

## Management Response

<b>Evaluation Title</b>	Midterm evaluation of the global strategy to eliminate yellow fever epidemics (EYE), 2017-2026
<b>Commissioning Unit</b>	Evaluation Office
<b>Link to the evaluation Report</b>	<a href="#">Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017 - 2026, Volume 1: Report - January 2023 (who.int)</a>
<b>Evaluation Plan</b>	Organization-wide evaluation workplan for 2022–2023
<b>Unit Responsible for providing the management response</b>	EYE Secretariat, High Impact Epidemics, Health Emergencies Interventions, WHO Health Emergencies Programme on behalf of the EYE Leadership Group (Gavi, UNICEF, WHO) and Regional Offices.
<b>Date</b>	March 2023

<b>Recommendation</b>	<b>Response</b>	<b>Actions planned/reasons for rejection</b>	<b>Responsible/ timeframe</b>
<b>Recommendation 1:</b> Address critical capacity requirements for effective implementation of the EYE strategy by reviewing resources available at all levels (global, regional and country) based on the experience of implementation up to the midterm and engage in joint (WHO/PAHO, UNICEF, Gavi) resource mobilization efforts.	<p><b>Accepted with the following comments:</b></p> <p>Resource mobilization efforts will:</p> <ol style="list-style-type: none"> <li>1. Relate to the partnership, and to the regional and country levels.</li> <li>2. Have emphasis on unlocking and leveraging existing resources.</li> <li>3. Go beyond the vaccine component</li> <li>4. Rely on the definition of critical gaps and mapping of existing opportunities.</li> <li>5. Include tracking of the resources mobilized.</li> </ol>	<ol style="list-style-type: none"> <li>1. Map existing available resources and define critical needs at global, regional and country level.</li> <li>2. Start recruitment process of available funding opportunities to cover identified gaps.</li> <li>3. Mobilize resources to address uncovered critical needs.</li> <li>4. PAHO's immunization unit hired an international consultant for supporting activities related to yellow fever, started January 23 to December 15, 2023.</li> </ol>	<ol style="list-style-type: none"> <li>1 to 3. EYE Secretariat, AFRO, PAHO / by Q2 2023</li> <li>4. PAHO (IM/FLP). Hiring process completed, January 2023.</li> </ol>

		<p>5. Expand regional implementation support teams for deployment of the EYE strategy: hiring partners to conduct specific fieldwork activities in selected countries (Argentina, Ecuador, Peru, etc.) to strength routine immunization.</p> <p>6. Work with member states to integrate all the components of the surveillance, control and response to outbreaks. Special focus on Non Human Primate surveillance and clinical management will be considered. Revision of the current definition of “sylvatic” vs “urban” will be addressed based on situation observed at “peri-urban” areas.</p>	<p>5. PAHO (IM/FLP). Seven national consultants are on contract in Argentina, by January 2023. At least two more will be hired in Q1-2 for Ecuador and Peru.</p> <p>6. PAHO (PHE)</p>
<p><b>Recommendation 2:</b> Relaunch the EYE strategy for renewed political commitment and increased attention from all stakeholders to YF and Global Health Security by developing strong business cases, organizing high-level events and disseminating advocacy and communication materials more broadly.</p>	<p><b>Accepted with the following comments:</b></p> <ol style="list-style-type: none"> <li>1. Emphasis will be put on low-cost interventions and on leveraging existing communication and advocacy activities, and relevant fora.</li> <li>2. Business cases will take the form of advocacy packages based on a combination of existing materials such as risk analysis and modelling papers and reports, return on investments papers, field success stories and country case</li> </ol>	<p>1. Develop advocacy packages for country use based on existing material.</p> <p>2. Map all relevant events at global and regional level and ensure that information on the YF program is integrated when feasible, ideally with a dedicated session on EYE Strategy.</p>	<p>1. EYE Secretariat, AFRO, PAHO / Q2-Q3-Q4 of 2023</p> <p>2. Comms officers from Gavi, UNICEF HQ, US CDC, WHO HQ and EYE Secretariat (WHE+IVB), AFRO,</p>

	<p>studies (including the ones from the evaluation report).</p> <p>3. Overarching goal is to ensure that objectives are achieved by end of 2026, and that transition toward integration is prepared with a sustainability angle.</p>	<p>3. Develop a joined strategy with the Communications teams at PAHO and HQ level. Additionally, PAHO will convene a regional meeting to discuss the most important elements for YF surveillance and control.</p>	<p>PAHO, WCARO, ESARO / Q2 of 2023</p> <p>3. PAHO (PHE/IHM &amp; IM/FLP)-WHO / Q3-4</p>
<p><b>Recommendation 3:</b> Expand and diversify the EYE governance structure (coordination and decision-making bodies) and the EYE partnership for improved ownership, effectiveness and efficiency.</p>	<p><b>Accepted with the following comments:</b></p> <p>1. The governance update will ensure that EYE fora remain relevant and agile and geared toward above-mentioned point #3.</p> <p>2. New partners will be brought in at relevant levels of the governance structure, with varied levels of responsibilities and contributions.</p>	<p>1. Leadership group to discuss and review propositions by the PMG on the governance structure with the aim to increase country ownership, sustain regional leadership and accelerate implementation while maintaining the current agility of the structure.</p>	<p>1. EYE PMG, EYE Leadership group / second half of 2023</p>
<p><b>Recommendation 4:</b> Scale up the use of subnational risk assessments, conduct immunization gap analyses and implementation research of hard-to-reach communities and develop tailored outreach strategies to improve targeting of underserved, high-risk and vulnerable populations</p>	<p><b>Accepted with the following comments:</b></p> <p>1. Actions will have integrated, cross-cutting approaches as much as possible.</p> <p>2. Some actions will account for regional specificities.</p>	<p>1. All EYE implementing bodies engage to include in their annual workplans actions that will ultimately aim to improve targeting of underserved, high risk and vulnerable populations.</p> <p>2. Conduct implementation research and evidence-based investigations on outbreak root cause analysis and immunization gap analysis.</p> <p>3. Complete the evaluation assessment conducted to identify reasons for low</p>	<p>1. EYE Secretariat, AFRO IVD and WHE, PAHO, HQ UNICEF WCARO, and ESARO, RA WG, DS WG, VD WG, lab WG / annually</p> <p>2. EYE Secretariat, VD WG/ to start in 2023</p>

		<p>vaccination coverage and the gap in MMR1/YF vaccine in selected endemic countries.</p> <p>4.(PAHO) Plan bilateral meetings with the immunization focal point of each endemic country to start discussing the update of immunization plans for yellow fever vaccine and define strategies to address immunization gaps and under immunize risk groups.</p> <p>5.Define, support, and mobilize human and financial resources to deploy fieldwork in line with this recommendation in selected countries.</p> <p>6.Both Regional and National risk assessments in high-risk countries in Africa and America will be conducted periodically and according to the epidemiological situation.</p>	<p>3.PAHO (IM/FLP) Q1-Q2</p> <p>4.PAHO (IM/FLP) Q1</p> <p>5.PAHO (IM/FLP) Q4</p> <p>6.RA WG, PAHO (PHE/IHM-DVA &amp; FLP)</p>
<p><b>Recommendation 5:</b> Improve integration and synergies for maximum impact by: ensuring EYE representation in IA2030 structures; capitalizing on broader vaccine-preventable disease surveillance and vaccination efforts; and, at the same time, increasing linkages to vector control programmes and mapping</p>	<p><b>Accepted with the following comments:</b></p> <ol style="list-style-type: none"> <li>1. Emphasis will be put on low resource/high yield actions (“low hanging fruits”).</li> <li>2. Surveillance also includes the surveillance of <i>Aedes</i> and sylvatic vectors.</li> </ol>	<ol style="list-style-type: none"> <li>1. LG members, PMG members and EYE WG leads will represent EYE in the IA2030 governance entities where they are engaged in, seeking mutual enrichment and greater integration.</li> <li>2.Foster integration of the multiple components of yellow fever surveillance with existing vaccine-preventable and epidemic-prone disease surveillance capacity building efforts (e.g., revision of</li> </ol>	<ol style="list-style-type: none"> <li>1.LG, PMG, WG leads, AFRO, UNICEF HQ and RO/ to start 2023-2024</li> <li>2.WHO HQ, AFRO/ 2023-2026</li> </ol>

<p>other opportunities for multisectoral approaches</p>		<p>guidelines, tools, training manuals and workshop).</p> <p>3.Engage with other WHO units responsible for guidance on urban readiness, vector surveillance and control, OneHealth, climate &amp; health, migration &amp; health, implementation research and arboviral diseases, for collaborative work opportunities.</p> <p>4.The gap MMR1/YF vaccine is being include as a key indicator in the regional workplan for the "Reinvigorating Immunization as a Public Good for Universal Health" policy, to promote integration with IA2030 and synergy with other work groups.</p> <p>5.Strengthen human resources capability to analyse their own data at country and subnational level.</p> <p>6.Enhance vector surveillance particularly in peri-urban areas, closely to the epizootic surveillance.</p> <p>7.Conduct a study on the coverage differential between MCV1 and YF in 5 countries (Angola, Cameroon, Chad, Liberia and Niger).</p>	<p>3.EYE Secretariat</p> <p>4.PAHO (IM/FLP) Q2-Q3</p> <p>5.PAHO (IM/FLP) Q4</p> <p>6.PAHO (PHE &amp; CDE)</p> <p>7.UNICEF HQs/RO (Q2-Q4)</p>
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<p><b>Recommendation 6:</b> Continue efforts to ensure robust supply chains, including clear mitigation plans to address risk of inadequate vaccine supply, and improve attention to surveillance and coordination for improved detection and faster response to outbreaks.</p>	<p><b>Accepted with the following comments:</b></p> <ol style="list-style-type: none"> <li>1. This recommendation addresses three (3) distinctive elements which the EYE Leadership Group wish they had been differentiated: supply chains, global vaccine supply, and outbreak response.</li> <li>2. Actions to address this recommendation will include continued successful efforts to manage the global yellow fever vaccine supply.</li> </ol>	<p>1.Continued close monitoring of manufacturers' ability to supply planned quantities and enable mitigating actions to minimize risk of supply failures.</p> <p>2.Periodically review demand assumptions and share demand forecast with the manufacturers of YF vaccines.</p> <p>3.Speed up decision-making and implementation of outbreak response through multiple efforts involving:</p> <ul style="list-style-type: none"> <li>- Operational research and critical path analysis</li> <li>- Publication and dissemination of hands-on tools for countries such as the YF outbreak country guidance toolkit</li> <li>- Advocacy packages targeting countries and dedicated sessions</li> </ul>	<p>1.UNICEF SD/Gavi MS</p> <p>2.UNICEF SD</p> <p>3.WHO HQ/WHE and IVB departments / 2023-2024</p>

		<p>in workshops and in meetings where EYE will be showcased.</p> <ul style="list-style-type: none"> <li>- Training, including open WHO courses on YF and on ICG request development.</li> </ul>	
<p><b>Recommendation 7:</b> Revise the EYE M&amp;E framework and its monitoring approach before mid-2023 and address new research findings to guide and adapt implementation.</p>	<p><b>Accepted with the following comments:</b></p> <ol style="list-style-type: none"> <li>1. The timeline will be shifted to the end of 2023 to reflect prioritization of key actions to address the 8 evaluation recommendations.</li> <li>2. The revision of the M&amp;E framework will ensure that key region-specific indicators are captured</li> </ol>	<p>1.Revision of the EYE M&amp;E framework will be initiated after discussion on prioritization of key actions and will ensure that region-specific indicators are captured.</p> <p>2.Structure coordination between EYE M&amp;E and PAHO IM/FLP data management team to share and disseminate immunization data.</p>	<p>1.EYE Secretariat, AFRO, PAHO, PMG and EYE Tech WG, Q3-4 of 2023</p> <p>2.PAHO (IM/FLP)-WHO/ Q3-4</p>
<p><b>Recommendation 8:</b> Develop a three-year “EYE transition and sustainability framework” for the period 2024-2026 to prepare for the end of the EYE strategy by 2026.</p>	<p><b>Accepted with the following comments:</b></p> <ol style="list-style-type: none"> <li>1) This recommendation is two-pronged. <ol style="list-style-type: none"> <li>a) Actions will entail accelerated and proactive efforts over 2024-2026 to ensure that the EYE milestones are achieved by 2026 (EYE acceleration).</li> <li>b) Meanwhile, thinking will be initiated on what 2027 should look like, with ways of working gradually adjusted as relevant.</li> <li>c) 2026 will be a handover year.</li> <li>d) Defining interim milestones will keep EYE acceleration on track through 2026 and prepare for the transition.</li> </ol> </li> <li>2) Strong and sustainable region-specific strategies with global coordination</li> </ol>	<p>1.Develop a three-year action plan for EYE acceleration that also includes interim milestones.</p> <p>2. Develop a hand over plan for 2026 that will include region-specific strategies for sustainability.</p> <p>3.Strengthen human resources capability to analyse their own data at country and subnational level.</p>	<p>1.PMG, Q2 of 2023</p> <p>2.EYE Secretariat, AFRO, PAHO, GAVI, UNICEF, all tech WG, LG, PMG / Development of transition plan to start in 2025</p> <p>3.PAHO (IM/FLP) Q4</p> <p>4.PAHO (IM/FLP) Q4</p>

	<p>mechanisms will be included in efforts toward EYE acceleration, sustainability and transition efforts based on the COVID-19 experience.</p>	<p>4. Monitor yellow fever immunization program performance through the gap between MMR-1 and yellow fever vaccine.</p> <p>5. Implementing updated surveillance guidelines, including new elements (areas definitions, clinical management, genomic surveillance) will be a priority.</p>	<p>5. PAHO (PHE)</p>
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