

## AGENCY PROFILE

The GAVI Alliance is a public-private global health partnership, created in 2000 to save children's lives and protect people's health by increasing access to immunisation in the world's poorest countries. WHO estimates that, in GAVI's first decade, GAVI support has directly prevented over 5 million premature deaths.

## COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS



## COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS



## EXPECTED RESULTS

## PROGRESS

## OVERALL RESULTS



Commitments are documented and mutually agreed.



An IHP+ Country Compact or equivalent has been signed by the agency in 50% of IHP+ countries where they exist. Target = 100%.



Support is based on country plans & strategies, including to strengthen Health Systems.



Insufficient data has been provided to enable a rating for this Standard Performance Measure.



This Standard Performance Measure was deemed not applicable to GAVI.



In 2009 100% of health sector aid was provided by the agency through programme based approaches - no change from 100%. Target = 66%.



Funding commitments are long-term.



In 2009 100% of health sector aid was provided by the agency through multi-year commitments - no change from 100%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 97% of health sector aid disbursements provided by the agency were released according to agreed schedules - an increase from 81% in 2005. Target = 90%.



Country systems for procurement & public financial management are used & strengthened.



This Standard Performance Measure was deemed not applicable to GAVI.



Insufficient data has been provided to enable a rating for this Standard Performance Measure.



This Standard Performance Measure was deemed not applicable to GAVI.



Resources are being managed for Development Results.



In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 0% of IHP+ countries where they exist. Target = 100%.



Mutual accountability is being demonstrated.



In 2009 the agency participated in health sector mutual assessments of progress in 0% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 40% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.

## DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This additional information is reported by the Agency to explain what specific actions it is taking to implement its IHP+ commitments to the 8 Expected Results, or to qualify its measures of progress.



### Commitments are documented and mutually agreed

In all IHP+ countries the GAVI Alliance is represented by partners at country level, and does not sign country compacts. GAVI expresses its strong support for country compacts through letters of support sent from the GAVI CEO to the Minister of Health of the compact country. Letters are posted on the GAVI website: <http://www.gavialliance.org/performance/harmonisation/index.php>



### Support is based on country plans and strategies that sufficiently address Health Systems Strengthening

GAVI does not track how much support is being reflected on budget. This has however been added to the template for countries' annual reporting. GAVI does not provide capacity development support to countries as such (this is provided by, and probably reported on by Alliance partners).



### Funding commitments are long-term

GAVI supports countries for the duration of the health and immunisation plan, and is therefore multi-year by design.



### Funds are disbursed predictably, as committed

Only in Burundi did GAVI see a decrease (from baseline to latest year) in the percentage of health sector spending disbursed within the year for which it was planned. Djibouti, Mali, Niger and Nigeria saw a distinct increase, while all other countries maintained 100% from baseline year.



### Country systems for procurement & public financial management are used & strengthened

GAVI support use of country systems. While countries have the option to self-procure vaccines, the vast majority choose to use the global procurement mechanism (via Unicef), to ensure quality and value. GAVI uses PFM systems, wherever possible, and does not use separate Project Implementation Units.



### Resources are being managed for Development Results

GAVI assesses results through Annual Progress Reports provided by countries which use existing national indicators, including for immunisation coverage rates.



### Mutual Accountability is being demonstrated

GAVI does not duplicate existing efforts by undertaking its own mutual assessments. GAVI also increasingly participates directly in the JARs (not just through partners at country level).



### Civil Society actively engaged

From 2007, GAVI has made available support for strengthening CSO participation in health sector policy processes to all GAVI-eligible countries (Burkina Faso, Djibouti, Mali, Nepal, Niger & Nigeria have not applied for this support). GAVI is also in the process of strengthening CSO engagement overall, and as part of this invited CSOs from Ethiopia, Nigeria, DRC & Burundi to a partners' meeting in Hanoi in November 2009.

## HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at [www.ihpresults.net](http://www.ihpresults.net)

**Countries where the Agency is reporting limited progress:** Where ratings of ➡ or ✓ for the minority of SPMs.

**Expected Results:** Reflect key commitments made in the IHP+ Global Compact.

**Progress:** Symbols illustrate whether the Agency has achieved ✓, is making progress ➡, or has not made progress ! against 12 SPMs.

**Specific points on interpreting progress:**

- **Comparability of ratings:** Five targets\* track change over time. For these, ➡ reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives !. These ratings should not be used to compare absolute performance between agencies. In all instances ✓ shows that the target has been met.

- **Scorecard ratings are aggregates** of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

\* Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see [www.ihpresults.net](http://www.ihpresults.net)