

HOW WE WORK TOGETHER

Updated: February 2020

Quick start guide for
new members of the
Vaccine Alliance



Welcome to our Alliance

If you have just joined Gavi, the Vaccine Alliance, and want to learn more about our unique public-private partnership, this guide will quickly get you started.



Message from the Chief Executive Officer and Deputy Chief Executive Officer of Gavi

A warm welcome to Gavi, the Vaccine Alliance!

We are delighted that you are joining us in our mission to save children's lives and protect people's health. Your role is central to helping us prevent disease, death and disability in the world's poorest countries.

Together, as an Alliance, we have much to be proud of. With Gavi support, lower-income countries have vaccinated more than 760 million children and saved more than 13 million lives in the long term. And at every step of the way, the Alliance has worked and grown together at the global, regional and country levels.

However, there is still more to do, and our focus is now on ensuring that all children are reached, regardless of where they live. This is an ambitious goal for which we will need to think big, be bold and creative, and be passionate about reaching the underimmunised.

To achieve our common mission, the Vaccine Alliance brings together a diverse group of organisations across the public and private sectors. Our partnership draws on the expertise of all those active in immunisation, including WHO, UNICEF, the Centers for Disease Control and Prevention, the World Bank, civil society, countries and vaccine manufacturers. This unique partnership brings together diverse viewpoints and competencies to find innovative solutions to complex challenges, and makes us stronger than the sum of our parts.

As we welcome you to our Alliance, we hope this document will help answer your questions on a range of topics. We also hope that it will cultivate the spirit of the Alliance: working together, leveraging individual expertise and striving relentlessly to achieve our mission.

Thank you for joining us. We look forward to continuing this journey together.

Dr Seth Berkley, Chief Executive Officer

Ms Anuradha Gupta, Deputy Chief Executive Officer



Dr Seth Berkley & Ms Anuradha Gupta

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Overview

Immunisation is one of the most successful and cost-effective health investments in history. Immunised children are healthier and more likely to attend and do well at school. They will also have a better chance to become productive, healthy adults.

The Alliance's history

Gavi's story began towards the end of the 20th century, when global immunisation efforts were beginning to plateau. Despite encouraging progress in the previous two decades by the Expanded Programme on Immunization (EPI), 30 million children born each year were still missing out on a basic package of childhood vaccines.

Newer, more expensive vaccines routinely given to infants in the rich world, such as hepatitis B and *Haemophilus influenzae* type b (Hib) vaccines, were reaching virtually none of the world's poorest children.

With serious questions being raised about the future of vaccination efforts, in 1998 the World Bank convened a summit of WHO, UNICEF, academics, health ministers, international agencies and the pharmaceutical industry. Their agenda: how to start getting vaccines to children who needed them most.

An entirely new approach was needed. With the help of a US\$ 750 million five-year pledge from the Bill & Melinda Gates Foundation, in January 2000 the Global Alliance for Vaccines & Immunization (GAVI) was created: a unique public-private partnership.

Twenty years later, this Alliance protects half the world's children. To learn more, we invite you to visit our multimedia history project, "Gavi@20." Available in English and French, the project includes a book, a timeline and video interviews with luminaries who helped make this audacious idea a reality:

<https://www.gavi.org/gavi-at-20>

In 2019, Gavi received the prestigious Lasker-Bloomberg Public Service Award, "For providing sustained access to childhood vaccines around the globe, saving millions of lives, and for highlighting the power of immunization to prevent disease."



Gavi/2012/Adrian Brooks

Our impact

Since Gavi was founded in 2000:

>760
million children

vaccinated through
routine programmes

>960
million people

immunised through
vaccination campaigns

>13
million lives

saved in the long term

>US\$150
billion

generated through the economic
benefits of immunisation

Protection against the leading causes of diarrhoea and pneumonia, two of the biggest child killers.

Vaccines available to developing countries at a fraction of the price paid in rich countries.

Global immunisation rates at unprecedented high levels and increased equity in vaccine access between rich and poor countries.

15 countries have transitioned out of Gavi support and are fully self-financing their vaccine programmes.

Aspiration 2016–2020:

10%
reduction

in under-five
mortality rate

>300
million children

vaccinated with
Gavi support

5-6
million lives

saved in the
long term

>250
million years

lost due to disability
or premature death
(DALYs) averted

100%
of vaccine
programmes

sustained after Gavi
support ends



What our Alliance does

Our 2016–2020 mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries. To do this, we support vaccine and health system strengthening programmes, shape markets and contribute to more sustainable immunisation efforts in the world's poorest countries.

VACCINES

We accelerate the introduction of new vaccines into national immunisation programmes. We also support preventive vaccination campaigns and global stockpiles for emergency use.

HEALTH SYSTEM STRENGTHENING

Gavi supports countries in strengthening their health systems, including by introducing more modern cold chain equipment, to make sure that vaccination programmes are effective.

MARKET SHAPING

Gavi aggregates demand from the world's poorest countries, sending a clear signal to manufacturers of a large and viable market for vaccines and other immunisation products. We also guarantee long-term, predictable funding and help bring down prices, thereby shaping markets.

SUSTAINABILITY AND TRANSITION

Gavi works with countries to help them achieve long-term sustainability in their immunisation programmes. Once countries have reached a certain level of national income, they transition out of our support. We aim to ensure that they can sustain high coverage and equal access after our funding stops.

Our strategic goals

In June 2014, the Gavi Board approved a new five-year strategy to ensure that we deliver on our mission for the 2016–2020 period. The strategy is guided by four strategic goals.



Vaccine Goal

Accelerate equitable uptake and coverage of vaccines.

Key objectives include:

- increase coverage and equity of immunisation
- support countries to introduce and scale up new vaccines
- respond flexibly to the special needs of children in fragile countries



Market Shaping Goal

Shape markets for vaccines and other immunisation products.

Key objectives include:

- ensure adequate and secure supply of quality vaccines
- reduce prices of vaccines and other immunisation products to an appropriate and sustainable level
- incentivise development of suitable and quality vaccines and other immunisation products



Systems Goal

Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems.

Key objectives include:

- contribute to improving integrated and comprehensive immunisation programmes
- support improvements in supply chains, health information systems, demand generation and gender-sensitive approaches
- strengthen engagement of civil society, private sector and other partners in immunisation



Sustainability Goal

Improve sustainability of national immunisation programmes.

Key objectives include:

- enhance national and sub-national political commitment to immunisation
- ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means
- prepare for sustained performance in immunisation after transition

Looking forward, in June 2019, the Gavi Board approved “Gavi 5.0,” the new high-level strategy for 2021–2025, with a vision to leave no one behind without immunisation. A core focus of Gavi 5.0 is to reach unreached (“zero-dose”) children and missed communities with immunisation services. In 2020, the Alliance is working through the key policy and programmatic implications and shifts in ways of working required to deliver on the new strategy.

Managing risks to achieve our strategy

Gavi operates in a dynamic and often uncertain context, and pursues an ambitious mission in poor and fragile countries. As a result, we are naturally exposed to a range of risks which, unless they are anticipated and properly managed, could jeopardise our ability to achieve our mission.

Typical risks we face in the countries we support include vaccine hesitancy or adverse effects influencing the demand for vaccines; disease outbreaks, disasters or unrest impeding routine immunisation programmes; stock-outs and excessive wastage of vaccines; and misuse of our support.

Everybody in the Alliance is expected to identify, monitor and manage such risks to our shared mission before they actually occur. However, being risk-aware should not result in the Alliance becoming risk-averse. We are often required to consciously take calculated risks in order to achieve maximum impact. The goal is rather to appropriately balance risk and reward.

How Gavi is funded

Gavi is financed through two sources: direct contributions and innovative finance mechanisms. These account for 75% and 25%, respectively, of the Vaccine Alliance's overall funding portfolio.

- **Direct contributions** consist of grants and agreements from donor governments, foundations, corporations and organisations. These long-term commitments provide predictability to countries and enable Gavi to shape vaccine markets.
- **Innovative finance** include the International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC) for pneumococcal vaccines.
 - IFFIm uses pledges from donor governments to sell bonds in the capital markets, making funds immediately available for Gavi-supported programmes.
 - Through the pneumococcal AMC, donors commit funds that incentivise vaccine manufacturers to produce pneumococcal vaccines for use in Gavi-supported countries at a fraction of the price paid by high-income countries.

Donor contributions and pledges to Gavi for the 2016–2020 strategic period currently amount to more than US\$ 9 billion.

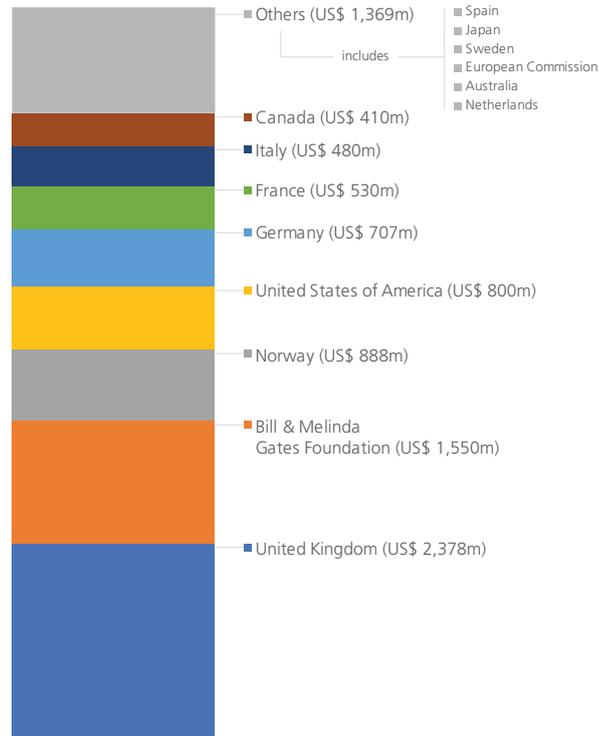
Replenishment

Every five years, all Vaccine Alliance partners come together to mobilise resources for the next strategic period. In June 2020, the United Kingdom will host Gavi's third **donor pledging conference**. In order to deliver on its ambitious plans, Gavi will need at least US\$ 7.4 billion in additional resources for the period 2021–2025.



Donor contributions and pledges, 2016–2020

Total: US\$ 9.1 billion



Further reading

Printed version: search these terms on Gavi.org

- [Gavi's mission](#)
- [Gavi's strategy](#)
- [Risk management](#)
- [How Gavi is funded](#)
- [Key figures: donor contributions & pledges](#)
- [Gavi 2018 Progress Report](#)
- [International Finance Facility for Immunisation \(IFFIm\)](#)
- [Advance Market Commitment \(AMC\)](#)

Types of Gavi support

Gavi provides support through three channels:

- vaccine support;
- health system strengthening (HSS) support; and
- technical assistance through the partners' engagement framework (PEF).

In 2018, the Alliance disbursed approximately US\$ 919 million in vaccine support, US\$ 284 million in HSS grants and US\$ 34 million in support through the CCEOP.

PEF disbursed US\$ 138.8 million in 2017; US\$ 146.5 million in 2018; and an estimated US\$ 154.9 million in 2019.

Since its inception, the Alliance has supported 69 countries with HSS grants and 48 countries with support through the CCEOP.

Principles

Our support is built on the principle of country ownership. Countries apply for new support based on their needs and priorities. Once an application has been approved and the grant is being implemented, it is reviewed on an annual basis.

The sections below describe the types of support we provide. The process of applying for and implementing Gavi-supported grants is described in the following chapter.

Vaccine support

Gavi provides support for the introduction of new vaccines into routine immunisation schedules and for use in vaccination campaigns. Our support consists of vaccines, associated supplies and financial support to facilitate the introduction of vaccines and/or the effective implementation of campaigns. This support provides an opportunity to strengthen routine immunisation performance.

Human papillomavirus vaccine: Gavi supports the national introduction of human papillomavirus (HPV) vaccines, covering multiple cohorts of girls in the age range 9–14 years. Countries can now apply directly for Gavi support to fund national introductions, rather than starting with a demonstration programme. They can also opt for a phased introduction.

Inactivated polio vaccine: We support the introduction of at least one dose of inactivated polio vaccine (IPV), or two doses of fractional dose IPV, into countries' routine immunisation schedules. IPV is generally administered



together with the third dose of pentavalent vaccine to 14-week-old children. The moving timeline for eradicating polio, combined with global shortages of supply of IPV, has led the Gavi Board to extend the support of IPV post-2020 as part of Gavi's vaccine investment strategy (VIS), recognising the importance of the vaccine as a global public good to achieve and sustain polio eradication.

Japanese encephalitis vaccine: We fund Japanese encephalitis (JE) catch-up campaigns and co-finance the vaccine for routine immunisation. The catch-up campaigns, which target children aged 9 months to 14 years, are intended to pave the way for countries to introduce the vaccine into the routine system.

Measles and measles-rubella vaccines: We support the introduction of measles and measles-rubella vaccines into routine immunisation programmes. Wide age-range measles-rubella catch-up campaigns are offered before the vaccine is introduced in the routine system, targeting children aged 9 months to 14 years. Based on epidemiological need, Gavi-eligible countries can also apply for support for follow-up campaigns. Finally, we support measles outbreak response through the Measles & Rubella Initiative.

Meningitis A vaccine: We fund the introduction of meningitis A conjugate vaccine through preventive campaigns, routine immunisation and catch-up campaigns for cohorts missed between the preventive campaign and national routine introduction. We also support outbreak response through the International Coordinating Group (ICG). Since 2008, over 280 million people have been vaccinated in 21 of the 26 countries in the "meningitis belt."

Oral cholera vaccine: We have supported the oral cholera vaccine stockpile since 2014. Since its creation, the stockpile, which is managed by the ICG Secretariat at the WHO, has been accessed 76 times by 24 countries, with more than 35 million doses distributed.

Pentavalent vaccine: We support pentavalent vaccine, which protects against five diseases: diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae* type B, and is administered to children in their first year of life. With South Sudan's introduction in 2014, the vaccine has been introduced in all Gavi-supported countries.

Pneumococcal conjugate vaccine: We provide support for routine immunisation with pneumococcal conjugate vaccines, which are administered at the same time as pentavalent vaccines.

Rotavirus vaccine: We fund routine vaccination against rotavirus diarrhoea. The vaccine is administered orally to children in their first year of life, at the same time as pentavalent and pneumococcal vaccines.

Typhoid conjugate vaccine: We provide support for nationwide introduction of typhoid conjugate vaccine into the routine immunisation schedule through vaccine co-financing; and, depending on the country context, a targeted one-time catch-up immunisation of children up to 15 years of age based on local typhoid epidemiology.

Yellow fever vaccine: We provide support for routine immunisation and preventive campaigns against yellow fever in high-risk countries, as well as outbreak response through the ICG and laboratory diagnostic capacity to facilitate timely, accurate detection of yellow fever. Yellow fever vaccine is one of the priority vaccines that Gavi has supported since its foundation in 2000. In September 2016, WHO introduced a new strategy, Eliminating Yellow Fever Epidemics (EYE). Gavi supports the EYE strategy as well as its goals of protecting at-risk populations, preventing international spread and containing outbreaks rapidly.

In addition to vaccine support, we provide two types of financial support to facilitate introductions, channelled through our health system and immunisation strengthening (HSIS) funding window:

- vaccine introduction grants (VIGs) for routine introductions; and
- operational support for campaigns (Ops).

Health system and immunisation strengthening support

Our HSIS support aims to contribute to sustainable improvements in immunisation coverage and equity by targeting specific geographical areas, populations and/or health system bottlenecks and tailoring investments to these subgroups.

When requesting new HSS support, countries need to provide an overview of all existing and new Gavi support for the next three to five years – including HSS investments, vaccine support and support through the cold chain equipment optimisation platform (see below). This portfolio planning exercise allows countries to coordinate and integrate different types of Gavi support.

Having an overview of all support means future vaccine introductions can be timed and sequenced appropriately. Health system strengthening activities are better able to boost routine immunisation and support new vaccine launches.

Areas that often require HSS investments include:

- service delivery;
- gender-related and other social, cultural or economic barriers to immunisation;
- supply chain management;
- data availability, quality and use;
- capacity building for frontline health workers;
- demand promotion; and
- in-country leadership, management and coordination.

Cold chain equipment

Gavi has created an innovative mechanism – the cold chain equipment optimisation platform (CCEOP) – to jointly invest in more reliable, cost-effective and sustainable cold chain equipment (CCE) for developing countries.

Our CCE support aims to help countries to:

- increase the availability of immunisation services by expanding the cold chain to health facilities where it is needed;
- adopt more reliable and efficient equipment; and
- improve CCE management and accountability, including equipment selection, deployment planning, procurement, delivery, installation, distribution and maintenance processes.

All equipment supported through the platform has been prequalified by WHO. It includes items such as ice-lined refrigerators, solar direct drive refrigerators and freezers.



Gavi/2015/Akash

Partners' engagement framework

The partners' engagement framework (PEF), introduced in 2016 to support Gavi's 2016–2020 strategy, ushers in new ways of planning, funding, operationalising and monitoring technical assistance provided by partners. Through PEF, we dedicate resources to both core and expanded partners for providing technical assistance to countries, and for setting global norms and standards. PEF leverages the comparative strengths of Alliance partners with the aim of accelerating sustainable and equitable immunisation coverage.

The four key principles of PEF are: country focus, a differentiated approach, transparency and accountability. Support through PEF is divided into three areas: targeted country assistance, foundational support and special investments in strategic focus areas. Most of the resources are dedicated to targeted country assistance, which is based on needs identified by countries as part of the joint appraisal process.

PEF prioritises the 20 countries that face the most severe immunisation-related challenges. All partners are expected to align to one coordinated technical assistance plan in each country, overseen by the government.



The partners' engagement framework: structure

1 Targeted country assistance:

- Country-driven assistance plan
- Prioritisation of countries



2 Special investments in strategic focus areas:

Supply chain

Data

Sustainability

Demand

3 Foundational support:

Long-term funding to core partners (WHO, UNICEF, World Bank, the US Centers for Disease Control and Prevention and the Civil Society Constituency) for coordination in key areas.

Targeted country assistance

The technical assistance provided through PEF at country level is called targeted country assistance (TCA). This type of support, tailored to country needs, is the most distinctive feature of PEF and accounts for the largest share of PEF funding. It supports countries in planning and implementing Gavi support through core partners (WHO, UNICEF, the US Centers for Disease Control and Prevention, and the World Bank) and expanded partners, including local institutions. The support is mainly provided in the form of full-time staff based in partners' country offices.

Technical assistance at country level has become an integral part of the overall portfolio of our support to countries, including initiatives to address coverage and equity challenges, health system strengthening, immunisation campaigns, new vaccine introductions and transition plans.

20 priority countries

10 countries with most underimmunised children

- Afghanistan
- Chad
- Democratic Republic of the Congo
- Ethiopia
- India
- Indonesia
- Kenya
- Nigeria
- Pakistan
- Uganda

10 countries with high level of inequity or conflict

- Central African Republic
- Haiti
- Madagascar
- Mozambique
- Myanmar
- Niger
- Papua New Guinea
- Somalia
- South Sudan
- Yemen

Strategic focus areas

As part of PEF, we have identified four strategic focus areas (SFAs) that need transformative approaches and increased investments in order to reach our ambitious coverage and equity goals. While partners also use our foundational support (see below) to finance initiatives related to the SFAs, we are able to allocate additional funding for activities in these areas.

So far, the Gavi Board has approved four SFAs:

- **Supply chain:** investments in supply chain leadership, continuous improvement and planning, supply chain data for management, cold chain equipment and supply chain system design.
- **Data:** including data on immunisation delivery, coverage and equity, vaccine-preventable disease surveillance and vaccine safety.
- **Sustainability:** helping countries plan and budget for their transition out of Gavi support.
- **Demand:** investment in innovative strategies to improve demand creation.

Foundational support

Foundational support is long-term funding, mainly used to pay for staff working for our partners at the global and regional levels. It is available for WHO, UNICEF, the World Bank, the Centers for Disease Control and Prevention (CDC) and the Civil Society Organisation (CSO) Constituency. The aim is to allow these organisations to continue to provide normative guidance and technical support.

Examples of activities funded through foundational support are:

- WHO's setting of norms, standards and policies for vaccine introductions.

- UNICEF's leadership role in supply chain management and social mobilisation efforts.

In 2020, the Alliance has budgeted US\$ 100 million in TCA, US\$ 29 million in support to SFAs and US\$ 36 million in foundational support.

PEF functions

PEF functions are a set of outputs and outcomes that are expected as a result of support from Gavi core partners through PEF.

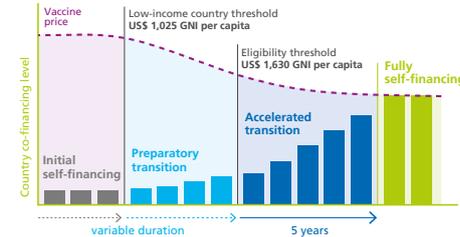
While we recognise that countries are ultimately responsible for achieving these outputs and outcomes, partners are accountable for providing coordinated support to countries in order for them to be successful. This includes systematically tracking progress across countries; proactively identifying issues and bottlenecks that may constrain progress; calling attention to potential future risks to programme implementation, sustainability and responsible use of resources; and taking remedial actions to address issues and mitigate risks.

Making immunisation sustainable

Our eligibility, transition and co-financing policies are at the core of our approach to sustainability.

Countries move through four phases – initial self-financing, preparatory transition, accelerated transition and fully self-financing – on their path towards sustainability. The size of their co-financing contributions is based on their ability to pay, as measured through the gross national income (GNI) per capita. As a country's GNI grows, its contribution increases.

How countries transition out of Gavi support



Once countries cross the eligibility threshold (US\$ 1,630 in 2020), they enter the third and final stage of Gavi support. During the accelerated transition phase, countries' co-financing payments gradually increase until they become fully self-financing after five years.

As a country progresses through the different stages, Gavi offers appropriate interventions to support the transition process.

This includes analysing the financial, institutional and technical capacities of the national immunisation programme, identifying key challenges and bottlenecks, and developing costed transition plans comprising short- to medium-term needs and activities.

Further reading

Printed version: search these terms on [Gavi.org](https://www.gavi.org)

- [Vaccine support](#)
- [Health system and immunisation strengthening](#)
- [Immunisation supply chain](#)
- [Partners' engagement framework](#)
- [Strategic focus areas](#)
- [Making immunisation sustainable](#)
- [Co-financing policy](#)
- [Leadership, management and coordination](#)

Grant management process



Applications for new support

Overview of the Gavi grant cycle



Gavi is strengthening its approach to working with countries through portfolio planning (previously known the new country engagement framework, or CEF). There are two ways for a country to access new support, depending on the stage of implementation it is in.

- **Full portfolio planning:** when a country is ready to request new health system strengthening (HSS) support, Gavi works with it to develop a three–five year portfolio view, including HSS support, vaccine support and CCEOP support, through a programme support rationale. The aim is to facilitate predictability, complementarity and integrated grant planning and budgeting.
- **Partial portfolio planning:** countries with ongoing HSS grants submit their requests for vaccine and/or CCEOP support via the online portal, ensuring links to the broader portfolio of Gavi support they are receiving.

Countries are encouraged to **begin planning** well in advance of submitting their applications. This helps ensure that required information is available for submission or can be gathered in time to inform evidence-based investments.

- It usually takes 15–18 months for a country to introduce a vaccine after it has submitted its application to Gavi. HSS and CCEOP support normally take 12–18 months to disburse after submission.

Key priorities, issues and bottlenecks should be discussed in a participatory, transparent and inclusive manner. It is important that the national coordination forum (Inter-agency Coordinating Committee, Health Sector Coordinating Committee or equivalent body) coordinates the process in order to achieve this objective.

Our **core and expanded partners support countries** in planning and implementing Gavi support. Therefore, countries are encouraged to consider their technical assistance needs for the upcoming year well in advance. Please see the section on the partners' engagement framework in Chapter 3 for more detail on this process.

Submission

New vaccine application forms are available in the online country portal. HSS requests are completed offline in the programme support rationale.

There are three submission windows each year. For further details, please check Gavi.org or consult the relevant senior country manager.

Independent review

Requests for new support are reviewed three times per year by the **Independent Review Committee** (IRC), which is comprised of independent experts in public health, epidemiology, supply chain, development finance and economics. The reviewers make recommendations to Gavi based on the extent to which our investments are likely to achieve the proposed results. It also assesses whether our support has the potential to make a significant contribution towards sustainable improvements in immunisation coverage and equity.

The independent review assesses each country's request(s), including through dialogue between the reviewers and relevant country stakeholders as needed. The reviewers can recommend the application either for approval or re-review.

Issue resolution and approval

Any outstanding issues raised by the reviewers need to be clarified by the country within a specific timeframe. Gavi's Chief Executive Officer (CEO) considers and decides on the final grant applications, based on recommendations from the independent review. Countries and partners are notified of the final outcome through a **decision letter**.

After this, Gavi initiates internal processes for the transfer of funds to countries and/or vaccine purchase (with UNICEF). The country should begin to plan activities to prepare for the vaccine introduction or work with the UNICEF Supply Division to finalise cold chain equipment delivery details.

Implementation of support

Monitoring and reporting

Country reporting is key to monitoring the performance of Gavi support and informs our decisions on disbursements and renewals. Country teams, led by senior country managers, coordinate ongoing engagement with each country and keep track of monitoring and reporting.

There are two main types of reporting undertaken by a country:

- **programmatic reporting**, which relates to the activities and results of Gavi-supported programmes in countries; and
- **financial reporting**, which includes reporting against all forms of health system and immunisation strengthening (HSIS) support provided by Gavi. This includes HSS grants, VIGs, operational support for campaigns, HPV demonstration programme grants and product switch grants, among others.

To fulfil their reporting requirements, countries need to update their indicators in the **grant performance framework** (GPF) and submit periodic financial reports, annual financial statements and audit reports.

The GPF is a grant management tool that is used to clearly document and collate key metrics agreed between Gavi and a recipient country in order to monitor and report on grant performance. There is one performance framework per country, reflecting the intended results chains for all Gavi grants to that country – from inputs, activities and outputs to intended outcomes. When a country develops a proposal for new support from Gavi, it also needs to suggest relevant indicators for the grant performance framework.

Gavi's online country portal, launched in November 2015, makes it easier for countries to apply for, report on and renew support. The portal also hosts documents that countries have previously submitted.

Joint appraisals

A joint appraisal is an annual review of the implementation progress and performance of Gavi's support to each country, and of its contribution to improved immunisation outcomes. It is usually undertaken in country by a team comprising the following stakeholders:

- relevant staff from the country's Ministry of Health;
- members of the Inter-agency Coordinating Committee (ICC) and Health Sector Coordinating Committee (HSCC), including civil society organisations if appropriate;
- staff from Alliance partners and other immunisation stakeholders; and
- relevant Gavi Secretariat staff.

Preparation is a key part of the joint appraisal. This involves reviewing and analysing relevant data to understand the country's progress against grant performance targets and to inform discussions around possible bottlenecks (such as delayed reporting, unavailable data and other key barriers to achieving expected results), with an emphasis on removing barriers to improving vaccine coverage and equity.

The outcomes of the joint appraisal serve to inform the renewal of Gavi support for a further year. It also informs the focus of technical assistance provided by Vaccine Alliance partners. As part of this exercise, countries are required to fill in a **joint appraisal report template**, giving a holistic view of both previous grants and future needs.

Reviews and renewals

The outcome of the joint appraisal and completion of reporting as described above provide key inputs into the development of renewal and extension requests. Countries complete their requests in the online country portal.

Countries request the continuation of ongoing Gavi grants on an annual basis. Based on the reported progress and renewal request, Gavi's **High-Level Review Panel (HLRP)** reviews and renews our support to the country (**renewal**).

If a country's vaccine support is coming to an end and the country is still eligible for Gavi support, it may submit a request to extend the support (**extension**). This is processed as part of the annual vaccine support renewal. For HSS grants, renewal implies the disbursement of the next tranche or no-cost extension of the grant.

For additional details on the process, please check Gavi.org.

The HLRP reviews requests for renewal and/or extension. HLRPs are scheduled three times a year and include senior executives of the Gavi Secretariat, WHO and UNICEF, as well as representatives of the IRC. Based on the information and analyses it receives, the HLRP makes recommendations for renewed funding to Gavi's CEO.

Three lines of defence

Gavi has structured its risk management and assurance functions around a three-way separation of responsibilities as follows:

- **First line:** active management of risk in our grant activities through Gavi's Country Programmes team in collaboration with Vaccine Alliance partners and implementing countries. This involves actively identifying, assessing, managing and monitoring risks to the effective implementation and sustainability of Gavi programmes and use of our support in-country.
- **Second line:** specialist support and independent monitoring through several control and oversight functions to provide an additional "check and balance" on the primary, first-line activities. This work is carried out by Gavi's Programme Capacity Assessment, Grant Performance Monitoring, Finance, Operation and Legal teams as well as the Risk function. The Programme Capacity Assessment team independently reviews each country's immunisation programme and its financial and vaccine management capacity prior to providing new support. It also develops grant management requirements together with all Gavi-supported countries.
- **Third line:** independent auditing of the first and second lines of defence to provide objective assurance on the effectiveness of risk management and mitigation. This work is conducted by the Audit and Investigations team.

Further reading

- [How our support works](#)
- [Support guidelines](#)
- [Gavi's online country portal](#)
- [Independent Review Committee](#)
- [Joint appraisals](#)
- [Grant performance frameworks](#)

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Governance, collaboration and accountability in our Alliance



Gavi Chief Executive Officer (CEO): Dr Seth Berkley

A medical doctor specialising in infectious disease epidemiology, Dr Seth Berkley has served as Gavi CEO since 2011. Dr Berkley leads the Alliance, working closely with the Board to develop policy and strategy, ensure implementation, build engagement and generate funds to support effective interventions in support of the Gavi agenda. Before joining Gavi, Dr Berkley was President and CEO of the International AIDS Vaccine Initiative (IAVI), the organisation he founded in 1996.

Prior to IAVI, Dr Berkley worked for the Health Sciences Division at The Rockefeller Foundation. He has also held posts at the Center for Infectious Diseases, the US CDC, the Massachusetts Department of Public Health and the Carter Center, where he was assigned as an epidemiologist to the Ministry of Health in Uganda. Dr Berkley played a key role in Uganda's national HIV serosurvey and helped develop its national AIDS control programme. He has published extensively on infectious diseases, and has consulted or worked in more than 30 countries in Asia, Africa and Latin America.



Gavi Board Chair: Dr Ngozi Okonjo-Iweala

Dr Okonjo-Iweala became Board Chair at the start of 2016, bringing more than 30 years of experience in development and finance. She has twice served as Nigeria's Finance Minister, most recently between 2011 and 2015. Prior to that she was Minister for Foreign Affairs.

Dr Okonjo-Iweala has held several key positions at the World Bank, including Managing Director, and serves on the boards of Twitter and Standard Chartered Bank PLC and is the chair of African Risk Capacity.



Gavi Deputy CEO: Ms Anuradha Gupta

As the Deputy CEO, Ms Gupta acts as the Chief Operating Officer for the organisation and manages day-to-day strategy implementation and operations at Gavi. This includes overseeing the development, delivery and monitoring of the partners' engagement framework (PEF). Prior to joining Gavi in 2014, she served as Additional Secretary at the Indian Ministry of Health and Family Welfare and Mission Director of the National Health Mission, where she ran the largest public health programme in the world.

Ms Gupta has played a leading role in India's efforts to eradicate polio transmission. She has also led efforts to pioneer free care for over 165 million pregnant mothers and children, to introduce universal health screening for 270 million children, and to design an innovative health programme for 350 million adolescents. Ms Gupta has played an important role in a number of global health initiatives including co-chairing the Partnership for Maternal, Neonatal and Child Health and serving as a member of the Steering Committee of the "Child Survival Call to Action" at the invitation of then Secretary of State Hillary Clinton.

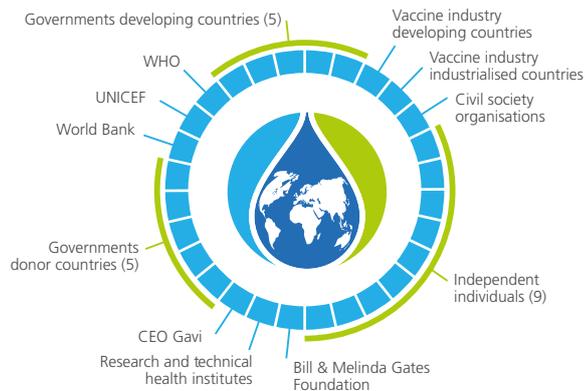
Gavi Board: overview

Role: The Gavi Board is responsible for strategic direction and policy-making, oversees the operations of the Vaccine Alliance and monitors programme implementation. With membership drawn from a range of partner organisations, as well as experts from the private sector, the Board provides a forum for balanced strategic decision-making, innovation and partner collaboration.

Activities: The Board is Gavi's supreme governing body. It sets out policies and strategies and amends statutes and by-laws, as well as other internal guidelines and procedures required for administration and management.

Composition: UNICEF, WHO, the World Bank and the Bill & Melinda Gates Foundation hold permanent seats on the Gavi Board. Constituency representatives (see diagram) serve on a time-limited basis. Independent Board members are private individuals with no professional affiliation to the institutions and constituencies constituting the Alliance.

Gavi Board: composition



Committees

The Gavi Board delegates specific activities to five standing Board committees and one advisory committee.

- The **Programme and Policy Committee** supports the Board with programmatic and policy oversight of the Alliance's work.
- The **Governance Committee** assists the Board in developing and implementing sound governance policies and practices for the Vaccine Alliance.
- The **Investment Committee** helps the Board to manage Gavi's investments in a manner that is consistent with its operating needs and overall programmatic goals.
- The **Audit and Finance Committee** guides the Board on the Alliance's accounting, financial and budgeting practices.
- The **Market-Sensitive Decisions Committee** makes decisions on behalf of the Board that are commercially and/or market-sensitive.
- The **Evaluation Advisory Committee** assists the Board in overseeing Gavi's evaluation activities.



Gavi Board meeting, December 2019

Alliance collaboration fora

Alliance coordination team (ACT)

- **Objective:** the ACT ensures operational oversight and coordination across the Alliance, addressing flagged and unresolved issues.
- **Membership:** representatives from the Gavi Secretariat, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation and the United States Centers for Disease Control and Prevention (CDC).
- **Collaboration:** monthly calls and face-to-face meetings as needed.

Regional working groups (RWGs)

- **Objective:** RWGs play a central role in coordinating, overseeing and troubleshooting country immunisation issues. They focus on priority countries identified through PEF, and integrate information and technical input gathered at both the global and regional levels.
- **Membership:** representatives from the Gavi Secretariat, UNICEF, WHO, World Bank, the Bill & Melinda Gates Foundation and the US CDC.
- **Collaboration:** face-to-face meetings twice per year, as well as ad-hoc quarterly calls.

Partners' engagement framework management team (PEF MT)

- **Objective:** the PEF MT plays a lead role in ensuring that resources for the three types of PEF funding (targeted country assistance, strategic focus areas and foundational support) for partners are appropriately allocated and that performance is monitored through a clear accountability framework.
- **Membership:** representatives of the Gavi Secretariat management, implementing partners funded through PEF and key institutions (USAID, the UK Department for International Development and the Bill & Melinda Gates Foundation) co-investing in Gavi.
- **Collaboration:** in-person meetings twice per year and ad-hoc conference calls.

Other examples of collaboration

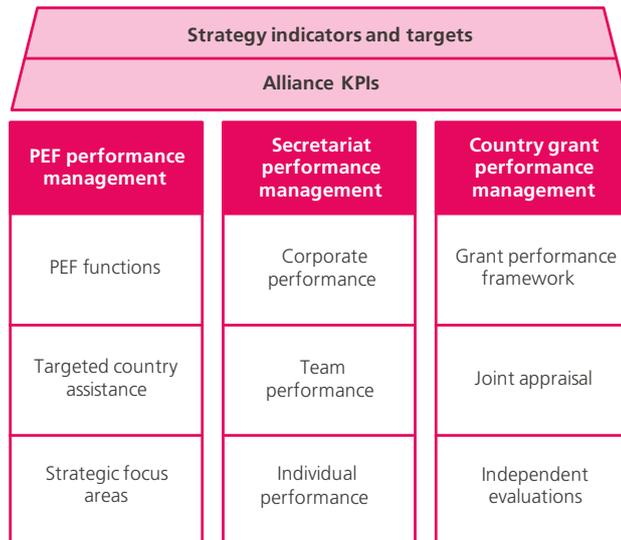
Alliance partners come together at key touchpoints throughout the year. For example, our leadership meets regularly at Alliance retreats to discuss progress towards achieving our five-year strategic plan and target challenges.

The “Alliance Talks” meetings are broadcast across the Alliance and represent a regular opportunity for partners to share knowledge, discuss and cultivate new thinking.

Accountability

Our Alliance accountability framework has been developed to hold every section and tier of the Vaccine Alliance accountable. Its structure ensures that our five-year strategy cascades down to all levels of Gavi's day-to-day work. Each of the collaboration fora described earlier – the ACT and the PEF MT – tracks both strategy and Alliance key performance indicators (KPIs).

Alliance accountability framework



Strategy indicators and targets track long-term, measurable outcomes.

Alliance KPIs measure the effectiveness and efficiency of our work, as well as our ability to design, implement and manage country support and country risk.

PEF performance management defines clear roles and milestones for partner activities, both globally through our strategic focus areas and at the country level through targeted country assistance.

Secretariat performance management measures the Gavi Secretariat's performance at three levels: corporate, team and individual.

Further reading

Printed version: search these terms on Gavi.org

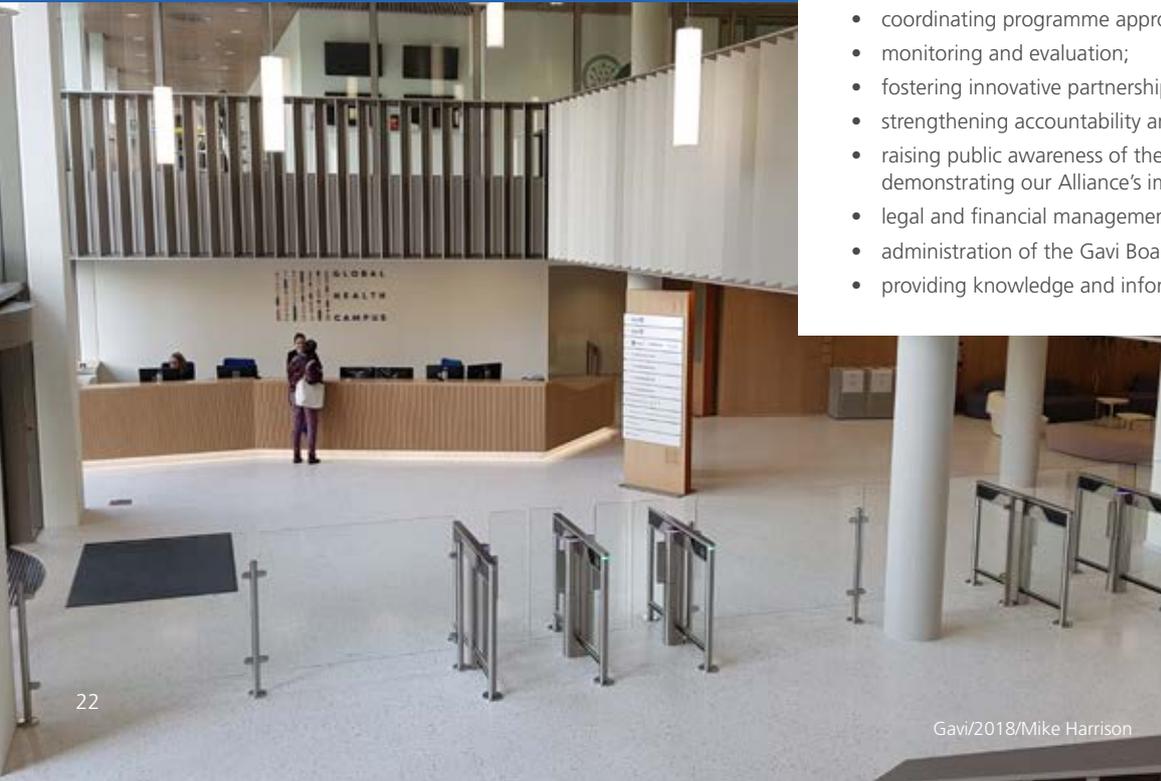
- [Governing Gavi](#)
- [Gavi, the Vaccine Alliance Board](#)
- [List of Board members](#)
- [Board calendar](#)
- [Board committees](#)
- [Gavi's strategy](#)

The Gavi Secretariat and partners

What does the Gavi Secretariat do?

Led by Chief Executive Officer (CEO) Dr Seth Berkley and based in Geneva and Washington, DC, the Gavi Secretariat is responsible for the Alliance's day-to-day operations. Its activities cover:

- developing the Alliance's strategy and policies;
- mobilising resources to fund programmes;
- coordinating programme approvals and disbursements;
- monitoring and evaluation;
- fostering innovative partnerships;
- strengthening accountability among Alliance partners;
- raising public awareness of the value of immunisation and demonstrating our Alliance's impact;
- legal and financial management;
- administration of the Gavi Board; and
- providing knowledge and information systems.



How does the Gavi Secretariat work?

Country Programmes

Responsible for managing the implementation of Gavi-supported programmes, the Country Programmes department works closely with immunisation stakeholders in implementing countries, including ministries of health, Alliance partners and civil society organisations.

- **Country Support team:** manages the implementation of Gavi grants to ensure they increase immunisation coverage and equity, as well as the long-term sustainability of immunisation. This team is composed of Gavi's senior country managers (SCMs), the Secretariat's key points of contact for each country. SCMs oversee the grant-management process, pre-empting risks and issues, and monitoring progress.
- **Health System & Immunisation Strengthening team:** ensures Gavi's health system and immunisation strengthening support helps to address constraints in Gavi-supported countries to delivering immunisation, including the supply chain.
- **Programme Finance team:** works to mitigate the risk of potential misuse of Gavi funds, as well as safeguards compliance with fiduciary policies, procedures and practices.
- **Leadership, Management & Coordination team:** supports countries to identify and roll out interventions to strengthen the management capacity of the Expanded Programme on Immunization (EPI).
- **Country Communications & Coordination team:** facilitates consistent and effective communications and coordination across Gavi-supported countries.

Vaccines & Sustainability

The Vaccines & Sustainability department holistically deals with vaccine programme planning and implementation, demand forecasting, supply and procurement, and market shaping. It also manages co-financing and programmatic and financial sustainability, and develops Gavi's policies.

- **Vaccine Implementation team:** facilitates the introduction and sustained uptake of Gavi-supported vaccines in eligible countries.
- **Immunisation Financing & Sustainability team:** leads the implementation of Gavi's co-financing and transition policies, which support the long-term sustainability of national immunisation programmes.
- **Policy & Market Shaping team:** leads the development and review of programmatic policies and guides the implementation of Gavi's supply and procurement strategy, including Gavi's market shaping activities. The Policy team also coordinates the vaccine investment strategy process.

Resource Mobilisation & Private Sector Partnerships

Mobilises predictable and sustainable long-term funding to meet country needs for Gavi-supported programmes. The department also works to leverage private-sector investments and expertise, and to take innovations to scale, including innovative financing mechanisms, in order to achieve a long-term impact in Gavi-supported countries.

Finance & Operations

Safeguards Gavi's financial assets by ensuring transparency of finances, informing decision-making on the allocation of funds, supporting resource mobilisation and grant management, investing funds on hand, and providing Secretariat facilities and services. The department is made up of four teams: Finance, Investments, Programme Capacity Assessment and Operations.

Public Engagement & Information Services

Demonstrates the impact and value of Gavi and immunisation in both donor and implementing countries through communications, advocacy and public policy. Also develops and maintains the Vaccine Alliance knowledge and information systems.

- **Communications team:** raises public awareness of the impact and value of Gavi and immunisation in donor and implementing countries, and manages Gavi's external publishing platforms and institutional tools.
- **Public Policy Engagement team:** advocates at the global, regional and national levels using strategic content and approaches to deliver commitments in support of immunisation.
- **Knowledge Management & Technology Solutions team:** delivers technology to enable data insights, automate processes and simplify stakeholder experience.

Strategy, Funding & Performance

Responsible for the design of Gavi's strategy, tracks progress on its implementation and manages funding for countries and partners. The team includes three sub-teams. The Strategy team supports the design of the Gavi strategy and its implementation steps and tracks the Alliance's delivery against its objectives; the Application & Review team manages the country grant application and renewal processes; and the Partners' Engagement Framework team manages the funding of Alliance partners.



Gavi/2018/Isaac Griberg

Monitoring & Evaluation

Monitors and evaluates Gavi programmes and policies, and works to increase the availability and quality of country and programmatic data. The team also manages the implementation of the data SFA.

Audit & Investigations

Helps safeguard resources by undertaking audits of Gavi's programme and operational activities. The department provides independent assurance and advisory services to management and stakeholders.

Executive Office

The Executive Office team provides dedicated support to Gavi's CEO and Deputy CEO in leading the Secretariat and the Alliance. The Risk function, which is based in the Executive Office, coordinates, facilitates and monitors the implementation of effective risk management practices across the Alliance.

Governance

Helps to ensure that the Board has the advice and resources it needs to perform its responsibilities, and that the records of its actions reflect that it has done so. The team informs the Board of governance best practices from the public and private sectors, and acts as a key relationship manager between the Board and the Secretariat.

Legal

Provides legal advice to Gavi and affiliated entities, and facilitates and develops appropriate legal processes and documents for Gavi's activities.

Human Resources

Drives the Secretariat's performance culture by recruiting, developing and retaining talented, motivated and committed staff.



Alliance partners

Gavi's "core" partners include WHO, UNICEF, the United States (US) Centers for Disease Control and Prevention (CDC) and the World Bank. While the Bill & Melinda Gates is one of the founding partners of Gavi, it is not included among the core implementing partners.



CDC and immunisation

The US CDC is the federal public health agency for the United States of America. By providing scientific and public health expertise on immunisation, the CDC's Global Immunization Division (GID) is dedicated to ensuring that everyone, everywhere can benefit from immunisation. The evidence it provides helps to optimise national policies about vaccination programmes.

The CDC's work on immunisation is executed by the following teams:

Accelerated disease control and vaccine-preventable disease surveillance branch: vaccine-preventable disease (VPD) surveillance, the elimination of measles and rubella and other VPDs with elimination or control goals.

Immunization systems branch: vaccine introductions (including inactivated polio vaccine), vaccine demand and policy, vaccine delivery platforms, vaccine management and support for National Immunization Technical Advisory Groups.



Gavi/2016/Randrianarivony Voara

Strategic information and workforce development: improving immunisation data quality and utilisation, informatics and information systems, biostatistics, epidemiologic methods development, modelling and data management, workforce capacity development, and monitoring and evaluation.

CDC in the Alliance

At the global level, GID participates in working groups in a scientific capacity. It has staff seconded to the headquarters of Gavi, the Vaccine Alliance in Geneva as well as to other Alliance partners, including WHO and UNICEF.

CDC in country

GID interacts directly with countries via ministries of health, WHO, UNICEF and other partners at the country, regional, and global levels. CDC has country offices in nearly 50 US embassies. These typically focus on direct technical assistance, capacity building, service delivery, health information systems and programme management.

As of September 2019, CDC and the CDC Foundation are providing support through PEF in Bangladesh, Benin, Burkina Faso, Chad, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Haiti, India, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Madagascar, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, South Sudan, Togo and Uganda.



UNICEF and immunisation

UNICEF is a multisectoral organisation, which works in the field of immunisation as well as supporting broader health programmes. It serves as a procurement agency on behalf of countries to ensure that they have access to quality-assured and affordable vaccines, immunisation supplies and services. UNICEF has its headquarters in New York.

UNICEF's mandate on immunisation derives from the Convention on the Rights of the Child. Overall, the objectives of the Alliance are aligned with UNICEF's mandate and mission. However, UNICEF also operates beyond Gavi-eligible countries and Gavi-supported vaccines.

UNICEF in the Alliance

UNICEF is a founding member of Gavi. Its role within the Vaccine Alliance is to strengthen immunisation and health systems to achieve sustainable, equitable coverage at the country level, and to shape markets.

UNICEF's headquarters and seven regional offices focus on developing standard tools, such as those used for efficient vaccine management (EVM), and on making sure that immunisation programmes are sustainably financed. They also help to ensure that countries have access to a sustainable and uninterrupted supply of quality vaccines, that effective and efficient supply chains and immunisation services are in place, and that communities value and demand their right to immunisation.

UNICEF plays an active role in Gavi's governance. It occupies a seat on the Gavi Board and is represented in various Board committees, the Alliance Coordination Team and the Regional Working Groups.

UNICEF's work in immunisation is executed by the following teams:

Programme division: headquartered in New York, US, this division handles programmatic interactions on immunisation, including global governance and coordination.

Supply division: headquartered in Copenhagen, Denmark, this division is responsible for procurement and shipment of vaccines, vaccine supplies and cold chain equipment to countries, and also plays a key role in innovation and scaling of immunisation products.

Other headquarter divisions, such as Public Partnerships; Data, Research and Policy; and the Field Results Group, also contribute to the Vaccine Alliance.

UNICEF in country

At the country level, UNICEF provides technical assistance directly to national governments to support their immunisation programmes.

Each UNICEF country office is led by a representative. Immunisation officers act as focal points for the EPI to engage with UNICEF. In larger countries, such as Pakistan, UNICEF has bigger immunisation teams working at the national level, as well as at UNICEF's field offices. In some cases, staff members are embedded in ministries of health.

In 2020, Gavi is funding 22 staff positions based at UNICEF headquarters, 26 in regional offices and 170 at the country level through PEF.



World Health Organization

WHO and immunisation

WHO is the directing and coordinating authority on international health within the United Nations system. Its goal is to achieve the highest attainable standard of health for all individuals and communities through preventing disease.

WHO strives to combat vaccine-preventable diseases by:

- convening leaders and experts from all sectors;
- establishing norms and standards for products and technologies;
- developing evidence-based policies and guidance;
- facilitating synergies for disease prevention and control; and
- monitoring and using data for analytics.

With presence in 150 countries, WHO's mission and mandate are closely aligned with those of the Vaccine Alliance.

WHO in the Alliance

WHO is a founding member of the Vaccine Alliance and a key actor in immunisation at the global, regional and country levels. It has an active role in the governance of the Alliance: it occupies a seat on the Gavi Board and is represented in various Board committees and coordination teams.

WHO provides policy guidance and technical assistance to countries through global, regional, and country-level activities. Examples of global activities include the development of the global strategy to eliminate yellow fever epidemics and the annual WHO/UNICEF estimates of national immunization coverage (WUENIC). These estimates are critical for monitoring progress in countries and for guiding the Alliance's support.

WHO's six regional offices help to monitor the implementation of support to countries.

In 2020, Gavi is funding 49 staff members based at WHO headquarters, as well as 37 based in regional offices, through PEF foundational support.

WHO in country

WHO's presence in all Gavi-supported countries has a crucial role in helping to implement the Alliance's strategy at country level.

WHO staff provides guidance to ministries of health on how to draft their applications for vaccines and health system strengthening support, both before and after vaccine introductions. WHO also provides policy guidance and technical assistance to support countries in establishing their own national policies and strategies.

In 2020, Gavi is supporting 126 WHO positions based at country level through PEF's targeted country assistance.



The World Bank and immunisation

The World Bank Group believes that making immunisation programmes sustainable requires addressing the systems-level issues that impede effective primary health care, and that all immunisation programmes must be properly financed and shown to be sustainable.

The World Bank Group differs from the Alliance in that its work covers topics beyond health and immunisation, and that it works with a wider range of countries.



Gavi/2013/Doune Porter

The World Bank in the Alliance

The World Bank is one of the Vaccine Alliance's founding partners. It is a member of the Gavi Board and is represented in the Audit and Finance Committee, Governance Committee, Programme and Policy Committee and the Partners' Engagement Framework Management Team, as well as in other committees and working groups.

The World Bank serves as treasury manager of the International Finance Facility for Immunisation (IFFIm). IFFIm is an innovative finance mechanism which uses vaccine bonds to make funding for life-saving vaccines and health system strengthening support immediately available in the world's poorest countries.

Through PEF, the World Bank receives funds to strengthen countries' health systems with a particular focus on sustainable financing, harmonisation of vaccine regulations, and data and surveillance activities.

The World Bank's work on immunisation is executed by the following teams:

Development finance & partner relations: the World Bank serves as IFFIm's treasury manager.

Health, nutrition and population global practice: multi-disciplinary teams working on all aspects of universal health coverage and global health security, including immunisation. Thematic priorities of the partnership with Gavi include financial sustainability, data system strengthening and regulatory harmonisation.

The World Bank in country

As of September 2020, the World Bank is providing support through PEF in Burkina Faso, Burundi, Cote d'Ivoire, Democratic Republic of the Congo, Haiti, Kyrgyzstan, Lao People's Democratic Republic, Myanmar, Niger, Nigeria, Pakistan, Solomon Islands, Sudan, Tajikistan and Uzbekistan.

The World Bank operates through country offices, which focus on operational work and implementation of Bank-funded projects. The team based at headquarters is involved in coordination, strategy and management. It also assists the country offices in project implementation.

Civil society organisations (CSOs)

CSOs and immunisation

Civil society organisations, including non-governmental organisations, advocacy organisations and a range of professional and community associations, play an important role in ensuring hard-to-reach communities have access to immunisation.

CSOs in the Alliance

Gavi's 2016–2020 strategy supports increased civil society involvement in strengthening health systems. To date, the Alliance has supported the introduction of its CSO platform model in 26 countries. CSOs occupy a seat on the Gavi Board.

Gavi provides funding support to CSOs in two ways.

- **HSS:** Gavi grants can be allocated to CSOs working in partnership with implementing countries.
- **PEF:** Gavi provides support through PEF to increase capacity and strengthen civil society engagement in immunisation.





Expanded partners

In addition to working closely with its core partners, Gavi provides targeted country assistance (TCA) to a range of “expanded” partners through PEF. These include academic and research institutions, consultancy firms, private institutions, other UN agencies, CSOs and not-for-profit organisations, among others.

TCA provided through expanded partners should complement core partner support and become an integral part of each country’s comprehensive “One TA Plan.” Targeted assistance needs are identified by countries in close collaboration with Gavi SCMs. Activities are focused on the transfer of skills, with clear indicators and goals put in place to measure progress towards sustainability.

Further reading

Printed version: search these terms on [Gavi.org](https://www.gavi.org)

- [Gavi Secretariat](#)
- [Audit and Investigations](#)
- [Governance and legal structures](#)
- [Civil society organisation support](#)

Appendix

Additional Gavi information

- [Programmatic and corporate policies](#)
- [Support guidelines](#)
- [Report on and renew existing Gavi support](#)
- [Joint appraisal guidelines](#)
- [Country portal](#)

Recent Gavi Board and committee meetings

- [Board and committee meeting minutes](#)

Gavi country evaluations

- [Full country evaluations](#)

Additional immunisation information

- [WHO data, statistics and graphics](#)
- [Sustainable Development Goals: Health Targets – Immunization Systems](#)
- [Summary report of SAGE meeting, October 2019](#)

Technical training

- [AGORA Immunization Staff Orientation](#)

Printed version: search these terms on [Gavi.org](#)

Acronyms frequently used within the Vaccine Alliance

Gavi-supported programmes

NVS	new and underused vaccine support	Men A	meningitis A conjugate vaccine <ul style="list-style-type: none"> • meningitis A one-time mini catch-up campaign
OCV	oral cholera vaccine <ul style="list-style-type: none"> • oral cholera preventive mass vaccination campaign • oral cholera outbreak response 	Men	meningitis vaccine <ul style="list-style-type: none"> • meningitis outbreak response
HPV	human papillomavirus <ul style="list-style-type: none"> • HPV routine • HPV multi-age cohort (MAC) vaccination 	penta	pentavalent vaccine <ul style="list-style-type: none"> • pentavalent routine
IPV	inactivated polio vaccine <ul style="list-style-type: none"> • IPV routine 	PCV	pneumococcal conjugate vaccine <ul style="list-style-type: none"> • pneumococcal routine
JEV	Japanese encephalitis vaccine <ul style="list-style-type: none"> • Japanese encephalitis catch-up campaign • Japanese encephalitis routine 	RV	rotavirus vaccine <ul style="list-style-type: none"> • rotavirus routine
M	measles vaccine <ul style="list-style-type: none"> • measles 2nd dose routine 	YFV	yellow fever vaccine <ul style="list-style-type: none"> • yellow fever routine • yellow fever preventive mass vaccination campaign • yellow fever outbreak response
MR	measles-rubella vaccine <ul style="list-style-type: none"> • measles-rubella 1st dose routine, with catch-up campaign • measles-rubella 1st and 2nd dose routine • measles-rubella 1st and 2nd dose routine, with catch-up campaign • measles-rubella follow-up campaign 	Ops	operational support for campaigns
		VIG	vaccine introduction grant
		HSS	health system strengthening
		CCEOP	cold chain equipment optimisation platform

Frequently used terminology

CEF	country engagement framework	IRC	Independent Review Committee	SIA	supplementary immunisation activity
CEO	Chief Executive Officer	JA	joint appraisal	SCM	senior country manager
cMYP	comprehensive multi-year plan	LMC	leadership, management and coordination	SFA	strategic focus area
CSO	civil society organisation	MOH	Ministry of Health	TA	technical assistance
DQIP	data quality improvement plan	MOF	Ministry of Finance	TCA	targeted country assistance
EPI	Expanded Programme on Immunization	NITAG	National Immunisation Technical Advisory Group	UNICEF	United Nations Children's Fund
FCE	full country evaluation	NUVI	new and underutilised vaccines implementation	WHO	World Health Organization
FS	foundational support	PBF	performance-based funding	WUENIC	WHO/UNICEF Estimates of National Immunization Coverage
GMR	grant management requirements	PCA	programme capacity assessment		
GPF	grant performance framework	PEF	partners' engagement framework		
HLRP	High-Level Review Panel	PEF 20	PEF 20 priority countries		
HSCC	Health Sector Coordinating Committee	PoA	campaign plan of action		
HSIS	health system and immunisation strengthening framework	PSR	programme support rationale		
ICC	Inter-agency Coordinating Committee	RWG	Regional Working Group		

How we work together



World Health
Organization



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