

Submission from the GAVI Alliance Secretariat in Response to the Consultation Paper “Performance Benchmarks for Australian Aid”

18 February 2014

Comments on performance benchmarks for Australian aid

1. The GAVI Alliance has been asked to comment on a series of questions presented in the ‘Consultation paper: Performance Benchmarks for Australian Aid’ – including how performance of aid programs should be defined and assessed, how performance could be linked to the aid budget, and how the assessment of performance of implementing partners could be improved.
2. GAVI recognises both the importance of being able to justify investments with donor countries and their taxpayers through the use of performance frameworks, and the challenges in comparing the performance of diverse organisations with different roles, objectives and organisational structures.
3. A common starting point for establishing performance benchmarks are the objectives of the national aid programme in question. Those objectives often serve as the foundation for key performance indicators and expected deliverables that are used to measure the performance of development organisations that are funded by national aid programmes. However, in this case, the consultation paper did not elaborate on the overarching policy objectives of the Australian Aid programme.
4. The other dimension that could be considered in building a performance framework for institutions funded through the Australian Aid Programme is the actual effectiveness of these institutions in the global development context. This should include the actual impact of these institutions (although attribution can be a challenge), the sustainability of the development aid mode, and the extent to which it has a catalytic impact on development rather than just the funding of a gap.
5. There are also international frameworks that could be taken into consideration in establishing performance frameworks, such as the Millennium Development Goals and now the post-2015 development agenda; as well as aid effectiveness frameworks such as the International Health Partnership (2007), the International Aid Transparency Initiative (IATI) in 2008, and the Paris, Accra and Busan Compacts on aid effectiveness (2005, 2008, and 2011 respectively). These frameworks could help define some of the performance criteria in relation to commonly agreed-upon aid effectiveness principles (e.g. country ownership, harmonisation, transparency, mutual accountability, integration etc.) as well as the contribution of the development funding to global goals and objectives (e.g. Millennium Development Goals).

6. Of note, performance frameworks might vary based on the type of organisation or project being funded. In the past, some donor institutions have evaluated the GAVI Alliance using performance frameworks that had been developed for in-country bilateral projects. These evaluation frameworks were not adapted to an innovative public-private partnership with a lean global structure, no country presence, and whose added value comes from its ability to scale up rapidly proven interventions – vaccines – to poor countries through the convening and coordinating of global partners. The value created by such global mechanisms – including the very significant impact on shaping vaccines market and both lowering prices and increasing supply security – is rarely captured in frameworks that are designed to assess in-country development projects.
7. Over the past several years, GAVI has participated in several performance assessments, including an audit by the French Cour de Comptes (2010), the UK Multilateral Aid Review (MAR) (2011), a Swedish review (2011), a Norwegian review (2011), an Australian review (2012), a MOPAN assessment (2012), a follow-up review of the UK MAR (2013), and regular EC expenditure verification exercises (2012, 2013, 2014). These reviews required significant investment of resources on the part of donors and GAVI.
8. In the 2013 review of the UK MAR, GAVI noted in the evidence it provided to the UK International Development Select Committee on that:
 - a. If all donors asked for independent audits, it would be difficult for a lean organisation like GAVI to meet all of these requests;
 - b. It was very much appreciated that the 2011 MAR drew on existing materials and therefore placed a lower burden on Secretariat resources; and
 - c. There is scope for further collaboration and streamlining of these assessment exercises (e.g., the 2012 Australian review drew on the 2011 UK Multilateral Review and the 2013 MAR process drew upon the 2012 MOPAN assessment). The structure of MOPAN (Multilateral Organisation Performance Assessment Network of which Australia is a member) reviews is mainly focused on whether there are performance frameworks in place rather than the quality of these frameworks. While it is understood that donors are interested in assessing alignment with their national priorities, greater synergies could be found, for example, in assessing common themes across donors, such as impact of the organisation.

Specific comments related to GAVI's performance framework

9. The GAVI Alliance has a robust performance framework and is outcome-oriented, results-based, and transparent in its approach. The principles and processes outlined below may provide a useful example for the Government of Australia as it develops its framework for performance benchmarking.
10. The GAVI Alliance was launched at the World Economic Forum in 2000 - the same year that the Millennium Development Goals (MDGs) were agreed. It was set up to address major geographic inequities in very poor countries ability to access new and underused lifesaving vaccines due to market failure. Vaccines are probably the best value for money public health investment a country can make in its children by saving lives, giving children a healthy start in life so they can grow into healthy productive adults and saving the out of pocket expenses for health care that all too often push families in poor countries into poverty. , .
11. The Alliance was created as a public-private partnership, based on the principle that by putting all parties involved in immunisation (including donors, countries themselves, relevant UN organisation, the vaccine industry, civil society and financial and technical experts) a much more effect and efficient impact can be achieved than any one of those parties acting on their own. Public private partnerships are sometimes described as the 21st Century model of development.
12. Core to the Alliances business model is the principle that eligible countries must contribute to the cost of the vaccines themselves and that the aim is to ensure that over time, as their economies grow countries transition out of GAVI Alliance support.
13. Since its establishment, GAVI has gone through three strategic phases, with a significant expansion of the number of vaccines supported and an acceleration in the size of its programmes and impact. GAVI is currently in its third phase, which covers the period 2011-2015.
14. While the Alliance has been results-focused since its inception, the Alliance's 2011-2015 Strategy established a new level of accountability within its strategic framework, which is composed of four clearly defined strategic goals and associated strategic objectives, along with indicators with ambitious targets (See overview below).

GAVI Alliance Strategy 2011-2015		Notes: All targets achievable with full funding (Baseline values indicated in brackets refer to 2010)	
Mission	To save children's lives and protect people's health by increasing access to immunisation in poor countries	Mission indicators: <ul style="list-style-type: none"> Under-five mortality rate in GAVI-supported countries: TARGET 2015: 68 per 1000 live births (78) Number of additional future deaths averted: TARGET 2011-15: 3.9 million (0) Number of children fully immunised with GAVI support: TARGET 2011-15: 243 million (0) 	
Operating principles	As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates "added-value" by:	<ol style="list-style-type: none"> Advocating for immunisation in the context of a broader set of cost-effective public health interventions Contributing to achieving the Millennium Development Goals (MDGs) Supporting national priorities, integrated delivery, budget processes and decision-making 	<ol style="list-style-type: none"> Focusing on innovation, efficiency, equity, performance and results Maximising cooperation and accountability among partners through the Secretariat Ensuring gender equity in all areas of engagement
Strategic goals	1 Accelerate the uptake and use of underused and new vaccines	2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation	3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation
Goal-level indicators	<ul style="list-style-type: none"> Country introductions of underused and new vaccines: number of GAVI-supported countries introducing underused and new vaccines TARGET 2015: Penta: 69 (62) Pneumo: 45 (3) Rota: 33 (4) Coverage of underused and new vaccines: coverage of underused and new vaccines in GAVI-supported countries (% of target population) TARGET 2015: Penta3: 77% (39%) Pneumo3: 40% (1%) Rota last dose: 31% (1%) 	<ul style="list-style-type: none"> Drop-out rate: percentage point drop out between DTP1 and DTP3 coverage TARGET 2015: 10 (12) DTP3 coverage: % of surviving infants receiving 3 doses of DTP-containing vaccine TARGET 2015: 81% (75%) Measles First Dose (MCV1) coverage: TARGET 2015: increased coverage (76%) Equity in immunisation coverage: % of GAVI-supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile TARGET 2015: 62% (51%) 	<ul style="list-style-type: none"> Resource mobilisation: resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support TARGET 2015: 100% (n/a) Country investments in vaccines per child: average government expenditure on vaccines per surviving infant TARGET 2015: increased investment (US\$ 3.8) Fulfilment of co-financing commitments: % of countries that meet their co-financing commitments in a timely manner TARGET 2015: 100% (86%)
Strategic objectives	<ol style="list-style-type: none"> Increase evidence-based decision-making by countries Strengthen country introduction to help meet demand 	<ol style="list-style-type: none"> Contribute to the resolving of the major constraints to delivering immunisation Increase equity in access to services Strengthen civil society engagement in the health sector 	<ol style="list-style-type: none"> Increase and sustain allocation of national resources to immunisation Increase donor commitments and private contributions to GAVI Mobilise resources via innovative financing mechanisms
Cross-cutting	<ul style="list-style-type: none"> Monitoring and Evaluation Advocacy, Communication and Public Policy Policy Development 		

15. The indicators used to measure progress in GAVI's strategy link its business plan (explained below) to its mission, and represent quantifiable statements regarding the concrete results that GAVI aims to achieve. The definition, rationale for selection, means of measurement, data sources, strengths and limitations and references for each indicator are described transparently on the GAVI website.¹ The Board regularly tracks these indicators to assess progress over time, strengthen accountability and make course corrections.

16. To coordinate the effort of the Alliance partners in implementing the strategy, the GAVI Alliance defines and tracks a two-year Business Plan which describes the actions and deliverables to be undertaken by each Alliance partner including WHO, UNICEF, the World Bank, Civil Society Organisations, Non-Governmental Organisations, and research institutions. The business plan is structured around the 4 strategic goals, which cascade down to twenty six more specific programme objectives. For each programme objective, the business plan includes a set of yearly deliverables that

¹ <http://www.gavialliance.org/library/documents/gavi-documents/strategy/definition-of-performance-indicators-for-gavi-strategy-2011-2015/>

identified Alliance partners are accountable for delivering. These deliverables are further broken down for the Secretariat and each Alliance partner into quarterly deliverables which are costed and form the basis of the funding approved by the Board for the GAVI Secretariat and Alliance partners and managed by the Secretariat . This structure ensures that there is clarity on roles and responsibility and deliverables of GAVI Alliance partners in implementing the GAVI business plan down to the country level (see example at Attachment 1). .

17. Each quarter the GAVI Secretariat provides to the Board a report on its own performance and that of each partner against agreed deliverables and the evolution of the key risks related to GAVI operations. The Secretariat implements a strong results-based management system; for example, the Secretariat does not release the full amount of funds unless implementers provide the agreed deliverables. Each quarter, the Secretariat reports to the Board on the status of deliverables, risks and disbursement of funds. To further strengthen the accountability for performance, GAVI has in recent years expanded the range of partners contributing to the business plan to include the private sector, civil society and research and technical institutions. GAVI seeks to identify the partner with the strongest comparative advantage vis-à-vis a specific deliverable both global and country specific , and to engage that partner through mechanisms of accountability that link disbursement of payment to concrete deliverables
18. In June 2011, the Alliance held its first ever pledging conference, where Alliance partners embraced the ambition set out in the 2011-2015 Strategy. At that meeting, it was agreed that mid-way through the Strategy period a Mid-Term Review (MTR) meeting would be convened to review and report on results achieved to date. This meeting took place in October 2013 in Stockholm and allowed Alliance partners the opportunity to review both the impressive successes and the ongoing challenges facing the Alliance. The full report to the MTR “Delivering Together” with detailed results is available on the GAVI Alliance website.
19. GAVI’s M&E framework and strategy are based on a tiered approach that links routine programme monitoring, targeted studies and large-scale public health effectiveness evaluations through a prospective, stepwise design.² Routine programme monitoring systematically tracks core indicators over time and across countries to document progress and identify gaps and areas needing special attention. The targeted studies represent focused, shorter-term efforts to assess specific strategies across countries, to document end of programme learning in countries and inform the development of tools and strategies. Linked to the routine programme monitoring and targeted studies are

² <http://www.gavialliance.org/library/documents/gavi-documents/strategy/gavi-alliance-monitoring-and-evaluation-framework-and-strategy-2011-2015/>

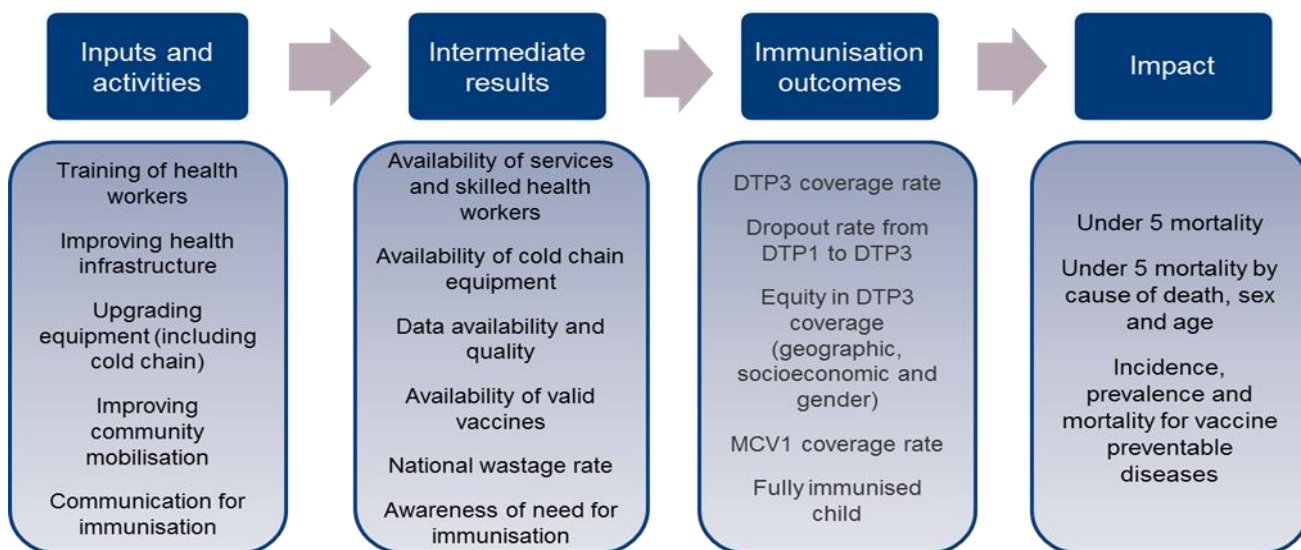
full country evaluations implemented in five countries. These independent evaluations examine the effectiveness and cost-effectiveness of GAVI support to each of the participating countries, including through the innovative use of biomarkers to assess the immunological evidence of effective vaccination. Starting in 2012, the Secretariat initiated a new practice of ensuring that all new policies and programmes have a documented theory of change and M&E framework

20. The GAVI Alliance currently supports seventy three countries with vaccines that have been selected for their impact and efficacy and cash grants to assist countries with immediate costs associated with introducing a new vaccine and for health system support targeted at resolving major constraints to the successful delivery of immunisation services. Consistent with the principle of being country driven, GAVI eligible countries decide themselves which vaccines and health system support they wish to apply for.
21. The Independent Review Committee (IRC), an independent and impartial group of experts, serves to guarantee the quality, integrity and consistency of an open and transparent funding process, reviews all requests from countries to the GAVI Alliance for both new vaccines and health system support. The role of the Independent Review Committee is to make a recommendation to the GAVI Board as to whether a country plan is likely to achieve the proposed results and contribute to GAVI achieving its mission of saving lives and protecting people health. The IRC takes into account the justification for the vaccine introduction decision, soundness of approach, country readiness, feasibility of plans, system strengthening and sustainability, economic and financial considerations and potential public health benefit of the investment in line with GAVI's mission.
22. Once a country grant is approved, the Alliance monitors progress through a variety of mechanisms to ensure accountability of results. GAVI makes the release of future tranches of support conditional on satisfactory progress in implementation and delivery of results. To address limitations in data quality, GAVI requires that countries have in place routine mechanisms to independently assess the quality of data reported through their routine systems and to verify reported results through the conduct of independent household surveys, as part of a country's overall national M&E plan. Additional examples of results-based management and results-based funding in GAVI programmes include:
23. Performance Based Financing (PBF): Starting in 2012, all new approved health system strengthening (HSS) grants are subject to GAVI's PBF approach for HSS, linking performance payments, from GAVI to national governments, to improvements in national level immunisation coverage and equity. PBF is designed to create incentives for countries to improve immunisation outcomes by strengthening health systems. With PBF, GAVI's HSS support is linked to performance and countries may earn additional

performance payments (beyond its programmed HSS grant component) based on improvements in national level immunisation coverage (or maintenance for high coverage countries) and equity (for high coverage countries). GAVI's efforts to support countries to improve results measurement and data quality will also allow for data verification needed for PBF. .

24. Results for GAVI's HSS support window include immunisation outcomes focusing on coverage and equity, as well as intermediate results focusing on availability and quality of services and use of disaggregated data that is reliable and complete. GAVI has introduced intermediate results for measuring health system performance as part of its renewed focus on results and their measurement in the context of the new PBF approach. Intermediate results will be an important way of demonstrating changes due to HSS investments. Figure below is an illustrative results chain for a country's HSS grant showing the link from HSS activities to intermediate results to immunisation outcomes. This is based on the International Health Partnership, IHP+ M&E framework.. Countries are required to submit to GAVI as part of its HSS grant application, a clear results chain and M&E framework aligned with the country's national results framework, and use this as the basis for routine grant monitoring and results reporting.

25. Illustrative results chain for HSS grants



26. Performance management is only one part of the equation; risk mitigation, which safeguards programme performance and results, is also key. GAVI makes every effort to identify and mitigate risks associated with its operations through a regularly updated risk register. For example, given the limited capacity and fragile systems in many of the countries that GAVI supports, one of the key risks for GAVI is the use of its health systems grants which are provided in the form of cash support to Ministries of Health of

GAVI countries. In addition to monitoring and evaluation for results the GAVI Secretariat has put in place a strong set of accountability and control measures through its internal audit function, in order to prevent and detect misuse of GAVI resources. A dedicated audit team has been in place to implement its Transparency and Accountability Policy which was approved in 2008. Since inception of this policy in 2009, the GAVI Secretariat has completed Financial Management Assessments in the 50+ countries which receive health systems support from GAVI.

27. In summary, GAVI appreciates the opportunity to comment on the Consultation Paper "Performance Benchmarks for Australian Aid", as GAVI recognises both the importance and complexity of the topic. The principles and processes developed and implemented by GAVI, as outlined above, may provide a useful example for the Government of Australia as it develops its framework for performance benchmarking. As the world collectively works to develop an agenda for sustainable development in the post-2015 era, ensuring aid effectiveness through performance benchmarking has the potential for Australia to efficiently maximize impact in the national interest and to contribute to the achievement of ambitious global goals.