion)	1,490 (9,4 billion)	748 (4,7 billion)
Investments and other income	-7 (-44,5 million)	69 (438 million)	127 (805 million)
Other revenue	7	2	4
Total	4,426 (28 billion)	1,561	879

¹ Gavi presents its annual accounts in USD and the DKK value is based on an average exchange rate for the year.

² The figures in table 2.2, are from Gavi’s externally audited consolidated financial statements, which are prepared in conformity with accounting principles generally accepted in the United States of America. Governments’ & private donors’ contributions are reported as revenue in the year in which payments are received or unconditional promises are made. So depending on when a grant agreement is signed, the level of conditions in the grant agreement and/or when payment is received – this affects the timing in which the amount can be recognized as revenue.

		(9,9 billion)	(5,5 billion)
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The largest donors to Gavi are the United Kingdom with 25.4%, BMGF with 18.4%, Norway with 9.9% and the United States with 9.5% of the total donor contributions. Netherland and Sweden are contributing with 3.5% and 2.3% respectively.

With Denmark’s re-engagement, a core contribution on DKK 25 million annually for the period 2018 to 2022 is planned, where years 2020 to 2022 are subject to annual parliamentary approval of the Finance Act. The annual Danish contribution is estimated to be 0.5% based on the 2017 budget.

TABLE 2.3 DENMARK’S PLANNED CONTRIBUTION TO GAVI 2018 – 2022, IN MILLION DKK

2018	2019	2020	2021	2022
25	25	25*	25*	25*

* Subject to annual parliamentary approval of the Danish Finance Act

Gavi draws on the private sector thinking to attract development funding for immunisation. The alliance has two funding streams: 1) Innovative finance that includes the International Finance Facility for Immunisation (IFFI) and the Advance Market commitment (AMC),³ and 2) Direct contributions. Direct contributions include grants and agreements from donor governments, foundations, corporations and organisations. The two streams accounted for 24% and 76% respectively of the funding portfolio in 2017. Gavi is increasingly working with private companies to provide technical support to governments in areas such as managing supply chain⁴.

In addition, the Gavi Matching Fund is a public-private funding mechanism designed to incentivise the private sector to invest in immunisation by matching contributions.

3. KEY STRATEGIC OPPORTUNITIES AND CHALLENGES

3.1 PRESENT AND NEW CHALLENGES

Since its inception in 2000 Gavi has contributed to the immunisation of 700 million children, introduced almost 400 new vaccines and supported countries in averting more than 10 million deaths. More than 60 countries received support for health systems strengthening and 16 countries has transitioned out of Gavi support. In the current strategy period 127 million children have been immunised, which indicates that Gavi is on track to deliver the 2020 target in terms of reach. The breadth of protection has also increased to 41% and more countries are offering a broader range of vaccine in their routine programmes.

³ Please refer to <https://www.iffim.org> and <https://www.Gavi.org/funding/pneumococcal-amc> for additional information.

⁴Examples includes Uganda, where UPS is providing technical support to supply chain management and Kenya where DHL is providing technical support to logistic planning.

Despite the progress made, challenges remain and lack of vaccines continues to be a major contributor to preventable child deaths. While 80% of children in the world are fully immunised with three doses of Diphtheria, Tetanus and Pertussis (DTP), each year it remains a challenge to reach the last 20% with the DTP vaccine. In addition, 19,9 million infants remain under-immunised and one in five of all children in Gavi-supported countries do not receive the full course. 93% of children in Gavi-supported countries do not get all recommended vaccines. Some of the recurrent challenges across countries are stock outs or wastage of vaccines, disease outbreaks, vaccine hesitancy/reduced demand and misuse of the support.

To understand and manage the challenges and risks, including prevention of fraud and corruption, Gavi has developed a comprehensive risk management approach to support the alliance to monitor and anticipate what may happen and take appropriate action (annex 2).

Another challenge is the insecurity caused either by natural disasters or by conflict with families with children seeking refuge or being internally displaced. Disruption of health interventions such as immunisation programmes and health system breakdowns have severe consequences on people's – and especially children's - health and well-being. In 2017 Gavi launched a fragility, emergency and refugee policy (annex 3) that enables them to work more closely with countries and respond to crisis and make it possible for countries hosting many refugees to apply for additional support. The policy allows Gavi to adjust its support and processes to better meet each country's specific needs, working in close collaboration with partners and humanitarian actors. This new aspect of fragility, emergency and refugees aligns very well with Denmark's focus on the humanitarian-development nexus and to provide support close to refugee hosting communities and is a development that Denmark supports.

Gavi is also experiencing that six of the 16 countries that have transitioned out of Gavi support are showing a decline in immunisation coverage. This is a major challenge for the sustainability model, which is the key driver for the investment. It has been raised as a concern in the Nordic constituency who has also discussed how to avoid it going forward. While Gavi currently is addressing it by working more closely with partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility and the World Bank, there is a need to find a transition model that enables countries to take over the funding of programmes rather than shifting funding mechanism. Making transition gradual and providing technical support in the transition period is the two key strategies currently discussed.

Structural barriers, in particular gender, can also prevent children from being immunised and while there is no significant difference in immunisation coverage rates for girls and boys, the status of women in a society impact on her ability to access health services and therefore her children, regardless of sex, are less likely to be immunised. Women and girls' lack of access to health services is also a challenge in relation to cervical cancer. Every year 266,000 women die from cervical cancer, 80% of the cases are in developing countries. If the current trend continues, cervical cancer deaths can outpace maternal mortality. It is estimated that HPV-vaccines can prevent up to 90% of all cervical

cancer cases, which means that today women die from cervical cancer that is preventable.

To address the gender barriers, Gavi has an extensive gender policy in place (annex 4). In 2018, Global Health 50/50⁵ recognized Gavi to be amongst the global top scores in their review of gender related policies on indicators such as the existence of a gender strategy for programmes, the collection of disaggregated data and the gender parity of senior management.

To be able to continue to address the challenges, Gavi's operating model build on a set of principles that aims to increase the effectiveness. One of them is collaboration, which focuses on convening immunisation stakeholders and leveraging the strengths of all Gavi partners through shared responsibility both at global and national level. Thus, Gavi represents the total know-how of the sector, combining public and private sector business know-how.

In this context, the alliance is striving to continue to reform systems over and beyond immunisation coverage to sustain the achievements. This is done through both the Sustainability goal and the Market Shaping goal, for example by promoting competition and improving the health vaccine markets. There have been discussions amongst the constituency partners regarding the definition of sustainability and what it means in relation to the need to build a vaccine market that works effectively. While the latter appears to be the case, it must be recognized that the market is potentially being manipulated by using one procurer, subsidising countries through logistics support and service provision via UNICEF. This could mean that it is challenging to assess the real cost for a country if they are to take over all components of an immunisation programme. As regards to sustainability and health system strengthening, Gavi's ability to effectively align with health sector governance mechanisms and structures in order to avoid silo thinking, vertical interventions and programmes should be a continued focus area. These discussions are expected to be part of the next strategy development process

Conversations like these enables Gavi to ensure legitimacy and global representation and the alliance actively contributes to the development of conceptual and organizational frameworks that can enhance the effort of the international community as a whole. This is done by drawing on the unique knowledge and skills of the partners as well as being represented at relevant fora and being guided by international agreed standards, principles and goals that aims to harmonise efforts.

To pursue these challenges, Gavi is actively engaged with other organisations and alliances amongst others: Decades of Vaccines Collaboration where Gavi is a leadership council member; International Health Partnerships for Universal Health Coverage 2030 with a seat in the steering committee (seat is shared with the Global Fund); Global Financing Facility with a seat on the investor group; and support to the UN strategy for women's, children's and adolescent's health, Every Woman – Every Child,

⁵ Global Health 50/50 is an independent initiative to advance action and accountability for gender equality in global health and contribute to the 2030 Agenda for Sustainable Development.

3.2. THE RELEVANCE AND EFFECTIVENESS OF GAVI IN RELATION TO THE INTERNATIONAL DEVELOPMENT AND HUMANITARIAN AGENDA.

Vaccines play a critical role in achieving most of the SDGs. Gavi is a main contributor several of the 17 goals (1, 3, 5, 16 and 17) as the impact of immunisation is cross-sectoral and can be a driver for economic, social and environmental growth.

It contributes to poverty reduction (SDG 1), when children are healthy and therefore can go to school instead of being at home - with the family losing a potential income caring for a sick child. Healthy children live longer, are more likely to finish their education and become productive adults.

It directly contributes to SDG 3, Good health and well-being for all. It is estimated that vaccines save two to three million lives annually and protect millions from disease and disability. It is also a critical contributor to eradication of child mortality from preventable diseases.

To sustain the potential impact of immunisation programmes there is a need for strong institutions. Gavi's support to health systems strengthening directly supports the government's ability to deliver its role as duty bearer and builds more efficient institutions that further equity and therefore helps to SDG 16.

Vaccines build resilience to mitigate disasters whether from climate change or conflict as it impacts on the well-being, health and security of communities, especially the most vulnerable and poorest who are more likely to be impacted by outbreak of diseases. The new policy on fragility, emergencies and refugees enables Gavi to provide better support to governments in fragile countries and respond quickly when needed.

As regards to SDG17, the private sector is very engaged as a donor to Gavi. However, partnerships with the private sector do not include the national private health service providers, who are important stakeholders in health systems. Whether for profit or not for profit, private health care providers are critical service delivery partners together with faith-based organisations and non-governmental organisations. The latter are currently doing demand generation and behaviour change communication to a limited extent and there is large potential in expanding the roles of non-public health care providers. They often have a further reach than public health facilities and could be instrumental in Gavi's efforts to reach the one out of five children that is currently under-immunised.

The reach could be further if Gavi supported governments in developing guidelines for non-fixed or tented outreach still delivered by skilled health providers. This approach has been instrumental in other areas of the health sector, e.g. in the provision of contraception.

Broader inclusion of the non-public health care providers and support to developing outreach guidelines also have the potential to strengthen and further develop health systems and in defining the role of a regulator in a public health system that comprise both public, private and non-governmental service providers.

This is in line with the Multilateral Organisation Performance Assessment Network's (MOPAN) assessment of Gavi in 2016⁶. The overall conclusion was that Gavi meets the requirements of an effective multilateral organisation and is fit for purpose. The business model is used proactively, based on the Alliance of stakeholders, to leverage each stakeholder's comparative advantage to fund immunisation and to shape the vaccine market. It found that Gavi demonstrates transparency and accountability in its operations, and its compliance with fiduciary and social requirements and safeguards is strong. It was commended for the strengthening of its internal audit and risk management functions to ensure these correspond to the organisational ambition, complexity and size. Some of the strengths the assessment identified includes:

- Clear vision and comparative advantage of a multi-sectoral Alliance.
- Effective on market shaping, working in non-traditional ways and across sectors
- Strong partnership working: ambitious goals of the Alliance inspiring commitment from partners, donors, countries and staff
- Strong accountability and transparency, with effective use of financial resources and strong financial management
- Strong model for sustainability: time-limited country engagement promotes a sustainable approach

And areas for improvement included:

- Design of health system strengthening interventions need a clearer logic and results framework.
- Refine country-level engagement with partners and better communicate country-level role and functions.
- More systematic and comprehensive processes for recording and using evidence from evaluations and performance data, and for following up recommendations.
- A more clearly articulated and integrated approach to cross-cutting issues, governance and environmental issues.
- Speed up operations by introducing faster, simpler systems for grant disbursement and management of cash-based support aligned with country systems, as well as greater systematisation and formalisation of policies and guidelines.

It is the expectation that Gavi will improve on the follow up on recommendations and that the recommendations of strategic character are carried forward to inform the development of the next Alliance strategy.

3.3. RELEVANCE OF GAVI IN RELATION TO DENMARK'S PRIORITIES IN DEVELOPMENT POLICY AND HUMANITARIAN ACTIONS.

The Vaccine Goal in Gavi's strategy is aiming to accelerate equitable uptake and coverage of vaccines and thereby ensure healthier children that will grow up and contribute to the development of their societies. This goal is supported by Gavi's gender strategy that recognizes potential gender barriers, which prevents women from accessing health services and thus can hinder women in accessing immunisation for her

⁶ The complete assessment can be found at <http://www.mopanonline.org/assessments/Gavi2015-16/index.htm>

children. This is in line with the Danish strategy to be at the forefront fighting for gender equality and the rights of women and girls. It is a clear Danish priority that women and girls must have access to health services, including sexual and reproductive health. Access to the HPV and Rubella vaccines as part of women and girls' reproductive health care will be a major contribution to the Danish strategy.

The Systems Goal is aiming to increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthening health systems. Strong institutions are one of the backbones of the Danish strategy. In addition, Denmark believes that many of the SDGs will benefit from partnership with the private sector, including the health sector. The governments play a critical role in ensuring that the health sector is well regulated, that health care service is affordable and available to the population, that private or non-governmental service providers can be accredited and that respect for human rights is included in an accreditation standard.

The Sustainability Goal improves the sustainability of national immunisation programmes and ensuring that the countries meet the co-financing requirements and allocate the national human and financial resources to immunisation. This is fully aligned with the Danish expectation that countries must take the lead in their own development, which entails increasingly mobilising financing from their own resources and revenues.

The Market Shaping Goal aims to shape markets for vaccines and other immunisation programmes. It has a focus on promoting innovation, affordability and supply continuity in global markets. This can be complementary to Denmark's work for progress in the WTO, which includes support for the interest of the least developed countries.

Denmark will have the opportunity to influence the strategic direction of Gavi through the Nordic Constituency, which comprises of like-minded donors (see also section 2.2). The influence of the constituency is considered to be relatively high as it is a homogenous group that are able to leverage each other strengths to influence the decision-making.

4.0 PRIORITY AREAS AND RESULTS TO BE ACHIEVED

The priority areas and results to be achieved are based on the linkages between the Danish and Gavi's strategic priorities. Three Danish priority areas, which correspond to Gavi's sustainability and systems goals respectively has been chosen. Gavi's full indicator framework can be reviewed in section 4.1.

Human Rights, democracy and Gender Equality.

Human rights, democracy and gender equality are values underpinning the Danish strategy and structural, social and legal barriers and/or restriction continue to undermine progress. The Danish strategy emphasises a human rights-based approach to development as the basis for sustainable societies. Denmark places a strong emphasis on gender equality and the rights of women and girls and includes sexual and reproductive health and rights as vital to meet the challenges that lies int the fact that the largest youth generation is growing up right now. This includes access to vaccines such as HPV and Rubella. In line with the gender policy (annex 4), Gavi is actively working to

address gender barriers and inequality, and government can receive support for the programmes to address gender inequality.

Denmark will work to ensure that Gavi continues to develop and strengthen its gender policies and uses evidence to include gender sensitive approaches to remove barriers for accessing services, in particular for mothers, as an integrated, cross-cutting component in health systems strengthening, thus contributing to both SDG 3, SDG 5 and SDG 16.

Strengthening Health Systems

Strong institutions are critical for human rights-based development and for countries to be able to take accountability and responsibility for immunisation programmes, there is a need to continue to strengthen the health systems. This includes both technical and operational capacity and an open dialogue about the design of a well-functioning health system, and the roles of the government in maintaining and developing a sustainable health system.

An essential part of Gavi's sustainability model is to enable governments to take over and fully manage and finance a national immunisation programme. This entails technical support to build capacity at country level. When countries are transitioning, it is critical that they can maintain the programme and a decline in coverage could be an indicator for further need for technical assistance.

Denmark will continue to support Gavi's promotion of health systems strengthening and work to ensure that countries meet their co-financing obligations and that technical assistance for capacity strengthening is available as part of a transition in countries where there is a need or in countries where a decline in coverage is experienced, thus contributing to SDG 3, SDG 16 and SDG 17 in particular.

Promote inclusive, sustainable growth.

Denmark has a broad experience in involving the private sector and considers private actors to be increasingly relevant in the future to solve sustainability challenge in areas such as health. Denmark believes that civil society also plays a critical role in development of democratic societies respecting human rights and building resilience. This requires respect for human rights and commitment to gender equality.

Gavi's partnership model is innovative and has proven to be effective in term of leveraging expertise and knowledge from the development sector and the private sector. Gavi is engaging in the development of innovative health financing models such as the matching fund, which is convergent to the Danish objective to support private-public partnerships that will promote inclusive and sustainable growth models.

Denmark will work to ensure a broader inclusion of the private sector and civil society at country level and that Gavi focuses on leveraging successes to further develop the partnership model to service delivery and supply chain and continues to hold partners accountable for respect for human rights and gender rather than

venturing to new areas such as research. This will contribute to SDG 3, SDG 5, SDG 16 and SDG 17.

4.1 MONITORING AND REPORTING

Gavi is committed to transparency and accountability to monitor performance and progress the strategy is developed with specific goals and objectives. The results are based on Gavi's results framework and progress monitoring systems. Overall, the Gavi indicators contributes to the achievement of the SDGs and the Danish priorities as described in section 4.0. The secretariat monitors progress based on Gavi's indicators, and reports to the Board on the progress.

Gavi 2016-2020 Strategic Indicators Baselines and Targets

	Indicator	Baseline	Target	Supplemental/detailed baseline data
Aspiration 2020	MA1 Under five mortality rate	64 deaths per 1000 live births	10% reduction	
	MA2 Number of future deaths averted	N/A	5.4 million	
	MA3 Future DALYs averted	N/A	250 million	
	MA4 Number of unique children immunised	N/A	300 million	64.9 million in 2015; 277.8 million 2011-2015; 579.4 million 2001-2015
	MA5 Vaccines sustained after transition	N/A	100%	
Disease Dashboard	D1 Hepatitis B: Number of Gavi 73 countries that have less than 2% hepatitis B surface antigen (HBsAg) prevalence among children less than 5 years of age among countries with surveys meeting inclusion criteria	5 countries out of 6 reporting	N/A – tracked over time	
	D2 Rotavirus: Median proportion (and interquartile range) of acute gastroenteritis hospitalisations positive for rotavirus among children less than one year of age among Gavi countries with any site meeting inclusion criteria	24.2% (19.1%, 41.6%); 25 countries reporting	N/A – tracked over time	
	D3 Measles: Number of Gavi countries reporting an annual measles incidence of less than 5 cases per million population	35 countries out of 70 reporting	N/A – tracked over time	
Strategic goal 1	S1.1 Reach of routine: penta3 and MCV1 coverage	Penta3: 81%; MCV1: 78%	+5 PP for Penta3 and MCV1 from 2016-2020	
	S1.2 Breadth of protection: average coverage across all Gavi supported vaccines	31%	+32 PP from 2016-2020	

Strategic goal 2	S1.3 Geographic distribution: % countries with all districts having ≥80% penta3 coverage	16% (11/68)	+10 PP from 2016-2020	
	S1.4 Wealth quintile distribution: % countries in which penta3 coverage in poorest quintile is within 10 percentage points of penta3 coverage in wealthiest quintile	39% (17 of 44 countries with a survey 2011-2015)	+10 PP from 2016-2020	
	S1.5 Education: % countries in which penta3 coverage among children whose mothers/female caretakers received no education is within 10 percentage points of coverage among children whose mothers/caretakers have received some education	34% (13 of 38 countries with a survey 2011-2015)	+10 PP from 2016-2020	
	S2.1 Supply chain: % countries meeting 80% benchmark for Effective Vaccine Management	16% (11/68)	43% in 2020	
	S2.2 Data quality/consistency: % countries with survey in last 5 years and <10 percentage point difference between national administrative coverage and point estimate from survey	43% (20 of 46 countries with a survey 2011-2015)	+10 PP from 2016-2020	
	S2.3 Access, demand and service delivery: coverage with first dose of pentavalent vaccine and drop out between first and third dose	Penta1:87%; Drop-out: 6%	Penta1: +4 PP; Drop-out: -3 PP from 2016-2020	

	S2.4 Integration: % countries meeting benchmark for integrated service delivery	26% (18/68 countries)	+10 PP from 2016-2020	Criterion 1: 67%, Criterion 2: 65%
	S2.5 Civil society: % countries meeting benchmark for civil society engagement for improved coverage and equity	To be established pending data source refinements	To be established pending data source refinements	
Strategic goal 3	S3.1 Co-financing: % countries fulfilling commitments	85%	100% in 2020	
	S3.2 Country investment in routine immunisation per child: % countries increasing investment	N/A	100% in 2020 relative to 2015 baseline	
	S3.3 Programmatic sustainability: % countries on track for successful transition	63%	75% in 2020	
	S3.4 Institutional capacity: % countries meeting minimum benchmarks for national decision making, programme management and monitoring	To be established pending data source refinements	To be established pending data source refinements	
Strategic goal 4	S4.1 Sufficient and uninterrupted supply: # vaccine markets where supply meets Gavi demand	7 out of 11	11 out of 11 in 2020	
	S4.2 Reduction in price: price of fully vaccinating child with pentavalent, pneumococcal and rotavirus vaccines	\$20	Not published due to commercial sensitivity	
	S4.3 Innovation: # vaccines with improved characteristics procured by Gavi	N/A	10 in 2020	
	S4.4 Healthy market dynamics: # vaccine markets with moderate or high healthy market dynamics	1 out of 11	6 out of 11 in 2020	

As can be seen in the indicator framework above, it includes:

Mission level, (Better health for all):

- Children immunised
- Future deaths prevented
- Under-five mortality rate
- Future disability-adjusted life years (DALYs) averted
- Vaccines sustained after Gavi support ends

Health systems goal indicators (Partnerships):

- Supply chain performance
- Data quality
- Integrated health service delivery
- Civil society engagement

Sustainability goal indicators (stronger institutions):

- Countries on track to successful transition
- Co-financing
- Country investments in routine immunisation
- Institutional capacity

The strategic results framework will be updated for Gavi's next strategic phase.

It is anticipated that Denmark will encourage a mid-term review of the achieved results during Gavi's next strategic phase.

5.0 RISKS AND ASSUMPTIONS

Gavi recognises that there are numerous risks that must be taken into consideration and managed carefully. To be able to manage risk the Board has approved a risk policy there is a designated risk manager in the alliance (annex 2).

Gavi operates on an assumption of continued donor support and therefore a shift in the global policy environment and international priorities is a potential risk as it could lead to a decline in donor support. However, given the significance of the SDGs as a unifying framework across sectors and the contributions immunisation programmes offer to the achievement of the SDGs the risk is not considered high at this point. However, Gavi continues to engage with both existing and potential new donors to mitigate the risk.

Competing priorities at country level. The governments in many of the countries where Gavi works are facing a daily challenge of prioritising different initiatives and priorities. There is a risk that countries with a high need for capacity strengthening are not able to manage and therefore can experience a pull either away from national priorities or from the immunisation programme.

Vertical interventions and programmes. In some countries, Gavi could be seen as operating in ineffective alignment with the health sector governance mechanisms and structures, which can promote a silo thinking in implementation. This could have a negative effect on efforts trying to strengthen the health system in general. A risk to which Gavi has to be attentive.

Misuse of funds, fraud and bribery. As any organisation working with large cash flows and funds, Gavi is exposed to misuse of funds, fraud and bribery. It is covered in the risk policy and there are systems in place to manage misuse of funds or other resources. It is the responsibility of the internal auditor, under the supervision of the Board, to conduct investigations and counter-fraud, which conducts an evidence-based examination of possible misuse and other misconduct within Gavi, in Gavi-supported programmes in-country, or which otherwise impact upon the organisation.

Sexual Exploitation and Abuse. Gavi does not have a designated policy on the prevention of sexual harassment and abuse. However, it is explicitly mentioned in the code of conduct, which is an integrated part of the HR manual that every staff member receives. It specifically mentions that: "*all acts committed by employees that may be*

considered to be discriminatory, abusive or harassing are prohibited and may result in disciplinary action” and it continues: “Employees shall not engage in sexual exploitation and abuse. This includes sexual activity with persons under the age of 18, regardless of the age of majority or the age of consent locally. In circumstances where the exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, has a bearing on Gavi, it is prohibited e.g. when travelling to Gavi countries. Employees must promote and create a culture that prevents sexual exploitation and sexual abuse”.⁷

⁷ Gavi Human Resources Manual, version 4, Code of Conduct, page 7 – 8.

ANNEX 1

GAVI, THE VACCINE ALLIANCE 2016 – 2020 STRATEGY

<https://www.gavi.org/library/publications/gavi/gavi-the-vaccine-alliance-2016-2020-strategy/>

ANNEX 2

RISK MANAGEMENT FRAMEWORK

<https://www.gavi.org/about/programme-policies/risk-policy/>

<https://www.gavi.org/about/governance/gavi-board/minutes/2017/14-june/> (11 - Review of risk appetite statement and risk management update)

ANNEX 3

FRAGILITY, EMERGENCIES AND REFUGEES POLICY

<https://www.gavi.org/about/programme-policies/fragility-emergencies-and-refugees-policy/>

ANNEX 4

GENDER POLICY

<https://www.gavi.org/library/gavi-documents/policies/gavi-alliance-gender-policy/>