

**GAVI**

**WORKPLAN 2004-05**

*Final version*  
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# GAVI milestones and objectives

## Milestones

- Access** By 2010 or sooner all countries will have routine immunization coverage at 90% nationally with at least 80% coverage in every district.
- Hep B** By 2002, 80% of all countries with adequate delivery systems will have introduced hepatitis B vaccine. By 2007, all countries.
- Hib** By 2005, 50% of developing countries with high disease burdens and adequate delivery systems will have introduced Hib vaccine.
- Polio** By 2005, the world will be certified polio-free.
- Pneumo & Rota** By 2005, the vaccine efficacy and burden of disease will be known for all regions for rotavirus and pneumococcal vaccine, and mechanisms identified to make the vaccines available to the poorest countries.

## Objectives

- Improve access to sustainable immunization services
- Expand the use of all existing safe and cost-effective vaccines, and promote delivery of other appropriate interventions at immunization contacts
- Support the national and international accelerated disease control targets for vaccine-preventable diseases
- Accelerate the development and introduction of new vaccines and technologies
- Accelerate R&D efforts for vaccines needed primarily in developing countries
- Make immunization coverage a centerpiece in international development efforts

# Work Plan Overview

## Strengthening service delivery

Priority Area	Targets
Health information and monitoring systems	<ol style="list-style-type: none"> <li>1. DQS methodology and other tools finalized.</li> <li>2. All countries with failed DQAs have received timely and adequate support</li> <li>3. DQS systematically used by at least 10 countries</li> <li>4. HMIS and EPI specific reporting coordinated, where possible</li> </ol>
Contributing to alleviation of system-wide barriers	<ol style="list-style-type: none"> <li>5. Agreement by major health sector stakeholders on joint efforts to address health systems barriers.</li> <li>6. ICCs strengthened with stronger links to NGOs and higher level national health coordination committees</li> <li>7. Efforts in 10 high-performing and 10 low-performing countries undertaken, lessons learned, documented and best practices shared.</li> </ol>
Enhanced efforts in large population countries	<ol style="list-style-type: none"> <li>8. Seven large population countries have made analysis of the barriers and possible solutions, and have agreed with their ICCs on action plans.</li> <li>9. GAVI and partners have established new policies to support the seven large population countries.</li> <li>10. Lessons from ADCs applied in the large population countries as appropriate</li> <li>11. The large population countries are back on track or show tendency of getting back on track in immunization coverage.</li> </ol>

## Ensuring access to vaccines and related products

Procurement / Supply of existing products	<ol style="list-style-type: none"> <li>12. Minimal divergence between vaccine forecasts and uptake.</li> <li>13. Establish planning processes for vaccines provision, with focus on hepB, Hib and YF and support to other GAVI vaccine initiatives.</li> </ol>
Development and introduction of new, near-term products	<ol style="list-style-type: none"> <li>14. Technologies for immunization: prioritization reviews, evaluations and advocacy.</li> <li>15. Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries.</li> </ol>

## Securing long-term financing

Managing process for country support from Vaccine Fund	<ol style="list-style-type: none"> <li>16. All eligible countries that qualify and are interested in GAVI/VF support for ISS, new vaccines and injection safety, will have applied and will have been approved.</li> <li>17. DQAs conducted in relevant countries.</li> <li>18. Coverage surveys carried out when needed for allocation of performance-based grants</li> </ol>
Financial sustainability	<ol style="list-style-type: none"> <li>19. All funded countries have developed their FSPs according to proposal schedule, with lessons learned and experiences shared with countries and partners.</li> <li>20. All countries assisted to integrate FSPs into their national planning and budgeting processes which may include PRSPs and MTEFs</li> <li>21. Role of FTF in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partner(s) with their future roles and responsibilities clearly defined</li> <li>22. All funded countries have had their FSPs reviewed.</li> <li>23. New global and country level financing mechanisms developed and tested.</li> </ol>

## Strategic planning & monitoring

Recapitalization of The Vaccine Fund	<ol style="list-style-type: none"> <li>24. Long-term GAVI/Vaccine Fund resource mobilization (2006 - 2015) plan fully aligned with long term GAVI strategic planning (2006-2015) and new funding.</li> <li>25. Vaccine Fund resource mobilization level of \$400 million/year achieved by end of 2006 (interim 2005 milestone for this effort is roughly \$325 million/yr).</li> </ol>
Setting priorities	<ol style="list-style-type: none"> <li>26. Long-term (through 2015) strategic plan, including Vaccine Fund priorities and policies, developed and approved.</li> <li>27. GAVI 2006-07 work plan developed and approved.</li> </ol>

## Other

Monitoring progress	<ol style="list-style-type: none"> <li>28. Process to monitor progress of GAVI and respond to emerging needs established and ongoing.</li> </ol>
Alliance coordination	<ol style="list-style-type: none"> <li>29. Secretariat: Support for governing bodies, coordination and communication.</li> <li>30. RWG: coordination of partners efforts in the regions</li> </ol>

## Total budget by priority area and implementing/ coordinating partner (in USD,000)

Priority areas	WHO	UNICEF	SECR	NORAD <sup>1</sup>	FTF
1. Health info and monitoring systems	3,758				
2. System-wide barriers				1,235	
3. Enhanced efforts	1,400	1,420	35		
4. Adequate supply of existing vaccines	657	850			
5. Late stage development of prioritized vaccines			635		
6. Managing process for country support	1,252 <sup>2</sup>		5,614 <sup>3</sup>		
7. Financial sustainability	655 <sup>4</sup>		360		6,758 <sup>5</sup>
8. Recapitalization of VF					
9. Setting priorities			764		
10. Monitor Progress	2,866 <sup>6</sup>		400 <sup>7</sup>		
SECRETARIAT CORE COSTS			4,547		
RWG COORDINATION	1212				
<b>TOTAL</b>	<b>11,800</b>	<b>2,270</b>	<b>12,355</b>	<b>1,235</b>	<b>6,758</b>
<b>Provided by partner</b>	<b>3,100</b>	<b>2,270</b>	<b>0</b>	<b>0</b>	<b>1,950</b>
<b>Remaining to be financed</b>	<b>8,700</b>	<b>0</b>	<b>12,355</b>	<b>1,235</b>	<b>4,808</b>

Total	\$ 34,418,000
From partners	\$ 7,320,000
Board member dues	\$ 6,000,000
<b>Remaining gap</b>	<b>\$ 21,098,000</b>

<sup>1</sup> NORAD is not an implementing partner but is coordinating this work plan activity

<sup>2</sup> Includes coverage surveys and DQA related work

<sup>3</sup> Includes \$1,150,000 to be contracted out (DQAs)

<sup>4</sup> Immunization financing database

<sup>5</sup> To be contracted out except for FTF core costs

<sup>6</sup> Includes \$1,210,000 for the Hib surveillance network and \$1,656,000 for studies and global monitoring

<sup>7</sup> To be contracted out

## Work plan budget 2004-05 with consequences of budget cuts incorporating EC consultation

Priority areas	Original budget	Revised budget	Consequences of reduced budget
Health information and monitoring systems	4,257	3,758	<ul style="list-style-type: none"> <li>PAHO and EMRO not provided with support for EPI/HMIS coordination</li> </ul>
Alleviation of system-wide barriers	1,300	1,235	<ul style="list-style-type: none"> <li>Budget reduction possible</li> <li>RED workshops financed by WHO</li> </ul>
Enhanced efforts in large population countries	3,110	2,855	<ul style="list-style-type: none"> <li>Most budget provided by partners</li> </ul>
Adequate supply of existing vaccines	1,680	1,507	<ul style="list-style-type: none"> <li>Fewer country visits for forecasting</li> <li>Number of training courses for vaccine quality control for NRA strengthening reduced to 9 (previously 12)</li> </ul>
Late stage development and intro new vaccines and technologies	665	635	<ul style="list-style-type: none"> <li>Budget for support to ADIP management committee and meetings for technology ADIP reduced</li> </ul>
Managing the country support process	6,590	6,866	<ul style="list-style-type: none"> <li>One proposal review deleted in 2004 (2 proposal reviews to be resumed in 2005)</li> <li>Evaluation of coverage surveys removed</li> </ul>
Financial sustainability	8,123	7,773	<ul style="list-style-type: none"> <li>Elimination of financial sustainability meeting to share lessons</li> <li>Cut back of FTF meetings to one/year</li> </ul>
Recapitalization of Vaccine Fund	0	0	
Setting priorities	885	764	<ul style="list-style-type: none"> <li>Reduction of budget for analysis and consultations</li> </ul>
Monitoring progress	4,466	3,266	<ul style="list-style-type: none"> <li>Budget reduction for global monitoring by 100,000</li> <li>Second phase of ISS study postponed</li> <li>Unspecified studies removed</li> </ul>
Secretariat core costs	4,287	4,547	<ul style="list-style-type: none"> <li>Reduction of management of Board, EC, WG</li> <li>Reduction of communication budget</li> <li>Addition of rent for secretariat (\$660,000)</li> </ul>
RWG coordination	1,212	1,212	No reduction
<b><u>TOTAL</u></b>	<b><u>36,575</u></b>	<b><u>34,418</u></b>	

Less financing from Board member dues and partner contributions

(13,320)

**Remaining financial gap \$21,098,000**

## ***Financing the GAVI Work Plan:***

### **Proposed funding sources** *(in mill US\$, not including partners' contributions to their own activities)*

<b>Source</b>	<b>Amount for 2004-05</b>
Bill and Melinda Gates' Foundation	10.00
Vaccine Fund <sup>8</sup>	7.90
World Bank	2.40
Industry	0.20
USAID	0.15
Board member dues	6.00
<b>Total</b>	<b>26.65</b>

### **Responsible entities** *(in mill US\$ not including partners' contributions to their own activities)*

<b>Partner</b>	<b>Amount for 2004-05</b>
WHO	8.700
Secretariat	12.355
NORAD <sup>9</sup>	1.235
FTF	4.808
<b>Total</b>	<b>27.100</b>

### **Partners' contributions** *(in mill US\$)*

<b>Partner</b>	<b>Source</b>	<b>Amount for 2004-05</b>
WHO	Norway, Netherlands	3.10
UNICEF	Norway, Netherlands	2.27
WB	Netherlands	1.95
<b>Total</b>		<b>7.32</b>

<sup>8</sup> From European Commission, Nordic countries and interim ADIPs

<sup>9</sup> NORAD is not an implementing partner. The mechanisms for implementation and transfer of funds for the priority area planned by NORAD are to be worked out.



## Budget: unit cost elements

Target ID	Responsible entity	Short ref. to target's name	indivisible cost	Cost that can be divided into units			TOTAL COST by target
				name of unit	unit cost	# of units (# of countries, unless specified)	
A.P1.T1	WHO	DQS methodology	381,925				381,925
A.P1.T2	WHO	DQA support to countries		follow-up support	47,301	15	709,517
A.P1.T3	WHO	DQS used		training, follow-up	80,682	10	806,818
A.P1.T4	WHO	HMIS and EPI reporting coordinated		analysis and support	69,125	5	345,627
				regional level support	302,712	5 regions	1,513,560
A.P2.T1	NORAD	Systems barriers agreement	0				0
A.P2.T2	NORAD	ICC strengthening	5,000	ICC strengthening	20,000	10	200,000
A.P2.T3	NORAD	Systems barriers efforts in 20 countries	90,000	analysis	10,000	10	100,000
				implementation	50,000	10	500,000
				documentation	30,000	10	300,000
				inter-country meeting	20,000	2	40,000
A.P3.T1	UNICEF	7 countries: analysis		meeting	10,000	7	70,000
A.P3.T2	UNICEF	7 countries: new policies	35,000				35,000
A.P3.T3	UNICEF	7 countries: ADCs lessons applied	0				0
A.P3.T4	UNICEF	7 countries: back on track					2,750,000
			40,000	develop key messages	40,000	4 regions	160,000
				international staff employed for 2y	300,000	5 staff	1,500,000
				national staff employed for 2y	66,667	15 staff	1,000,000
				annual meeting	25,000	2	50,000
B.P4.T3	VPP	VPP: minimal divergence	557,000				557,000
B.P4.T5	VPP	VPP: planning processes vaccine provision	950,000				950,000
B.P5.T1	Secr	Technologies: evaluations	140,000				140,000
B.P5.T2	Secr	Monitor ADIPs	494,490				494,490
C.P6.T1	Secr	Country support: approvals	600,000	request for support review	20,612	201 requests	4,143,057
C.P6.T2	Secr	DQAs conducted	322,720	DQA	50,000	23	1,150,000
C.P6.T3	Secr	Coverage surveys when needed		coverage survey	46,402	14	649,625
C.P7.T1	FTF	FSPs developed in all countries	420,000	FSP development support	84,250	34	2,864,500
C.P7.T2	FTF	Countries assisted FSP implementation	1,454,500	FSP implementation support	49,446	46	2,274,500
C.P7.T3	FTF	FSP work transferred to partner	400,000				400,000
C.P7.T5	FTF	FSP reviews		review	10,000	36	360,000
C.P8.T1	VF	VF resource mobilization plan					0
C.P8.T2	VF	VF resource mobilization achieved					0
D.P9.T2	Secr	GAVI strategic plan (to 2015)	724,613				724,613
D.P9.T3	Secr	GAVI 2006-07 workplan	40,000				40,000
D.P10.T1	Secr	Monitor GAVI progress	3,266,000				3,266,000
E.P11.T1	Secr	Secretariat core	4,547,479				4,547,479
E.P11.T2	WHO	RWG coordination	1,212,000				1,212,000
			<i>Subtotal</i>				
			15,080,727				
						<i>Subtotal</i>	
						18,737,204	
							<b>TOTAL</b>
							<b>34,417,931</b>

**Budget managed and/or implemented by the Secretariat – *comparison with current year's budget***

<b>I) Items that are in current year secretariat budget</b>	<b>Approved 2003</b>	<b>Proposed 2004</b>	<b>Proposed 2005</b>	<b>Proposed 2004-2005</b>
<b><u>A. Country support</u></b>				
Proposal reviews	190,000	125,000	262,500	387,500
Monitoring reviews	104,000	250,000	262,500	512,500
FSP reviews	190,000	200,000	160,000	360,000
DQA	1,200,000	650,000	500,000	1,150,000
Sub-total	1,684,000	1,225,000	1,185,000	2,410,000
<b><u>B. Core activities</u></b>				
Communication	175,000	300,000	300,000	600,000
Management of Board, EC	300,000	280,000	280,000	560,000
Partner's meeting			650,000	650,000
Sub-total	475,000	580,000	1,230,000	1,810,000
<b><u>C. Salaries</u></b>				
Salaries IP	1,300,000	1,505,561	1,577,199	3,082,760
Salaries support staff	248,000	498,280	523,492	1,021,772
Short term/Consultants	160,000	253,422	266,277	519,699
Short term support costs	0	217,160	228,148	445,308
Other support costs	100,000	100,000	105,000	205,000
Travel	300,000	300,000	315,000	615,000
Sub-total	2,108,000	2,874,423	3,015,116	5,889,539
<b><i>SUBTOTAL</i></b>	<b>4,267,000</b>	<b>4,679,423</b>	<b>5,430,116</b>	<b>10,109,539</b>
<b>II) Items to be managed or implemented by the secretariat that are NOT in current budget<sup>10</sup></b>	<b>Approved 2003</b>	<b>Proposed 2004</b>	<b>Proposed 2005</b>	<b>Proposed 2004-2005</b>
<b>D. Enhanced efforts</b>	-	35,000	0	35,000
<b>E. Late stage vaccines development</b>	-	135,000	135,000	270,000
<b>F. Setting priorities</b>	-	240,000	40,000	280,000
<b>G. Monitoring progress</b>	-	400,000 <sup>11</sup>	0	400,000
<b>H. Improving country reporting</b>		300,000	300,000	600,000
<b>I. Secretariat rent</b>		330,000	330,000	660,000
<b><i>SUBTOTAL</i></b>		<b>1,440,000</b>	<b>805,000</b>	<b>2,245,000</b>
<b>Grand total</b>	<b>\$4,267,000</b>	<b>\$6,119,423</b>	<b>\$6,235,116</b>	<b>\$12,354,539</b>

<sup>10</sup> Does not include activities that will be implemented by WHO.

<sup>11</sup> ISS evaluation part A: To be contracted out

## Monitoring the GAVI 2004-05 work plan

Priority area	Responsible for work planning	Implementation	Review mechanisms
Health information and monitoring	WHO	WHO, countries	IRC, (WG)
Alleviating system-wide barriers	NORAD	Countries, partners	Exec secr, (WG)
Enhanced efforts in priority countries	UNICEF	Countries, partners	Exec secr, (WG)
Adequate supply of existing vaccines	VPP	UNICEF SD, WHO, VF, VPP	VPP oversight comm.
Late stage devt of new vaccines	Secr	ADIPs	ADIP management comm.
Country support process	Secr	Countries	IRC, Exec secr, (WG)
Financial sustainability	FTF	Contracted out	IRC, Exec secr, (WG)
Recapitalization VF	VF	VF	VF EC and Board
Setting priorities	Secr	EC, Board	EC/Board
Monitoring progress	Secr	Contracted out	IRC, Exec secr, (WG)
Secretariat core functions	Secr	Secr	EC/Board
RWGs	WHO	WHO	Exec secr, (WG)

**TARGETS, JUSTIFICATIONS,  
PARTNERS, ACTIVITIES, BUDGETS**

# Data Quality Self-Assessment (DQS) methodology and other tools finalized

Responsible entity: **WHO**  
Completed by: **July 2004**

Total budget: **\$381,925**

## Target description and how it will help reach GAVI milestones

In most countries the immunization system has now reached a level where decisions become more data-driven. This requires a monitoring and reporting network, capable of generating reliable data. The Data Quality Audit (DQA) tool, used as part of the GAVI process, is one method to assess the reliability of the reporting system. The DQAs have highlighted the need for on-going assessments and improvements of the reporting system.

The importance of data-drive decision making and the need to streamline and improve the quality of data has also been recognized at a larger scale, as evidenced through the creation of the Health Metrics Network. This network aims at integrating and coordinating various existing data systems. Immunization monitoring systems, being one of the key public health interventions in most countries, will be a part of this initiative. The activities proposed to achieve this target, will contribute to improved, on-going data collection in the field of immunization.

The Data Quality Self-Assessment (DQS) is designed to assess and to diagnose weaknesses with existing reporting systems at district level. It can be used to prepare for a DQA and/or to monitor progress in improvements introduced after a DQA. Ultimately, the DQS can become part of the routine monitoring system, as it is designed to be used by district- level staff, without input from external sources. The DQS has been developed but needs to be field tested and distributed.

In addition, new tools need to be developed to improve data monitoring, with special focus on district level information. All such tools will be designed to provide feedback to the immunization services and to contribute to improvements in immunization coverage (e.g. links with Reach Every District).

**ACCESS MILESTONE:** Tools will help countries to interpret and use data to focus better on underserved areas and on weaknesses in their immunization system.

## Justification for selection of activities

Priority has been given to tools which are in demand and already under development, and can be finalized and applied most rapidly.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcomes
Pilot test, translate and distribute the Data Quality Self Assessment (DQS) Tool	\$142,765	WHO/ CVP/PATH	<ul style="list-style-type: none"> <li>The Data Quality Self Assessment (DQS) tool will be finalized, field tested, translated and printed.</li> <li>It will be available to countries through downloading from a website and through more traditional means of distribution.</li> <li>Supporting software will be developed.</li> <li>CVP/PATH will be a partner in the field testing of the tool.</li> </ul>
Other tools to monitor performance developed and field tested	\$164,920	WHO	<ul style="list-style-type: none"> <li>Specific tools to assist VF eligible countries finalized, field tested, translated and printed. These tools will help strengthening district level monitoring and supervision.</li> <li>Examples include: Computerized EPI Information System (CEIS); Mapping Tool; Basemaps Library; decision tree (choice for district level survey); supervisory checklist.</li> </ul>
Training materials and guidelines to assist countries with the use of the tools will be developed	\$74,240	WHO/ CDC UNICEF	<ul style="list-style-type: none"> <li>Development and distribution of set of training materials to improve system failures as highlighted by DQS/DQA;</li> <li>Production of best practice guidelines to assist countries in taking appropriate actions</li> </ul>

### Detailed information on activities

#### Activity 1:

The finalization, field testing, translation and distribution of the DQS is seen as a logical follow-up to the DQA. The DQS can be carried out regularly by district-level staff, as part of their routine activities, and does not require on-going inputs from external sources. It will allow the district-level workers to monitor weaknesses and improvements in their reporting systems.

CVP/PATH will be partners to field test the methodology. As the tool will be used by district level workers, translation will be made into Russian, Arabic, French, Spanish, Portuguese, Iranian, and other languages.

Cost: \$142,765, including 4 man-months plus field test and translation costs. About \$ 48,560 will be used at global level, while the remainder is for country-level testing and implementation.

#### Activity 2:

With improved collection of data, the need arises to better store, manage and analyze the data. Tools will be developed so that data management and analysis (including production of maps) will be possible at all levels, including district level. Tools will be developed, field tested and distributed to help managers with supervision and with the selection of the best available methodology to monitor specific aspects of the immunization program.

Cost: \$164,920, which includes the equivalent of 7 man-months of work, plus costs for field testing. All these activities will take place at global level (\$ 111,360), with the exception of field testing of the supervisory checklist, which will be at country level (\$ 53,560)

### Activity 3:

It is anticipated that the recommendations by the DQAs, the findings of DQS, and improved data gathering in general will create a demand for guidelines and training on improving reporting systems. Training materials, "Practices Guidelines" will be developed and equivalent of work at global level. UNICEF and CDC are potential partners for this activity.

Cost: \$ 74,240 for 4 man-months equivalent of work at global level. UNICEF and CDC are potential partners for this activity.

# All countries with failed DQAs have received timely and adequate support

Responsible entity: **WHO**  
Completed by: **July 2005**

Total budget: **\$709,517**

## Target description and how it will help reach GAVI milestones

The DQA is a tool to assess the quality of immunization data collection systems. "Passing" the DQA is a requirement to qualify for full GAVI funding. "Failing" a DQA not only has financial implications, it also indicates major shortcomings in reporting systems. In order to improve these systems, and in preparation to a follow-up DQA, countries need to address issues raised in the DQA recommendations. It is expected that about fifteen countries will fail the DQA during the next biennium and hence will need assistance during the post-DQA period.

**ACCESS MILESTONE:** If weaknesses identified by DQA can be addressed, countries will be better placed to improve their data-system and hence can better target immunization activities, thus improving access.

## Justification for selection of activities

Direct support to implement DQA recommendations will tackle documented weaknesses.

The use of consultants will allow to rapidly improve countries' understanding of system weaknesses and to increase local capacity through training. Additional capacity strengthening will be organized at regional and country level through add-on sessions during immunization-related meetings.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcomes
Technical and logistical support for DQA follow-up	\$709,517	WHO/ CDC	<ul style="list-style-type: none"> <li>Detailed analysis of the DQA recommendations and local data and knowledge; priority-setting on district level improvements;</li> <li>Consultants will be trained and dispatched to support countries;</li> <li>An extra day added to existing regional and country immunization-related meetings will ensure that quality data collection will remain on countries agenda and that local skills are improved.</li> </ul>

## Detailed information on activities

The DQA recommendations will need to be analyzed and followed-up if countries are to "pass" a follow-up DQA and to improve their reporting systems. This is seen as a first step towards on-going efforts to maintain improved monitoring. The DQA is expected to highlight the weaknesses in reporting systems that result in inadequate coverage reporting. Addressing such weaknesses will also allow countries to better target their immunization activities and make strategic decisions that are data-driven. On-going monitoring will be facilitated through the use of the DQS (see target 1 and 3) and other tools. Involvement of district level staff will be necessary if the improvements are to be widely implemented. The activity entails that 5 consultants will each be trained for 1 week, and that each of the countries will receive 1 month of consultant support. Funds at country level are also budgeted for one-off improvements in monitoring systems (e.g. printing, training).



Cost: \$ 709,517, including 25 man-months of support (consultants and staff), implementation funds to improve reporting systems and follow-up on DQA recommendations, training of consultants and national staff. The equivalent of \$ 532,017 is intended for use at country level, while the remaining \$177,500 will be for workshops for country-level staff, organized at (sub) regional level.

# DQS systematically used by at least 10 countries

Responsible entity: **WHO**

Completed by: **December 2005**

Total budget: **\$806,818**

## Target description and how it will help reach GAVI milestones

The data quality self assessment (DQS) is a tool designed to assess district monitoring and evaluate the quality of coverage data. It has been designed specifically for use by local staff at implementation and district levels. It is therefore a tool that can contribute significantly to the Reach Every District (RED) Initiative, that aims at ensuring that all districts are covered by immunization districts and that is crucial to achieve the GAVI target of achieving 80% coverage in every district by 2010. Improved data quality will allow for better district-level analysis, and therefore for better targeting resources to those areas where the need is highest. With the DQS as a tool that can be used as part on routine activities, it is intended to become a routine monitoring tool at district level. In addition, the DQS helps countries to prepare for a DQA, which is required to benefit from full GAVI support for immunization services.

**ACCESS MILESTONE:** Regular use of DQS will improve data collection and analysis leading to improved and better targeted immunization services. Underserved areas are expected to benefit most.

## Justification for selection of activities

National capacity building in self-assessing reporting systems is seen as essential to ensure on-going improvements.

Initially the introduction of the DQS tool will be ensured through consultants and training of country staff (including local partners). At a second stage, initiatives to integrate the DQS as a routine monitoring activity will be facilitated by the same partners.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Financial and technical support for at least 10 countries to conduct the DQS and for regional-level trainings of consultants and country-level staff in DQS	\$164,018	WHO Country NGOs	<ul style="list-style-type: none"> <li>Consultants and country staff (including from interested NGOs and other agencies) from selected countries have been trained in the DQS methodology.</li> <li>DQS will be introduced in at least 10 countries.</li> <li>An active effort will be made to involve country-based NGOs and agencies to assist governments with improving reporting systems.</li> </ul>
Technical support for DQS follow-up (including regular implementation of the tool)	\$642,800	WHO Country NGOs	<ul style="list-style-type: none"> <li>Consultants and country staff from selected countries have been trained in the DQS follow-up; involvement of country-level NGOs and agencies encouraged.</li> <li>The follow-up will entail addressing weaknesses in reporting systems, as highlighted by the DQS.</li> <li>The aim is that the DQS methodology will be used as part of the routine monitoring activities in the 10 countries where it has been introduced.</li> </ul>

## **Detailed information on activities**

### Activity 1:

The DQS is a tool that can serve to prepare for, and follow-up on, a DQA. In addition, its design as a tool for district-level staff makes it highly suitable for use in existing on-going monitoring exercises. Countries will need assistance during the start-up phase of the DQS, and particularly to translate the findings of the DQS in action. Special attention will be paid to involving country-level agencies and NGOs, and to build national capacity. With minimal training, it should be possible for country-level staff and agencies to carry out the DQS regularly and interpret the results. The introduction of the DQS in at least 10 countries will require minimal training of country staff, and of consultants to assist with the start-up phase.

Cost: \$ 164,018 including 10 man-months of work, all at country level.

### Activity 2:

Support for DQS follow up will entail close follow-up in-country as well as more formal training on common findings and improvements.

Cost: \$ 642,800. This includes 14 man-months at regional level and 5 man-months at global level (\$ 242,800), plus implementation costs (including NGO involvement) at country level (\$ 400,000).

# Health system (HMIS) and immunization (EPI) specific reporting coordinated, where possible

Responsible entity: **WHO**  
Completed by: **December 2005**

Total budget: **\$1,859,187**

## Target description and how it will help reach GAVI milestones

A reliable information infrastructure is critical to track performance of health programmes and systems but should be as simple as possible to be manageable and should avoid unnecessary duplications. Integration of health data flows should be a goal when it is not associated with a loss in data integrity, timeliness and validity. The Health Metrics Network aims precisely at facilitating integration and coordination of health data. The activities proposed to achieve this target will therefore also feed into strengthening this network. Improving data collection will be crucial to assess whether the Millennium Development Goals will have been achieved. The proposed tasks include a situation analysis of the main barriers towards integration of health information systems, followed by technical assistance and development of appropriate material. The support of regional level is essential to stimulate and maintain data use and collection.

**ACCESS MILESTONE:** Consolidated data (Health system, or HMIS, and immunization, or EPI) plus feedback from regional levels will enhance immunization managers' understanding of the real situation, leading to improved and better targeted immunization services.

## Justification for selection of activities

A better understanding of failures to integrate HMIS and EPI will be the stepping stone to improve the use of information in selected countries.

Reinforcement of regional structures is crucial to support reliable, timely and valid integrated district data management.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Situation analysis of problems of integrating HMIS and EPI data in selected countries	\$216,127	WHO CDC	<ul style="list-style-type: none"> <li>• There will be a better understanding of the factors affecting integration of HMIS and EPI.</li> <li>• Potential data collection links between the healths related MDG indicators will be identified.</li> <li>• Factors crucial to ensuring integration of EPI data in the Health Metrics Network will have been clarified</li> </ul>
Provision of technical support to align the monitoring processes in selected countries with perceived coordination problems	\$129,500	WHO Country NGOs	<ul style="list-style-type: none"> <li>• In coordination with activities advised in the context of Health Metrics Network, selected countries will be encouraged to take action to improve coordination between HMIS and EPI.</li> <li>• Regular meetings between relevant staff at country level, development of an interface to compare data generated by different systems and use of DQAs to strengthen HMIS.</li> </ul>
Efficient information systems in place at regional levels and in selected countries	\$1,513,560	WHO Country NGOs	<ul style="list-style-type: none"> <li>• With improved data collection goes the need for strengthening of data management and data analysis. Capacity building at regional, national, and district levels is required, supported by appropriate software. The aim is that all levels can manage, analyze and interpret data relevant for their own level, and provide feedback to levels below. In addition, at regional level a database will be maintained to provide feedback to countries. This feedback will be essential to improve decision-making by EPI managers and hence improve immunization coverage (e.g. RED). Appropriate use of available technology will be ensured and new technologies will be stimulated (including web-based information sharing). It will be explored how country-level agencies and NGOs can become involved in maintaining, strengthening and coordinating monitoring systems.</li> </ul>

### Detailed information on activities

#### Activity 1:

Improved synergy between existing reporting systems in developing countries and between disease-reduction initiatives is a goal of the Health Metrix Network. Related to the immunization program, discordance between EPI-related data generated by the immunization program and those generated by the HMIS is a problem in many countries. The activities proposed here aim at addressing this issue from the point of view of immunization programs. Better understanding of the factors that influence integration between EPI and HMIS is seen as a first step. A situation analysis will be conducted in five selected countries and at global level.

Cost: \$ 216,127 including 15 man-months plus costs involved to country visits. Approximately \$28,000 is intended for global level analysis, and the balance for country-visits and country-level analysis.

#### Activity 2:

Exploration of ways to improve harmonization between HMIS and EPI will be initiated in selected countries, with focus on practical activities that can help to reach that aim. Examples could be promotion of regular meetings between staff from different departments, development of an interface to compare the data, use/adaptation of DQA to strengthen HMIS, etc.

Cost: \$ 129,500, including 7 man-months and financial support to selected countries. It is expected that the manpower support to countries would be given by regional-based staff (\$ 87,500). The balance (\$ 42,000) is intended for implementation activities at country level.

### Activity 3:

Regional leadership to guide the process of improving data collection systems is essential. Hardware and software will be needed to maintain a regional database in every region (subregions in Africa), and a dedicated staff member will be recruited in each region (subregions in Africa) to oversee, give feedback and technical advice, and provide training on local NGOs and other agencies will need to be explored.

Cost: \$ 1,513,560 including 5 staff members (1 per region for 2 years, except PAHO and EMRO), hard- and software, training, and funds to support local NGO involvement. Breakdown: \$ 1,250,000 goes to support 5 staff members, based at regional level, to support countries; \$ 193,500 will support training of country- level staff (organized by (sub) region) and local NGO involvement; and \$ 70,000 will be allocated for hard-and software (regional level).

# Agreement by major health sector stakeholders on joint efforts to alleviate health systems barriers.

Responsible entity: **NORAD**  
Completed by: **July 2004**

Total budget: **\$0**

## Target description and how it will help reach GAVI milestones

The main approaches are to seek alignment at global level of key health sector development partners, promote alignment across global initiatives that face similar system wide barriers, and work with selected countries to find the best areas and workable options where the GAVI alliance can “add value”. Coordination with the efforts of supporting countries in reaching the Health MDGs and other efforts such as the work of the Commission on Macroeconomics and Health (CMH) will be done. Organization will be around three areas: (1) Pathfinder function contributing to find innovative ways in addressing health systems barriers at country level, (2) Harmonization function: aligning with system-wide efforts to address system-wide barriers at country level (including improving ICC and coordination mechanisms); (3) Health systems development function: efforts at global level to address system-wide barriers.

**ACCESS MILESTONE:** For *sustained* access, it is necessary to harmonize efforts with other initiatives.

## Justification for selection of activities

There is a need to identify what is being done and how joint efforts and resources can be used to address bottlenecks. Activities have been chosen so that GAVI can feed into and piggy-back onto existing initiatives rather than initiating new and parallel efforts. Efforts will be designed in line with GAVI’s “added-value” criteria and will focus on selected system barriers.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcomes
Map efforts and consult with partners and other global initiatives	\$0	DfID NORAD Secretariat	<ul style="list-style-type: none"> <li>Potential points of entry for global alignment of partners established</li> </ul>
Present outcomes and recommendations to GAVI Board	\$0	NORAD	<ul style="list-style-type: none"> <li>Principles for partners alignment endorsed, Board guidance obtained</li> </ul>
Contribute to high/level global forum for a (CMH, High Level Forum, MDG)	\$0	NORAD Danida Secretariat DFID EC	<ul style="list-style-type: none"> <li>GAVI efforts harmonized with macro-level efforts</li> </ul>

**Detailed information on activities**

A resource group with experience on health system issues (with developing country experience) will work with partners and other initiatives to reach an agreement on joint efforts to address barriers. Funds should be given to the GAVI Secretariat to co-ordinate activities of the resource group and selected countries.



# ICCs strengthened, with stronger links to NGOs and higher level national health coordination committees.

Responsible entity: **NORAD**  
Completed by: **December 2005**

Total budget: **\$205,000**

## Target description and how it will help reach GAVI milestones

The overall scope of this work plan area is to contribute to strengthen service delivery and increase immunization coverage by addressing system-wide barriers in countries supported by GAVI and the Vaccine Fund. The main approaches are to seek alignment at global level of key health sector development partners, promote alignment across global initiatives that face similar system wide barriers, and work with selected countries to find the best areas and workable options where the GAVI alliance can “add value”.

The work will be coordinated with the efforts of supporting countries in reaching the Health MDGs and other efforts such as the work on the Macroeconomics and Health Commission (CMH). The work plan will be organized around three areas: (1) pathfinder function contributing to find innovative ways in addressing health systems barriers at country level, (2) Harmonization function: aligning with system-wide efforts to address system-wide barriers at country level (including improving ICC and coordination mechanisms); (3) Health systems development function: efforts at global level to address system-wide barriers.

**ACCESS MILESTONE:** For *sustained* access, it is necessary to improve coordination of immunization efforts.

## Justification for selection of activities

Experiences exist but have not been systematized.  
Dissemination of best practices will provide guidance for countries.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Establish options and best practices for national coordination of immunization efforts	\$5,000	NORAD DFID Secretariat	<ul style="list-style-type: none"> <li>Reference document available to countries and partners</li> </ul>
Efforts undertaken through partners in 10 low-performing countries (same countries as in target 3)	\$200,000	In country partners, (bilateral and multilateral)	<ul style="list-style-type: none"> <li>Harmonization with higher level coordination mechanisms, improved partner coordination and ICC operations</li> </ul>
Efforts undertaken through partners in all VF supported countries	\$0	In-country partners	<ul style="list-style-type: none"> <li>National coordination mechanisms strengthened in all VF supported countries</li> </ul>

### Detailed information on activities

The guidance document will be developed at the global level. Funds for strengthening country coordination mechanisms will be directed to selected countries.

# Efforts in 10 high-performing and 10 low-performing countries undertaken, lessons learned, documented and best practices shared.

Responsible entity: **NORAD**  
Completed by: **December 2004**

Total budget: **\$1,030,000**

## Target description and how it will help reach GAVI milestones

Based on the outcome of the preceding activities under “Agreement by major health sector stakeholders on joint efforts to alleviate health systems barriers” the Board/EC will make its go/no go decision to continue the work within this priority area with the activities listed for this target.

The overall scope of this work plan area is to contribute to strengthen service delivery and increase immunization coverage by addressing system-wide barriers in countries supported by GAVI and the Vaccine Fund. The main approaches are to seek alignment at global level of key health sector development partners, promote alignment across global initiatives that face similar system wide barriers, and work with selected countries to find the best areas and workable options where the GAVI alliance can “add value”.

The work will be coordinated with the efforts of supporting countries in reaching the health MDGs and other efforts such as the work of the Macroeconomics and Health Commission (CMH). The work plan will be organized around three areas: (1) pathfinder function contributing to find innovative ways in addressing health systems barriers at country level, (2) Harmonization function: aligning with system-wide efforts to address system-wide barriers at country level (including improving ICC and coordination mechanisms); (3) Health systems development function: efforts at global level to address system-wide barriers.

**ACCESS MILESTONE:** Addressing system wide barriers will contribute to increased quality and system-friendliness of efforts to raise coverage, thereby promoting sustainable access.

## Justification for selection of activities

The McKinsey report identified five groups of system wide barriers that need to be addressed for countries to attain targets. But approaches need to be tailored in-country.

Efforts will focus on system wide barriers causing low coverage at sub-national level.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Develop methods for in-country analysis of system barriers	\$140,000	NORAD WB WHO UNICEF	<ul style="list-style-type: none"> <li>Approach and methodology established</li> </ul>
Support barrier analysis in 10 low-performing countries	\$0	In-country partners	<ul style="list-style-type: none"> <li>Priority barriers and actions to address them identified</li> </ul>
Support implementation in 10 low-performing countries	\$500,000	In-country partners	<ul style="list-style-type: none"> <li>Contributions made to addressing health systems barriers</li> </ul>
Document in-country efforts	\$340,000	Local research WHO NORAD	<ul style="list-style-type: none"> <li>Lessons learned available for 2006-2007 GAVI planning</li> </ul>
Resource Group operations	\$50,000	GAVI Secretariat NORAD	<ul style="list-style-type: none"> <li>Country and global inputs obtained during design and documentation</li> </ul>

### Detailed information on activities

A workshop will be held in spring 2004 for 20 selected countries (well performers and stagnating performers). Well performing countries will share experiences with stagnating countries. Countries will be encouraged to share experiences on challenges and issues which need to be addressed. Countries will be provided with after workshop support through linkages with other initiatives on system barriers and be given a period to define and implement strategies to address barriers. The process of addressing barriers will be documented by a national research institution. A final report summarizing countries experiences will be drafted and lessons shared.

Activities 1, 4, and 5 will be coordinated at the global level. Funds for activities 2 and 3 will be channeled to selected countries.

## Seven large population countries have made analysis of the barriers and possible solutions, and have agreed with their ICCs on action plans.

Responsible entity: **UNICEF**

Completed by: **July 2004**

Total budget: **\$70,000**

### Target description and how it will help reach GAVI milestones

This is the first of four targets that aim to ensure that the seven selected countries with the largest populations get back on track towards their goals of immunization coverage. The McKinsey study has confirmed that all 7 countries are not meeting their immunization targets, and some 34 million children remain unimmunized. Multiple challenges and barriers towards improving immunization coverage have to be addressed through concerted efforts and focused attention by the various partners. Unless these countries mount special efforts, global immunization targets will not be achieved as planned.

**ACCESS MILESTONE:** 75% of un-immunized children live in just 5 large population countries (India, Nigeria, Pakistan, Ethiopia, DR Congo). In addition, attention must be paid to Indonesia and Bangladesh for coverage improvements. This has potential of reducing global under-5 mortality by 20%.

### Justification for selection of activities

Coordination and consensus-building among GAVI partners and local partners is required. The main output will be a MOH/ICC endorsed coverage improvement plan including:

- 1) Partners' agreement on a limited list of major bottlenecks impeding expansion of immunization coverage
- 2) Agreement on key programmatic and geographic activities in order to overcome identified bottlenecks
- 3) Consensus on the resources requirements, financing, and timeline of the planned activities
- 4) Consensus on partners' role and responsibility in support of implementation and follow-up

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Seven country-led review/planning meetings with partners to identify barriers and priority activities	\$70,000	UNICEF WHO MoH ICC	<ul style="list-style-type: none"> <li>• All seven countries have identified barriers and priority activities for acceleration with role and accountability of partners;</li> <li>• ICC endorsement of proposed activities and commitment to follow-up and monitor progress (becomes regular agenda item)</li> </ul>

## **Detailed information on activities**

There is a need for each country to recognize and prioritize major bottlenecks/ barriers to improving EPI coverage; to identify the root causes, and take into account all past and existing efforts to improve coverage; and finally, develop a coverage improvement plan with corresponding budgets, follow-up mechanisms and specific roles and responsibilities of the various partners. Ministries of Health (MoH) and ICCs approve and endorse country-specific action plans and budgets and agree to follow-through the implementation of the plans. UNICEF/WHO to work with MoH and key partners dependent on country (e.g. CDC, PATH, BASICs, BRAC, bilaterals, etc).

# GAVI and partners have established new policies to support the seven large population countries.

Responsible entity: **Secretariat**Completed by: **December 2004**Total budget: **\$35,000**

## Target description and how it will help reach GAVI milestones

This target is the second of four that aims to ensure that the seven countries selected get back on track towards their immunization coverage goals. This task is planned to follow the activities of the first task of this priority area which includes an analysis of barriers and decisions on action plans taken by these countries in agreement with their ICCs. It is believed that these countries may require additional technical and/or financial support from GAVI partners and/or GAVI/VF in order to reach their immunization targets. This task outlines the strategy for GAVI partners and/or GAVI/VF to decide on and provide the required support. The actual form and substance of such support will have to be defined through the process.

**ACCESS MILESTONE:** If the 7 countries do not enhance their immunization performance the GAVI access milestone will not be reached. Based on current knowledge we have to assume that additional support will be necessary for them to reach their targets.

## Justification for selection of activities

The MDGs represent a challenge for the health sector where immunization has a critical role to play. It is therefore essential to coordinate decision making on the 7 countries with the global MDG efforts.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Enhanced coordination to link the efforts for the 7 countries to broader health sector work such as MDGs	\$35,000	Secretariat	<ul style="list-style-type: none"> <li>Coordination between 7 countries' efforts and global work on MDGs.</li> </ul>
Proposal to GAVI Board re possible additional GAVI/VF support	\$0	Secretariat	<ul style="list-style-type: none"> <li>New GAVI/VF policy for VF support to the seven countries as required</li> </ul>

## Detailed information on activities

The global work on MDGs will continue with a meeting in May 04. This would be one opportunity to coordinate with the efforts for the 7 countries; other opportunities may arise or be developed during the spring of 2004.

# Lessons from accelerated disease control initiatives (ADCs) applied in the large population countries as appropriate.

Responsible entity: **UNICEF**  
Completed by: **December 2005**

Total budget: **\$0**

## Target description and how it will help reach GAVI milestones

This is the third of four targets that aim to ensure that the seven selected large population countries get back on track towards achieving their immunization coverage goals. This target takes into consideration the application of lessons learned from the accelerated disease control (ADC) initiatives which include polio eradication, measles control and maternal and neonatal tetanus elimination. Three of these countries (India, Pakistan and Nigeria) are priority countries for polio eradication and it is important to take advantage of the on-going intensive efforts. The ADC initiatives focuses on reducing childhood morbidity and mortality, fully exploiting the potential of existing vaccines by using intensive strategies to reach all children. The ADC initiatives have played a key role in maintaining the high visibility of immunization in both developing and donor countries.

**ACCESS MILESTONE:** It is imperative that GAVI partners work with the large population countries without delay. The current “struggle” to get rid of polio in some of these large population countries should be taken in a positive light where lessons from ADC efforts are integrated into routine immunization as is already done in smaller countries.

## Justification for selection of activities

Will apply lessons learned from ADC initiatives. 3 of these countries (India, Pakistan, Nigeria) are priority for polio eradication and can take direct advantage of on-going efforts.

ADCs play a key role in maintaining high visibility of immunization.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Review of lessons learned from ADC and their application to strengthening routine immunization is undertaken.	\$0	CDC UNICEF WHO MoH key country partners	<ul style="list-style-type: none"> <li>Consolidated draft report of ADC lessons learned is produced and translated</li> </ul>
Lessons learned draft report is reviewed and discussed at global, regional and country meetings (including ICCs).	\$0	CDC UNICEF WHO MoH	<ul style="list-style-type: none"> <li>Additional input and revisions to the report are made;</li> <li>Lessons learned are disseminated widely (particularly the seven countries);</li> <li>Printing of finalized report of ADC lessons learned</li> </ul>
Progress reports from 7 priority countries include discussion of applying lesson learned from ADC.	\$0	MoH key country partners	<ul style="list-style-type: none"> <li>Lessons learned are applied and documented in seven countries.</li> </ul>



**Detailed information on activities**

The lessons from the ADC efforts will be reviewed by the various partners and documented through a report. Countries will then assess the relevance of these lessons learnt to their country situation, apply the lessons as appropriate and include these as part of their progress reports.

# The large population countries are back on track or show tendency of getting back on track in immunization coverage.

Responsible entity: **UNICEF**  
Completed by: **December 2005**

Total budget: **\$2,750,000**

## Target description and how it will help reach GAVI milestones

This is the last of four targets that aim to ensure that the seven selected large population countries get back on track towards their goals of immunization coverage. These can be demonstrated with validated assessment of immunization coverage and the presence of technical, financial and political inputs in the 7 countries. In some of these countries, special efforts need to be done to reach the marginalized populations. Regular and intensified technical support from key partners is needed to enhance national, sub-national and district level capacity to accelerate EPI coverage. In cases where increased support to the Ministries of Health may be inefficient for improving immunization services, other mechanisms such as the use of NGOs may be explored and used. It is essential that key political and civil society leaders commit to actively engage in supporting coverage improvement plans. There is a need to ensure that regular monitoring meetings and in-country reviews are undertaken to monitor progress made against benchmark, and to adjust acceleration plans as appropriate. By doing these, barriers to successful implementation are identified and addressed in a timely manner. UNICEF/WHO to work with MoH and key partners dependent on country (e.g. CDC, PATH, BASICS, BRAC, and bilaterals).

### ACCESS MILESTONE:

- Advocacy aimed at policy makers and other influential stakeholders in the countries is needed to support achieving the GAVI access milestone.
- Intensified technical assistance essential in these countries
- Special efforts required to reach marginalized groups

### Justification for selection of activities

- Influential leaders and partners at global, regional and country levels must commit to routine immunization activity.
- Strengthening capacities of key country partner agencies (WHO and UNICEF) to support routine immunization is necessary to provide intensified technical assistance, advocacy and communication support. Increased staff capacity will enable UNICEF and WHO to better use the ICC mechanism to advocate for action by decision makers, institutions and local partners for improving immunization services.
- Annual meetings with all seven large population countries to review progress will provide the opportunity of not only sharing best practices but also getting lessons learned from these countries.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Develop key messages and effect strategies to keep influential leaders and partners at global, regional and country levels committed to routine immunization.	\$200,000	UNICEF WHO MoH	<ul style="list-style-type: none"> <li>Key political and civil society leaders actively engaged to support efforts to accelerate progress towards routine immunization coverage targets; Opportunity to engage GAVI Board members in advocacy efforts</li> </ul>
Strengthening capacities of partner agencies to support routine immunization	\$2,500,000	UNICEF WHO PATH CDC key partners	<ul style="list-style-type: none"> <li>Each country has designated "routine" staff persons from key partners dependent on country (WHO, UNICEF, PATH, BASICS, CDC, BRAC, other NGOs, bilaterals) to provide intensified technical assistance, advocacy, communication support, and continuous follow-up on strategies and activities for improving immunization coverage (and overcoming barriers);</li> <li>Stronger promotion, implementation, and follow-up of opportunities to use in-country polio human resources, particularly at sub-national levels; Improved coordination and performance of ISS-funded national staff who have been recruited in some countries (e.g. Nigeria, Bangladesh);</li> <li>Improved capacity for field operations and vaccine and cold chain management to increase coverage</li> </ul>
Implement follow-up mechanisms such as quarterly monitoring meetings at sub-national level and in-country reviews undertaken twice a year to monitor progress, and adjust activities as appropriate	\$0	UNICEF WHO MoH key country partners	<ul style="list-style-type: none"> <li>Continuous collection/analysis of data, monitoring of progress, and problem-solving;</li> <li>Barriers to successful implementation are identified and addressed in a timely manner;</li> <li>Successful innovations are shared among districts, and replicated if appropriate.</li> </ul>
Annual meetings with all 7 countries to review progress ( 2 meetings total) In-country reviews undertaken twice a year to monitor progress, and adjust activities as appropriate	\$50,000	UNICEF WHO key country partners	<ul style="list-style-type: none"> <li>Maintain momentum and advocacy;</li> <li>Sharing of experiences and innovations; Trouble-shooting/problem solving if progress slow;</li> <li>Progress report prepared for GAVI Board</li> </ul>
Document the lessons-learned in accelerating routine immunization coverage, and the critical factors to sustain and expand including coverage validation	\$0	MoH UNICEF WHO key country partners	<ul style="list-style-type: none"> <li>Validated assessment of immunization coverage;</li> <li>Technical/financial/political inputs needed to keep the momentum beyond 2005 are in place</li> </ul>

### Detailed information on activities

UNICEF/WHO to work with MoH and key partners dependent on country (e.g. CDC, PATH, BASICS, BRAC, other NGOs, and bilaterals).

The staff will assist Government counterparts to:

- 1) prepare strategic plans, state/province action plan and budget documents to leverage additional in-country resources for immunization;
- 2) support monitoring of district level operations and establish system for monitoring vaccine stock-out and other key indicators;
- 3) support training to expand the "access/RED approach", field operations and vaccine/cold chain management.

# Minimal divergence between vaccine forecasts and uptake.

Responsible entity: **VPP**  
Completed by: **December 2005**

Total budget: **\$557,000**

## Target description and how it will help reach GAVI milestones

GAVI implements a vaccine procurement plan for 2004-06. WHO is responsible for the program function: accuracy (product and timing) of country by country and overall vaccines forecast. UNICEF is responsible for the supply function: accuracy of availability and pricing assessments, delivery reliability, timeliness, content of information shared with industry, and pricing trends over time. The VF is responsible for the finance function: proportion of firm contracting, financing return, uptake of firm offtake. Through the same multi-disciplinary approach, the VPP team is responsible to early detect and solve the problems and the emergencies arising during implementation. The ineffectiveness of a loose VPP alliance on risk management would result either in loss of resources or in unmet country demands and ultimately in loss of children lives.

**HepB & Hib MILESTONES:** An early detection of risk in introduction of new vaccines will minimize the divergence of vaccines forecast and uptake for hepB, Hib, and YF, better meeting country demand and ultimately in reaching more children with new vaccines.

## Justification for selection of activities

In order to achieve an effective implementation of the 2004-06 procurement plan it is essential that:

- 1) WHO keeps in close contact with countries to update the vaccines forecast
- 2) UNICEF keeps in contact with industry to monitor vaccine production and with countries for timely delivery of vaccines
- 3) VF keeps in contact with donors to ensure sufficient funding
- 4) The Secretariat through the progress reports and FSPs collects information on countries' funding of immunization.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Establish, use, communicate monitoring tool for forecast and manage the exceptions with VPP team.	\$207,000	WHO UNICEF VF	<ul style="list-style-type: none"> <li>Forecasting performance is monitored and exceptions are identified and solved</li> </ul>
Establish, use, communicate monitoring tool for supply delivery and manage the exceptions with VPP team.	\$350,000	UNICEF	<ul style="list-style-type: none"> <li>Vaccines provision performance is monitored and exceptions are identified and solved</li> </ul>
Establish, use, communicate monitoring tool for VF funding and manage the exceptions with VPP team.	\$0	VF	<ul style="list-style-type: none"> <li>Performance of VF funding is monitored and exceptions are identified and solved</li> </ul>
Establish, use, communicate monitoring tool for country funding and manage the exceptions with VPP team.	\$0	Secretariat UNICEF VF	<ul style="list-style-type: none"> <li>Performance of country funding is monitored and exceptions are identified and solved</li> </ul>

## **Detailed information on activities**

### Activity 1

Lead partner: WHO

Other partners: a) UNICEF-SD for periodic exchange of programmatic information, maintenance of a demand database, maintenance of a tracking system for vaccine utilization. b) VF for periodic exchange of information about funding status and possibilities for new commitments.

Budget (WHO): a) 1 full-time assistant for programme data management at \$ 75,000 per year; b) coordination and follow-up of teleconferences with regions, travel to regions for in-depth review of data, planning and organization of periodic updates with partners at \$ 28,000 per year.

### Activity 2

Lead partner: UNICEF

Budget (UNICEF): The budget for UNICEF activities is \$ 175,000 each year for travel and technical assistance to countries, capacity building in management of cold chain, vaccines supply, stockouts and wastage. The UNICEF budget is funded from other sources.

### Activity 3

Lead partner: VF

Budget: The cost of the VF's staff time has not been included in the budget.

### Activity 4

Lead entity: Secretariat

Partners: UNICEF-SD and the VF, for annual exchange of information on updated country plan for internal funding of immunization programme. The main sources of information will be the annual reviews of Progress Reports and of Financial Sustainability Plans.

# Establish planning processes for vaccines provision, with focus on hepB, Hib and YF and support to other GAVI vaccine initiatives

Responsible entity: **VPP**  
Completed by: **December 2005**

Total budget: **\$950,000**

## Target description and how it will help reach GAVI milestones

Information on country demand, product preference and future needs is to be shared with industry early in the years, since lead times in the vaccine industry, whether for product development, capacity investment or production, are relatively long. VPP team aims to produce accurate, product-specific, long-term forecast (for hepB, Hib, YF and any other new vaccine supported by GAVI) that enhances the credibility of demand and commands sufficient confidence amongst partners to allow the majority of GAVI's vaccine to be procured on a firm contract basis. A failure of VPP to give early indication of vaccine demand and availability would result in delay in introduction of new vaccines and ultimately in preventing children deaths.

**HepB & Hib MILESTONES:** An accurate, product-specific, long-term forecast (for hepB, Hib, YF and any other new vaccine supported by GAVI) will enhance the credibility of demand and will command sufficient confidence amongst partners to avail sufficient vaccines to meet country demand.

## Justification for selection of activities

In order to develop a long-term plan for provision of vaccines it is essential that:

- 1) WHO expands the mechanisms for vaccine pre-qualification;
- 2) UNICEF SD prepares the strategy for developing the 2007-09 procurement plan; the
- 3) VF shares information on increasing funding to cover the new vaccines requirements for 2005-15.
- 4) The Secretariat shares information on long term country plans for co-funding immunization.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Quantify product demand and quality of product	\$450,000	WHO	<ul style="list-style-type: none"> <li>Demand of vaccines is forecasted for medium and long-term period and quality of products is pre-qualified in a prioritized fashion for hepB, Hib, YF and for other vaccines according to GAVI priorities for new vaccines introduction.</li> </ul>
Analyze vaccines availability and market conditions	\$500,000	UNICEF	<ul style="list-style-type: none"> <li>Medium and long-term provision of vaccines to countries is planned for hepB, Hib, YF vaccines and for other vaccines according to GAVI priorities for new vaccines introduction.</li> </ul>
Assess actual and potential VF funding level	\$0	VF	<ul style="list-style-type: none"> <li>VF funding is programmed for medium and long-term procurement of hepB, Hib, YF vaccines and for other GAVI vaccines priorities</li> </ul>
Assess actual and potential country funding level	\$0	Secretariat VF UNICEF	<ul style="list-style-type: none"> <li>Countries funding is programmed for medium and long-term procurement of hepB, Hib, YF vaccines and for other GAVI vaccines priorities</li> </ul>

### Detailed information on activities

#### Activity 1

Budget: \$ 225,000 to strengthen National Regulatory Authorities for each year. Nine training courses for National Regulatory Authorities to be organized in AEFI surveillance (3), GMP inspection (1), clinical evaluation(1), regulation of vaccines (1), lot release (1), laboratory quality systems (1) and quality control of DTP vaccines (1).

#### Activity 2

Budget: The budget for UNICEF activities is \$ 250,000 each year for travel and technical assistance, funded from other sources.

#### Activity 3

Budget: The cost of the VF's staff time has not been included in the budget.

#### Activity 4

Partners: UNICEF-SD and the VF, for annual exchange of information on updated multi-year country plan for internal funding of immunization programme. The main sources of information will be the annual reviews of Progress Reports and of Financial Sustainability Plans.

# Technologies for immunization: prioritization reviews, evaluations and advocacy.

Responsible entity: **Secretariat**  
 Completed by: **December 2005**

Total budget: **\$140,000**

## Target description and how it will help reach GAVI milestones

Improved technologies for immunization could make a great impact in accelerating access and effectiveness of vaccination efforts. GAVI perceived to have a role to play in setting priorities from GAVI/VF perspective.

**ALL MILESTONES:** Technology solutions can provide tools to advance progress towards all GAVI milestones

## Justification for selection of activities

New technologies could provide powerful breakthroughs for increasing immunization efficiency.

Advocacy is required to attract R&D effort to immunization technologies for developing countries.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Meetings and consultations	\$100,000	WHO PATH Gates Foundation	<ul style="list-style-type: none"> <li>Yearly review of emerging needs and technology solutions will provide GAVI priority setting for technology research.</li> </ul>
Advocacy for immunization technology research	\$40,000	Secretariat WHO PATH UNICEF Gates Foundation	<ul style="list-style-type: none"> <li>Based on completed analysis GAVI policy paper on evaluation of technology for immunization will be produced</li> </ul>



# Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries

Responsible entity: **Secretariat**Completed by: **December 2005**Total budget: **\$494,490***Total budget includes Secretariat's salaries: \$364,490*

## Target description and how it will help reach GAVI milestones

One of GAVI's strategic objectives is to accelerate the development and introduction of new vaccines and technologies into developing countries. After a thorough investigation, GAVI identified two priority vaccines, Streptococcus pneumonia and rotavirus, for its initial efforts. These diseases are responsible for the deaths of nearly 2 million children each year, and both have promising candidate vaccines in advanced stages of development. The ADIP's aim to shorten the lag between vaccines being proven safe and effective for use in the industrialized world and their introduction in developing countries. GAVI has awarded PATH and Johns Hopkins University's ADIP projects with 30 millions for each project. This task aims to ensure the GAVI Board monitoring of the ADIP's progress.

**PNEUMO & ROTA MILESTONE:** Monitoring of ADIP projects allows GAVI Board to direct and influence if necessary the progress towards reaching the milestone.

## Justification for selection of activities

The ADIP Management Committee needs facilitation support from the GAVI Secretariat to monitor ADIP projects activities and to advise GAVI Board on go/no-go decisions.

Alignment of ADIP research focus with vaccine introduction efforts ensures better integration with other GAVI priorities.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
GAVI ADIP Management Committee meetings and teleconferences	\$130,000	Secretariat ADIP MC	The review of ADIP progress, future plans and budgets will be done at the Committee meetings (on a biennial basis); this will form the bases for GAVI Board endorsement for projects support. Interim teleconferences will provide additional forum for discussions.
Alligning of ADIP research focus with ongoing GAVI vaccine introduction efforts: ad-hoc meetings	\$0	Vaccine Fund VPP UNICEF FTF WHO	The ADIP projects and other GAVI ongoing activities are working in synergy towards the common objectives of improving access to life-saving vaccines.
Post-ADIP-s options and action plan	\$0	ADIP teams GAVI Board VF ADIP MC	GAVI Board and Vaccine Fund will be presented with draft investment cases by ADIP teams to initiate the discussion of rota and pneumococcal vaccine introduction support to VF eligible countries. Post ADIPs options will be discussed.

## All eligible countries that qualify and are interested in GAVI/VF support for ISS, new vaccines and injection safety, will have applied and will have been approved based on satisfactory proposals and progress reports.

Responsible entity: **Secretariat**

Completed by: **December 2005**

Total budget: **\$4,743,057**

*Total budget includes Secretariat's salaries: \$2,963,707*

### Target description and how it will help reach GAVI milestones

GAVI Board and VF Executive Committee take decisions on the recommendations of the Independent Review Committee after two reviews of country proposals and one review of Progress reports every year. Decisions are based on countries' requests of support for ISS, new vaccines and Injection Safety and on countries' reports about implementation of GAVI/VF supported activities. These decisions will have an effect on countries' capacity and partners' collaboration to prevent children deaths through immunization and to move towards achievement of first three GAVI milestones. These decisions will have substantive financial implications affecting future funding by interested donors. Inappropriate implementation of the reviews would lead to a significant waste of resources for the Alliance and for the countries involved. Ineffective management of the review process would negatively affect the quality of GAVI/VF support and eventually its credibility.

**ACCESS, HEPB & HIB MILESTONES:** Review of country proposals enables countries to access GAVI/VF resources to improve their immunization services.

### Justification for selection of activities

The process developed by the Secretariat to solicit and review proposals and make recommendations to the GAVI Board has worked well; there is no reason to consider major changes in the coming biennium.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Organize reviews of country proposals and progress reports for 2004	\$514,675	Secretariat WHO UNICEF VF	<ul style="list-style-type: none"> <li>By the end of 2004, the Independent Review Committee will have reviewed and GAVI Board will have approved               <ul style="list-style-type: none"> <li>68 Progress Reports,</li> <li>2 requests for infrastructure support (ISS)</li> <li>13 requests for injection safety (INS)</li> <li>2 requests for yellow fever,</li> <li>10 requests for hepB</li> <li>5 requests for Hib.</li> </ul> </li> </ul>
Organize reviews of country proposals and of progress reports for 2005	\$664,675	Secretariat WHO UNICEF VF	<ul style="list-style-type: none"> <li>By the end of 2005, the Independent Review Committee will have reviewed and GAVI Board will have approved               <ul style="list-style-type: none"> <li>72 Progress Reports,</li> <li>1 request for infrastructure support (ISS)</li> <li>10 requests for injection safety (INS)</li> <li>2 requests for yellow fever,</li> <li>13 requests for hepB</li> <li>3 requests for Hib.</li> </ul> </li> </ul>

Support to countries to improve quality of reporting	\$600,000	Secretariat, WHO, UNICEF	<ul style="list-style-type: none"> <li>By the end of 2005 the reporting and information received from all countries is of acceptable quality</li> </ul>
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### Detailed information on activities

Under the budget column of "additional funding request" we have estimated \$ 125,000 in 2004 and \$ 131,250 in 2005 for each review. In 2004 there will be one proposal review and 2 progress report reviews; in 2005 there will be 2 proposal reviews and 2 progress report reviews. We have also estimated for each year \$55,680 for 3 pre-assessments and \$ 83,995 for follow-up of review results (estimated 10 country visits by regional staff) carried out by WHO. We have estimated that 20 countries will submit applications in 2004 and 15 countries in 2005 and that 68 countries will submit an Inception/Progress Report in 2004 and 72 in 2005. Related but outside the WP budget we have estimated that a country spends an average of \$ 20,000 to prepare and submit the proposals for support and \$ 5,000 to prepare and submit the Progress Report, including the cost for Technical Assistance and the ICC meetings.

The concerns of the IRC regarding the quality of reporting will be addressed through partner support to countries. The modalities of this support will be further discussed.

## External Data Quality Audits (DQAs) conducted in relevant countries.

Responsible entity: **Secretariat**  
Completed by: **December 2005**

Total budget: **\$1,472,720**

### Target description and how it will help reach GAVI milestones

Rewards disbursement is conditional to DQA results. DQA is intended to validate reported coverage figures. DQA is also an important tool to improve the reporting system

**ACCESS MILESTONE:** With successful DQAs and improved performance, countries will get continued funding and be able to further increase coverage.

### Justification for selection of activities

DQA is the only current tool providing external validation of reporting systems, therefore permitting countries to get performance-based funding.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Coordinate 2004 DQA implementation at country level and conduct their review (IRC), and consolidated analysis and revise the tool	\$811,360	WHO Secretariat	<ul style="list-style-type: none"> <li>DQA conducted in the targeted countries (N=13), and a report produced</li> </ul>
Coordinate 2005 DQA implementation at country level and conduct their review (IRC), and prepare a consolidated analysis and revise the tool	\$661,360	WHO CDC Secretariat	<ul style="list-style-type: none"> <li>DQA conducted in the targeted countries (N=10), and a report produced</li> </ul>

### Detailed information on activities

Activity 1:	Secretariat	\$650,000
	<i>WHO: Training</i>	\$59,280
	<i>Analysis and adaptation</i>	\$102,125
	<i>Revision adaptation</i>	\$27,840
	WHO Total:	\$161,360
Activity 2	Secretariat	\$500,000
	<i>WHO: Training</i>	\$59,280
	<i>Analysis and adaptation</i>	\$102,125
	<i>Revision adaptation</i>	\$27,840
	WHO Total:	\$161,360

# Coverage surveys carried out when needed for allocation of performance-based grants

Responsible entity: **Secretariat**  
Completed by: **December 2005**

Total budget: **\$649,625**

## Target description and how it will help reach GAVI milestones

Reward disbursement is conditional to external verification of coverage. Countries that fail their first DQA can choose to undertake a coverage survey.

**ACCESS MILESTONE:** With successful DQA and improved performance, countries will get continued funding and be able to further increase coverage.

## Justification for selection of activities

The Board has decided that coverage surveys may be used to externally validate coverage data in countries that fail DQA. If the coverage survey confirms the reported DTP3 in the JRF, the country will be able to access performance-based funding.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Coordinate with countries and implementing agency (WHO) and organize the review by the IRC	\$185,607	Secretariat WHO	<ul style="list-style-type: none"> <li>All identified countries will have conducted a coverage survey.</li> <li>The number of countries to conduct such a survey is not yet known. We think it could be 4 in 2004</li> </ul>
Coordinate with countries and implementing agency (WHO) and organize the review by the IRC	\$464,018	Secretariat WHO	<ul style="list-style-type: none"> <li>All identified countries will have conducted a coverage survey.</li> <li>The number of countries to conduct such a survey is not yet known. We think it could be 10 in 2005</li> </ul>

## Detailed information on activities

The coverage surveys will be managed by WHO.

## All funded countries have developed their financial sustainability plans (FSP) according to schedule, with lessons learned and experiences shared with countries and partners.

Responsible entity: **Financing Task Force (FTF)**

Completed by: **December 2005**

Total budget: **\$3,284,500**

### Target description and how it will help reach GAVI milestones

Countries are required to submit a Financial Sustainability Plan in the second year of support from GAVI/Vaccine Fund outlining how they and their development partners can sustain the improved immunization program once catalytic support from the Vaccine Fund ends.

**ALL MILESTONES:** Key to the GAVI model is the notion that countries and partners will gradually ramp up to meet the costs of the improved immunization program. The preparation of a Financial Sustainability Plan is the first step towards mobilizing and effectively using financial resources to support medium and long-term program objectives.

### Justification for selection of activities

Countries are required to submit a financial sustainability plan in the second year of support from GAVI/VF to initiate the process required to ensure long-term financing. 30 countries are scheduled to prepare FSPs in 2004; 4 countries in 2005.

Global coordination by FTF ensures consistency, provides oversight, and enables the process to be continually improved and streamlined through on-going feedback from countries, partners, and the IRC.

Use of regional mechanisms enhances efficiency and facilitates sharing of lessons learned and best practices.

The FSP process empowers the government to know its costs for immunization, plan for financing and make more rational allocative decisions.

If GAVI does not support countries in their efforts towards sustainable financing, both the continuation of the enhanced immunization programs and outlook for the introduction of future vaccines and technologies are doubtful.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Support to countries for FSP development	\$1,640,000	WHO WB CVP Bilaterals Unicef	<ul style="list-style-type: none"> <li>• 30 countries are expected to prepare and submit FSPs in 2004;</li> <li>• 4 countries to submit in 2005.</li> <li>• FSPs are to include a complete diagnosis, financial projections, and feasible action plans when reviewed by IRC.</li> </ul>
Regional partners to coordinate support to countries for FSP preparation and implementation	\$625,000	TBD	<ul style="list-style-type: none"> <li>• Regional partners and mechanisms are contracted to coordinate support to countries for FSP preparation and to enhance national and regional capacity to support FSP development.</li> </ul>
Global coordination of financial sustainability preparation process.	\$599,500	WHO	<ul style="list-style-type: none"> <li>• Successful coordination of partner support to Round 3, 4, &amp; 5 countries to prepare FSPs;</li> <li>• Guidelines and tools updated;</li> <li>• Best practices/lessons learned successfully shared among countries and partners at country, regional, and global levels.</li> </ul>
Strategic analysis in support of FSP preparation	\$420,000	WB WHO CVP Unicef Bilaterals	<ul style="list-style-type: none"> <li>• Updating guidelines and tools, lessons learned, sharing best practices among countries, partners.</li> </ul>

### Detailed information on activities

FTF will contract out responsibility for FSP preparation support to partner agencies and entities through a competitive bidding process. It is envisaged that regional partners will provide a critical link and bridge in the provision of support to countries.

## All countries assisted to integrate FSPs into their national planning and budgeting processes (which may include PRSPs and MTEFs)

Responsible entity: **Financing Task Force (FTF)**

Completed by: **December 2005**

Total budget: **\$3,729,000**

### Target description and how it will help reach GAVI milestones

While preparing an FSP is the first step of the financial sustainability process--FSP implementation and integration of the planning into existing national budgeting processes is critical.

**ALL MILESTONES:** Solid financing is one of the several elements required to ensure continuity in services and to fund on-going increases in coverage, quality and access to traditional and new antigens.

### Justification for selection of activities

In 2004, 35 countries will start implementing their FSPs, and 61 in 2005.

FSP implementation requires extensive coordination to support countries, share best practices and undertake rigorous strategic analyses.

Communicating and building buy-in of donors and national partners is required. Analyses of FSP data from countries will support this.

Exploration of all financing options will ensure a smooth transition to sustainable financing.

Development of a national investment case/CE analysis will help countries anticipate the implications of any new product introduction.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcomes
Direct country support for FSP implementation	\$1,010,000	WB WHO CVP Unicef bilaterals	<ul style="list-style-type: none"> <li>22 countries will begin implementing their FSPs in 2004;</li> <li>30 countries will begin implementation in 2005.</li> <li>Follow on support for implementation will be required in 12 countries in 2004 and 34 countries in 2005.</li> </ul>
Regional coordination for FSP implementation	\$625,000	TBD	<ul style="list-style-type: none"> <li>Regional partners/entities are contracted to coordinate support for FSP implementation including recognized enhancement of national and regional capacities.</li> </ul>
Global coordination for FSP implementation	\$639,500	TBD	<ul style="list-style-type: none"> <li>Successful coordination of partner support to countries implementing FSPs ,</li> <li>Ensuring integration into national planning and budgeting processes,</li> <li>Sharing issues/best practices/lessons learned among countries and partners at all levels.</li> </ul>
Strategic analysis in support of FSP implementation	\$1,454,500	WB WHO CVP Bilaterals Unicef	<ul style="list-style-type: none"> <li>Analyses include: <ul style="list-style-type: none"> <li>on-going support to the immunization financing database,</li> <li>development of targets and benchmarks for countries, for donors;</li> <li>exploration of options for "soft landings"</li> </ul> </li> </ul>



**Detailed information on activities**

FTF will contract out responsibility for FSP implementation support to partner agencies and entities through a competitive bidding process. It is envisaged that regional partners will provide a critical link and bridge in the provision of support to countries.

# Role of FTF in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partner(s) with their future roles and responsibilities clearly defined.

Responsible entity: **Financing Task Force (FTF)**

Completed by: **December 2005**

Total budget: **\$400,000**

## Target description and how it will help reach GAVI milestones

Since June 2000, the FTF has been the coordinating mechanism for multiple partner inputs into the financial sustainability work. In 2005, the FTF will disband. The revised target has two components: 1) ensuring that the FTF management and coordination of the financial sustainability effort is transitioned to a partner(s) and 2) that the roles of all partners be clearly defined at hand-off.

**ALL MILESTONES:** Building institutional capacity around financial sustainability to support immunization programs is indirectly, but concretely supporting achievement of milestones.

## Justification for selection of activities

Financial sustainability planning is a new activity developed by the FTF. To ensure that support to countries continues in this area after the FTF completes its term in 2005, the process needs to be mainstreamed into partners' work plans. Therefore, a plan of action outlining how individual partners at the global and regional level can continue to support the financial sustainability process is required.

A forum to share the GAVI experience around financial sustainability issues among countries, partners, and other global initiatives is optional.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Coordination of GAVI partners to develop an action plan regarding FSP preparation and implementation.	\$240,000	WB	<ul style="list-style-type: none"> <li>A plan of action approved by the GAVI Board outlining the future process to support countries to prepare and implement financial sustainability plans, including relative roles and responsibilities between and among partners and countries.</li> </ul>
General support for FTF and related work	\$160,000	WB	<ul style="list-style-type: none"> <li>Ensure participation of developing country representatives on FTF;</li> <li>ensure key documents are translated for dissemination, meeting expenses, mailings etc.</li> </ul>

## All funded countries have had their FSPs reviewed.

Responsible entity: **Secretariat**  
 Completed by: **December 2005**

Total budget: **\$360,000**

### Target description and how it will help reach GAVI milestones

Review of FSPs by technical partners and the IRC is an important contribution towards the FS process. GAVI Board will make decisions on the feasibility of FSPs based on the comments from IRC. Feedback provided to countries will help them improve their plans and help start the implementation process

**ALL MILESTONES:** Review of country FSPs enables countries to have continued support from GAVI and therefore improve their programs.

### Justification for selection of activities

FSP submission by GAVI supported countries are one of GAVI requirements.

The Independent Review Committee needs facilitation support from the GAVI Secretariat to review FSPs and to make recommendations to the Board on the feasibility of the submitted plans.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Organize reviews of FSPs submitted in 2004	\$200,000	Secretariat	<ul style="list-style-type: none"> <li>The IRC will have reviewed, analyzed feasibility of 30 FSPs and prepared for GAVI Board approval</li> </ul>
Preparation for reviews of FSPs submitted in 2005	\$160,000	Secretariat	<ul style="list-style-type: none"> <li>FSPs received from 6 countries, expenses obligated and preparation completed for review</li> </ul>

# New global and country level financing mechanisms developed and tested.

Responsible entity: **Gates' Foundation**

Completed by: **December 2005**

Total budget: **\$0**

## Target description and how it will help reach GAVI milestones

New target as decided by EC.

**HEPB & HIB MILESTONES:** The results from the first financial sustainability plans show that the countries that have introduced the new vaccines are presented with significant financial challenges after the period of VF support. Exploring new financing mechanism will help to ensure sustainable financing for the new vaccines.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Piloting of novel financing strategies in at least four countries	\$0	Vaccine Fund, World Bank	<ul style="list-style-type: none"> <li>At least four countries will have piloted novel financing strategies to support their immunization goals as outlined in their respective FSPs.</li> </ul>
Developing one global financial mechanism	\$0	Vaccine Fund, World Bank	<ul style="list-style-type: none"> <li>At least one global financial mechanism employed to secure sustained access to safe, quality, affordable GAVI vaccines. (e.g. advance purchase contract through Bioshield, UK IFF, put options)</li> </ul>
Analyses to address global vaccine financing challenges	\$0	Vaccine Fund, World Bank	<ul style="list-style-type: none"> <li>At least two analytical initiatives examining solutions and recommendations to address global vaccine financing challenges will be conducted. (e.g. supply study, investment case, demand forecasting strategy)</li> </ul>

## **Long-term GAVI/Vaccine Fund resource mobilization plan (2006 – 2015) fully aligned with long term GAVI strategic planning (2006-2015) and new funding priorities and policies defined for 2006-2015, based on GAVI strategic directions**

Responsible entity: **The Vaccine Fund**

Completed by: **December 2005**

Total budget: **\$0**

### **Target description and how it will help reach GAVI milestones**

The funding raised by the Vaccine Fund is critical to the success of GAVI. In addition to fueling the purchase of vaccines and immunization services support to governments, these resources create opportunities for innovative new investments to stimulate the availability of needed vaccines in sufficient quantities at a reasonable price. GAVI long-term strategic planning must be informed by the fund raising possibilities of The Vaccine Fund and the alliance, in terms of the nature of activities that will be most attractive to current and prospective donors, the amount of money that can be raised, and the ability of the Vaccine Fund to leverage its balance sheet.

**ALL MILESTONES:** Alliance fundraising goals will not be met unless VF/GAVI secretariat led fund-raising efforts are closely aligned with the GAVI strategic planning process, recognize the needs of the partners and are based on plans that clearly delineate the roles and responsibilities of each of the partners.

### **Justification for selection of activities**

As GAVI begins its long-term strategic planning process it must consider:

- 1) the estimated costs to meet existing GAVI/VF commitments including analysis of likely uptake
- 2) the estimated costs of achieving the GAVI milestones
- 3) the potential costs of future investments options
- 4) the nature of activities that will be most attractive to current and prospective donors
- 5) amount of funds currently available and the amount of money that can be realistically raised for the Vaccine Fund and alliance partners

The VF resource mobilization plan (including “The Grand Campaign for Childhood Immunization”) will require coordination/integration of the advocacy and fundraising capabilities of the Vaccine Fund and the GAVI Secretariat.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Cost Estimates for Options for Future GAVI/VF Investments	\$0	VF Secretariat WHO UNICEF BMGF	<ul style="list-style-type: none"> <li>Analyses of potential costs of future options for GAVI investments for both VF and partners &amp; realistic assessment of the potential for resource mobilization for each option.</li> </ul>
GAVI Strategic Planning	\$0	Secretariat GAVI EC GAVI Board	<ul style="list-style-type: none"> <li>GAVI strategic plan developed that addresses resource mobilization considerations based on consultation with the partners, particularly VF.</li> </ul>
Vaccine Fund Strategic Planning	\$0	VF Secretariat	<ul style="list-style-type: none"> <li>VF Strategic plan updated to reflect 2006-2015 GAVI strategic plan</li> </ul>
VF Resource Mobilization Planning	\$0	VF Secretariat	<ul style="list-style-type: none"> <li>VF long term resource mobilization plan updated based on GAVI strategic plan and VF strategic plan.</li> </ul>

### Detailed information on activities

Links to other elements of GAVI work plan are multiple and include procurement and supply of existing products and setting priorities which are particularly important.

## Vaccine Fund resource mobilization level of \$400 million/year achieved by end of 2006 (interim 2005 milestone for this effort is roughly \$325 million/yr)

Responsible entity: **The Vaccine Fund**

Completed by: **December 2005**

Total budget: **\$0**

### Target description and how it will help reach GAVI milestones

Allows for GAVI partners to meet current commitments, including assuring sufficient supply of vaccines are available to meet national needs at a reasonable price using innovative vaccine procurement agreements. Achievement of the target will be crucial to the long term credibility and future viability of GAVI and the Vaccine Fund.

**ALL MILESTONES:** Alliance fundraising goals will not be met unless VF/GAVI secretariat led fund-raising efforts are closely aligned with the GAVI strategic planning process, recognize the needs of the partners and are based on well considered plans that clearly delineate the roles and responsibilities of each of the partners.

### Justification for selection of activities

Establishing a consistent fundraising base can only be accomplished if efforts are based on a well considered fund raising strategy that fully captures the capabilities of the all the partners, and has sufficient human resources for its implementation.

The ambitious fundraising targets will only be met if:

- 1) they are based on rigorous analyses of commitments to date,
- 2) success to date is effectively communicated,
- 3) future resources mobilization plans are integrally aligned with Alliance priorities which resonate both nationally and globally,
- 4) the effort efficiently harnesses and integrates the capabilities of all of the GAVI partners, and
- 5) plans effectively use all of the attributes of the alliance in an innovative fashion.

Opportunities to capitalize use of the Vaccine Fund balance sheet attribute will be crucial to the long term credibility and future viability of GAVI and the Vaccine Fund. Opportunities currently being explored include

- 1) new vaccine procurement agreements (including multi-year guaranteed agreements),
- 2) creative means for stimulating vaccine development and introduction and
- 3) innovative new instruments that can be used to finance immunization programs such as IDA buy downs.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Cost estimates for VF commitments	\$0	VF WHO Secretariat UNICEF	<ul style="list-style-type: none"> <li>Cost estimates for current GAVI/Vaccine Fund commitments and "partners' best estimate" of uptake.</li> </ul>
Realignment and expansion of VF capacities	\$0	VF Secretariat	<ul style="list-style-type: none"> <li>Fully staffed resource mobilization team at the VF, including               <ul style="list-style-type: none"> <li>the development of VF Nominations and Development committees,</li> <li>an internal Board Building Group,</li> <li>launch of International Advisory Council, and</li> <li>identification of national champions in priority countries.</li> </ul> </li> </ul>
Resource mobilization efforts closely aligned	\$0	VF Secretariat UNICEF WHO BMGF	<ul style="list-style-type: none"> <li>Resource Mobilization Team working in close alliance with GAVI Secretariat on government outreach and communications.</li> <li>Joint annual progress report,</li> <li>joined-up communications strategy developed,</li> <li>partnership established for selected countries to serve as basis for donor reporting.</li> <li>This effort will recognize the dual role of partners to fund raise for agency</li> </ul>
Implement "Grand Campaign"	<b>included in VF budget</b>	VF Secretariat GAVI Partners	<ul style="list-style-type: none"> <li>Development and implementation of GAVI/VF "The Grand Campaign for Child Immunization" targeting               <ul style="list-style-type: none"> <li>a. governments (\$190 million/yr),</li> <li>b. US Private sector (\$55 million/yr),</li> <li>c. European private sector (\$15 million/yr),</li> <li>d. EU (\$ 40 million/yr),</li> <li>e. Pharmaceutical industry (\$15 million/yr)</li> </ul> </li> <li>– all by end 2006.</li> </ul>

### Detailed information on activities

Link to other GAVI work plan efforts include targets related to monitoring, procurement and supply of existing products and setting priorities.



## Long-term (through 2015) strategic plan, including Vaccine Fund priorities and policies, developed and approved.

Responsible entity: **Secretariat**  
Completed by: **December 2004**

Total budget: **\$724,613**

*Total budget includes Secretariat's salaries: \$484,613*

### Target description and how it will help reach GAVI milestones

With VF resources expected to be committed to at least 2015 GAVI requires a long-term strategic plan (2005-15) stretching beyond current milestones.

**ALL MILESTONES:** The strategic plan will be the overall framework for reaching the GAVI milestones and for balancing different activities and needs.

### Justification for selection of activities

A combination of analytical work, policy directions and consultations with partners and countries has been judged to be the optimum way of arriving at a strategic plan.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Synthesis of reviews of GAVI processes, on-going analytic work and environmental analysis	\$40,000	Secretariat WHO UNICEF VF VPP	<ul style="list-style-type: none"> <li>Assessment of effectiveness of GAVI's internal processes,</li> <li>Basic evidence on implications of various options for support to health systems and to different antigens</li> <li>GAVI's role in the current environment of health sector development cooperation</li> </ul>
EC brainstorming	\$0	Secretariat	<ul style="list-style-type: none"> <li>Agreement on guiding principles for strategic planning system and policy directions</li> </ul>
Analytic work to determine implications of strategic policy options	\$200,000	WB WHO UNICEF VF VPP	<ul style="list-style-type: none"> <li>Analysis of implications of policy options including support for IPV, acellular pertussis, rotavirus, pneumococcus, rubella, meningococcal and preferred presentations such as monodose</li> </ul>
Proposal for GAVI Board	\$0	Secretariat	<ul style="list-style-type: none"> <li>Board decision on draft GAVI long term strategic plan 2006-15</li> </ul>
Consultations with countries and partners	\$0	Secretariat countries all partners	<ul style="list-style-type: none"> <li>Agreement on policy directions and overall priorities</li> </ul>
Proposal for GAVI Board	\$0	Secretariat	<ul style="list-style-type: none"> <li>Board decision on GAVI long term strategic plan 2006-15</li> </ul>

## GAVI 2006-07 work plan developed and approved.

Responsible entity: **Secretariat**

Completed by: **December 2005**

Total budget: **\$40,000**

### Target description and how it will help reach GAVI milestones

GAVI's work is defined through two-year work plans that are developed on the basis of two-year Strategic Frameworks; next period of work planning to be 2006-07.

**ALL MILESTONES:** The work plan is the short term operationalization of the strategic plan

### Justification for selection of activities

Basing the next biennium work plan upon current work plan ensures consistency, compatibility and comparability.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Development of Strategic Framework 2006-07	\$40,000	Secretariat GAVI Board	<ul style="list-style-type: none"> <li>Board approval of Strategic Framework 2006-07</li> </ul>
Work planning process	\$0	Secretariat Responsible entities	<ul style="list-style-type: none"> <li>Work planning process resulting in draft GAVI work plan</li> </ul>
Proposal for Board decision	\$0	GAVI Board	<ul style="list-style-type: none"> <li>Decision on GAVI work plan 2006-07 with assured financing</li> </ul>

# Process to monitor progress of GAVI and respond to emerging needs established and ongoing.

Responsible entity: **Secretariat**Completed by: **December 2005**Total budget: **\$3,266,000**

## Target description and how it will help reach GAVI milestones

Monitoring GAVI progress is done through monitoring achievement towards objectives and milestones and conducting relevant studies. This includes disease surveillance related to hepB, YF, and Hib.

**HIB AND HEPB MILESTONE:** Studies will allow a better estimation of the impact of GAVI support and provide a guide for a more suitable ways to provide support.

The Hib surveillance network will continuously monitor the impact of Hib introduction in Africa.

## Justification for selection of activities

The Board has already agreed to conduct a study to assess GAVI performance system. There is a clear need to undertake studies to assess the impact of GAVI on disease burden (Hepatitis B, Hib, yellow fever), safety of injection and wastage rates.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Monitoring countries and GAVI global progress	\$296,000	Secretariat WHO	<ul style="list-style-type: none"> <li>Annual report produced</li> </ul>
Special studies to measure the impact of GAVI support	\$1,760,000	Secretariat WHO CDC	<ul style="list-style-type: none"> <li>Evaluation of the performance based grants system,</li> <li>Vaccine wastage rate assessment,</li> <li>hepB impact assessment,</li> <li>Yellow Fever impact assessment,</li> <li>Injection safety impact assessment,</li> <li>Hib impact assessment</li> </ul>
Coordinate Hib surveillance network	\$1,210,000	WHO	<ul style="list-style-type: none"> <li>26 AFRO country sites monitoring bacterial meningitis incidence</li> </ul>

## Detailed information on activities

### Activity 1:

Analysis of country and global progress towards milestones including cost effectiveness analyses and assessments of deaths averted at country level and monitoring of supply and disbursement.

#### Activity 2:

- 1) Hib impact assessment in countries receiving Hib vaccines and review of AFRO situation (to be conducted during 2004 and 2005, estimated annual cost: \$150,000) resulting in \$300,000
- 2) Wastage assessment in countries using combination vaccines, to be conducted during 2004 and 2005, estimated annual cost : \$130,000) resulting in \$260,000
- 3) Joint GAVI/GF assessment of performance based systems : \$400,000 in 2004
- 4) HepB assessment study to be conducted during 2003-2004 : \$250,000
- 5) Yellow Fever vaccine impact assessment to be conducted during 2003 and 2004 : \$300,000
- 6) Injection safety support assessment, to be conducted during 2003 and 2004: \$250,000

#### Activity 3:

The AFRO Pediatric Bacterial Meningitis surveillance network, managed by WHO: the money will be used to maintain 28 existing sites, bacteriological reference laboratories and expanding network to additional priority countries.

## Secretariat: Support for governing bodies and communication

Responsible entity: **Secretariat**  
Completed by: **December 2005**

Total budget: **\$3,887,479**

*Total budget includes Secretariat's salaries: \$2,077,479*

### Target description and how it will help reach GAVI milestones

The GAVI Secretariat: services the Board and Executive Committee, including: working with the Board Chair to finalize meeting dates, locations and agendas; preparing all correspondence with Board and EC members; drafting and publishing the reports of the meetings and teleconferences; working with constituencies to nominate new members; providing human resource and financial support to developing country health ministry members;

--services the Working Group, including: managing all teleconferences and meetings; drafting meeting and teleconference agendas and reports;

--prepares and disseminates consistent documentation on GAVI priorities, policies and procedures;

--manages communications for the Alliance, including media relations, web site and quarterly publication;

--arranges the Partners' Meeting every two years.

**ALL MILESTONES:** GAVI needs well-functioning collaboration mechanisms achieved through Board, Working Group, Executive Committee, Partners' Meeting etc., as well as increased awareness of immunization and GAVI's unique contribution to ensure long-term commitment and resources.

### Justification for selection of activities

The most significant costs for management of Board, EC and WG budget are related to travel and support costs for developing country representatives to participate - a requirement for GAVI to function.

GAVI Board has requested the GAVI Secretariat to assume a more active role in communications, especially in light of cessation of Advocacy and Communications Task Force and need for better alignment with Vaccine Fund resource mobilization activities.

Partners' meeting is stipulated in GAVI founding documents and provides opportunity for information sharing, consultation, and high-level commitments.

## ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Management of GAVI Board, Executive Committee, Working Group	\$560,000	Secretariat	<ul style="list-style-type: none"> <li>GAVI governance operations are efficient and effective;</li> <li>documentation materials for meetings and teleconferences are adequate for decision-making;</li> <li>reports of meeting and teleconferences are accurate and timely.</li> </ul>
Communications	\$600,000	Secretariat	<ul style="list-style-type: none"> <li>Increased awareness of GAVI and The Vaccine Fund and issues of importance among key audiences, especially potential donors;</li> <li>increased GAVI website usage by 50%;</li> <li>web-accessible database on the activities and progress GAVI and The Vaccine Fund used by all partner constituencies;</li> </ul>
Partners' Meeting	\$650,000	Secretariat	<ul style="list-style-type: none"> <li>Partners' Meeting is attended by all relevant partner constituencies</li> </ul>
Rent for secretariat	\$660,000	Secretariat	<ul style="list-style-type: none"> <li></li> </ul>

### Detailed information on activities

GAVI Board, EC, WG management	\$560,000
Communication:	
Web site	\$100,000
Immunization Focus	\$100,000
Board reports	\$40,000
Annual report (joint GAVI/VF)	\$60,000
PR agency	\$120,000
Int'l opinion-leader outreach activities	\$100,000
Database	\$80,000
Partners' meeting	\$650,000
Rent for secretariat	\$660,000

## RWG: coordination of partners efforts in the regions

Responsible entity: **Regional Working Groups (RWG)**

Completed by: **December 2005**

Total budget: **\$1,212,000**

### Target description and how it will help reach GAVI milestones

Coordination of partner's efforts is important for achieving GAVI goals.

**ACCESS MILESTONE:** Improving coordination of immunization efforts at regional and country level is key to more effective and efficient support of operations.

### Justification for selection of activities

The GAVI Board Sub-Group Review of Task Forces (July 2003) concluded that RWGs provide an important forum for networking, coordination, consensus building, and advocacy at the regional and sub-regional level, and bridge for information flow between country and global levels. The Board Sub-Group recommended that to fulfill these functions effectively GAVI should provide limited financial support for coordination and consultation roles. It was emphasized that RWGs should not have implementing functions, but rather help coordinate implementation activities of partners.

### ACTION PLAN

Activities	Budget	Coordinating partner/ support partners	Expected outcome
Coordinating support in 6 regions	\$1,212,000	RWG	<ul style="list-style-type: none"> <li>Better coordination of partners' efforts: includes               <ul style="list-style-type: none"> <li>visits to strengthen coordination and support national ICCs,</li> <li>participation in partners meetings,</li> <li>conduct meetings of technical core groups,</li> <li>reviewing GAVI progress in countries and</li> <li>supporting countries to identify constraints and propose solutions.</li> </ul> </li> </ul>