

## **The GAVI work plan 2004-05**

### **Introduction**

The GAVI work plan 2004-05 has been developed as an expression of the Partners' joint commitment to reaching the GAVI objectives and milestones. Based on the GAVI Strategic Framework – adopted by the GAVI Board in July 2003 – the work plan focuses resources on areas in which GAVI's added value as an alliance has already been demonstrated, and on new areas in which GAVI's added value could make a profound difference.

The work of the Alliance in the next two years will focus on four major goals: strengthening health service delivery, ensuring access to vaccines and related products, securing long-term financing, and strategic planning. These goals have been further broken down into ten priorities and 30 individual targets. These goals, priorities and targets have been identified as the near-term route toward the long-term achievement of GAVI's milestones and strategic objectives.

### **Focus and outcomes**

First of all, GAVI will maintain its generally successful process to provide funding support to countries from The Vaccine Fund, with an increased emphasis on monitoring impact of this support and long-term strategic planning. It is anticipated that the country support process will be further refined through these efforts, and that it will provide GAVI with a basis on which to build the long-term efforts through to 2015.

The 2004-05 work plan proposes that GAVI expand its current efforts in the areas of financial sustainability, vaccine provision and supply, and improving health information systems. It is anticipated that the work plan activities will ensure that more countries are on a positive track toward financial sustainability, vaccine supply is assured at affordable prices, and the quality of health data will be improved.

It is also proposed that GAVI take on an active role in addressing system-wide barriers and enhancing efforts in large population countries – new areas for the Alliance. It is widely recognized that in many developing countries, sustainable health services depend upon better integration across the health sector. Furthermore, the GAVI 'Access' milestone will only be reached if the countries with the largest populations of unimmunized children substantially increase their immunization coverage. With its strong network of committed partners, it is anticipated that GAVI is well positioned to make substantial inroads in these new areas over the next two years.

### **Monitoring country progress**

To implement the performance-based grants, GAVI and The Vaccine Fund require external validation of immunization coverage data; the Data Quality Audit will therefore need to be conducted in all countries receiving ISS funding. For those countries that cannot 'pass' the DQA, it will be necessary to conduct population-based surveys to validate coverage data. Finally, as countries' information systems get stronger, including through use of the DQS, GAVI will likely transition to using surveys as the external validation for all countries receiving performance-based grants.

The Data Quality Audit (DQA) has proven to be valuable in diagnosing specific problems that, if addressed, could improve the quality of countries' health information systems. Countries should use

this initial diagnosis for rapid action to improve their systems and call for the help from partners they may require.

After a trial in 2001 DQAs were first carried out in 2002 in 16 countries. In 2003 ten countries have been audited so far and another three are planned. Eleven first DQAs are planned for 2004. Six countries with failed DQAs will have to choose whether to repeat the DQA or opt for a coverage survey.

The first coverage surveys to be used for evaluating performance for GAVI are anticipated for 2004.

The work plan includes the development of a data quality self assessment tool (DQS), on the basis of the DQA methodology, to help countries improve their information systems. The DQS is intended to be conducted by countries themselves using available staff from national institutions, e.g. universities. The DQS is not intended to replace the DQA.

### **Budget and financing**

After a process of scrutiny and a 6% reduction from the first draft of the work plan, the budget is now \$34,458,000 for the two year period. Out of this total, partners have committed to finance \$7,320,000 and an additional \$6,000,000 is expected from Board member fees.

The remaining financing gap of \$21,138,000 is proposed to be financed by donors and the Vaccine Fund in line with Annex 3.

### **Summary of 2004-05 Work Plan documentation**

#### **Annex 1 - The proposed GAVI work plan 2004-05**

The full work plan document, comprised of the following:

- GAVI objectives and milestones
- Work Plan overview
- Budget summaries – 1) budget totals by priority area and implementing/ coordinating partner; 2) consequences of budget reductions made at the request of the EC; 3) Unit costs, where available; and 4) the Secretariat budget.
- Targets, , justifications, partners, activities and budgets

#### **Annex 2 - Work plan monitoring**

Two options for monitoring the work plan activities.

#### **Annex 3 - Work plan financing**

Proposed financing, based on consultations with donors by the Executive Secretary and the Vaccine Fund President.

#### **Annex 4 - GAVI Secretariat staffing**

Requested by the GAVI Executive Committee

#### **Annex 5 - GAVI Strategic Framework 2004-05**

(to be provided in the binders)

#### **Annex 6 – Report of the 29 October GAVI Executive Committee Meeting**

(to be provided in the binders).