

THE GLOBAL  
VACCINE ACTION  
PLAN (GVAP)  
2011-2020  
REVIEW AND LESSONS  
LEARNED

**ANNEX:  
THE GVAP MONITORING,  
EVALUATION AND  
ACCOUNTABILITY  
(M&E/A) FRAMEWORK**

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# PREFACE

The Global Vaccine Action Plan 2011–2020 (GVAP) was intended to catalyse a global drive to minimize the burden of vaccine-preventable diseases in every country. As 2020 approaches, a global effort is underway to define an immunization strategy for the next decade.

This report is intended to inform the design of the post-2020 strategy by taking stock of the approach taken by GVAP to Measurement, Evaluation, and Accountability (M&E/A). It describes the M&E/A framework, considers stakeholder feedback, and offers improvements to be considered for future immunization strategies.

This annex to the report *The Global Vaccine Action Plan and the Decade of Vaccines – Review and Lessons Learned*<sup>1</sup> was prepared for the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) by MMGH Consulting (MMGH) and The Task Force for Global Health (TFGH), under the supervision of the SAGE Decade of Vaccines (DOV) Working Group (WG).

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1. Strategic Advisory Group of Experts on Immunization. *The Global Vaccine Action Plan review and lessons learned*. 2019. <https://apps.who.int/iris/bitstream/handle/10665/329097/WHO-IVB-19.07-eng.pdf> [accessed 21 November 2019].



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# HIGHLIGHTS

The GVAP M&E/A framework defined indicators and targets to track progress against the GVAP goals' and strategic objectives, stakeholder commitments, and resources invested in vaccines and immunization, and established a cyclical process of monitoring, independent review, and recommendations for action.

Stakeholder feedback indicated that while the M&E/A framework was a step in the right direction, it did not meet all expectations. It kept immunization high on the global health agenda and stimulated efforts to improve data quality. However, it failed to promote greater accountability among countries and immunization partners.

Were the existing disease eradication, elimination and control goals established through the World Health Assembly (WHA) and Regional Committees to be carried forward, the timelines and milestones will need to be reset using an evidence-based approach to achieve the right balance between ambition and reality. Countries and regions should have a greater role in setting timelines and milestones, considering the status of their programmes and their plans to address shortfalls.

The monitoring and accountability process cannot be limited to the global and regional levels and must be replicated at the country level. Serious consideration may be given to a bottom-up approach to M&E/A. There should be clear and repeated communications about the scope and intent of the M&E/A framework so that roles and responsibilities are well-understood and correctly implemented.

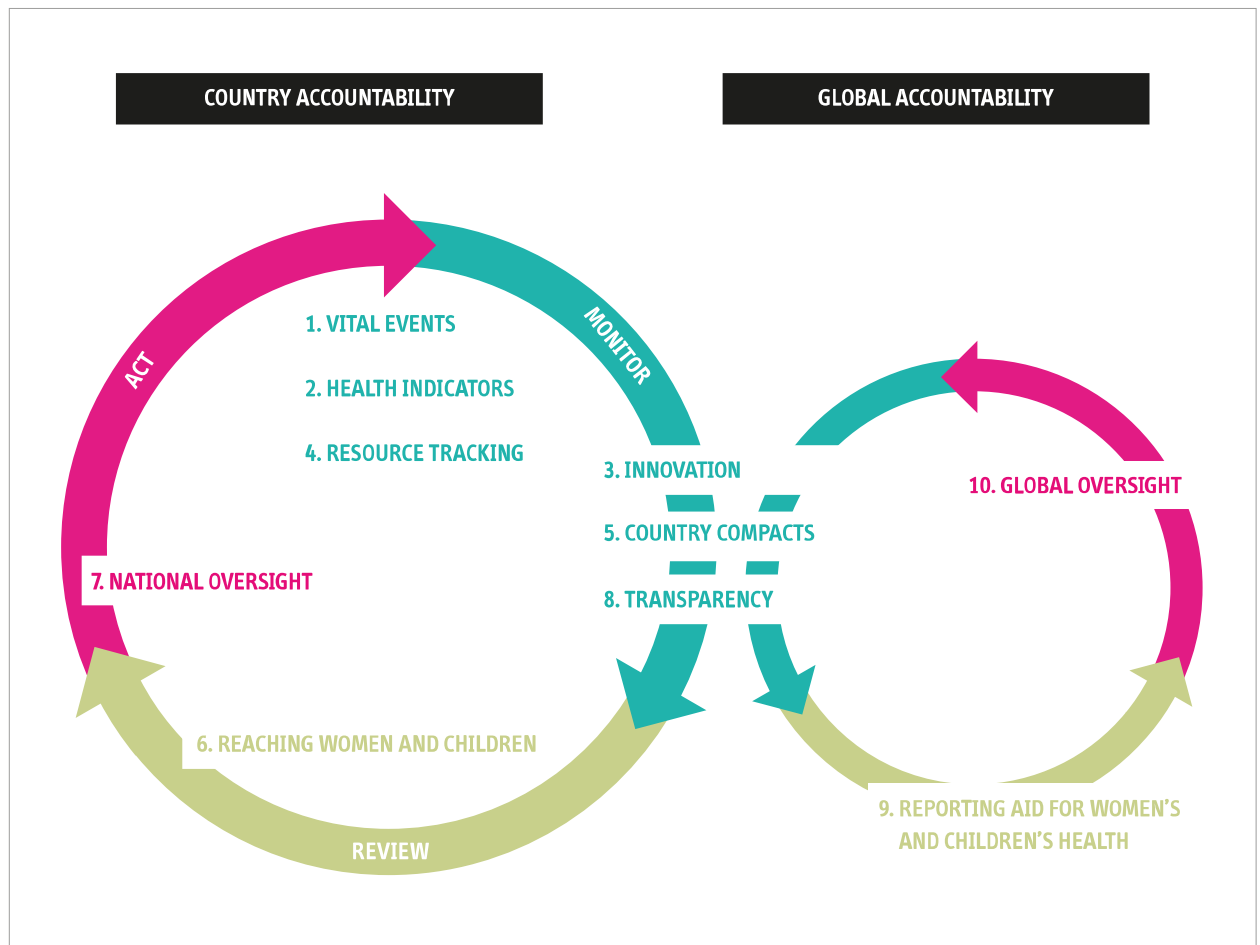
# INTRODUCTION

## An overview of the M&E/A framework

The M&E/A framework was meant to be one of the game changers when the GVAP was developed. In response to the call for leveraging the recommendations of the Commission for Information and Accountability (CoIA) of the United Nations

Secretary General's Global Strategy for Women's and Children's Health, GVAP adopted the process recommended by the CoIA (Figure 1). This consisted of a cyclical process of monitoring, independent review, and recommendations for action.

**Figure 1: The accountability framework for the UN Secretary General's Global Strategy for Women's and Children's Health**



Recognizing the limitations of enforcing accountability if limited to the global level, it was envisaged that the global accountability process would be replicated at regional and country levels.

## The M&E/A review process

The M&E/A framework aimed to monitor the following three domains:

1. Results (defined as progress against the GVAP goals' and strategic objectives' indicators)
2. Stakeholder commitments
3. Resources invested in vaccines and immunization

A small secretariat was established led by the World Health Organization (WHO), with participation from the Bill & Melinda Gates Foundation (BMGF), Gavi, the Vaccine Alliance (Gavi), the US National Institute of Allergy and Infectious Diseases (NIAID), and the United Nations Children's Fund (UNICEF) and with financial support provided by BMGF and NIAID.

In addition, an independent process for review was established through SAGE, which established a Decade of Vaccines (DoV) Working Group (WG) to conduct a detailed review and draft a report for consideration by SAGE. Following SAGE review and revision, the assessment report was presented to the World Health Assembly (WHA) through the WHO



Executive Board (EB) as well as to the independent Expert Review Group (iERG) for the UN Secretary General's Global Strategy for Women's and Children's Health (Figure 2).

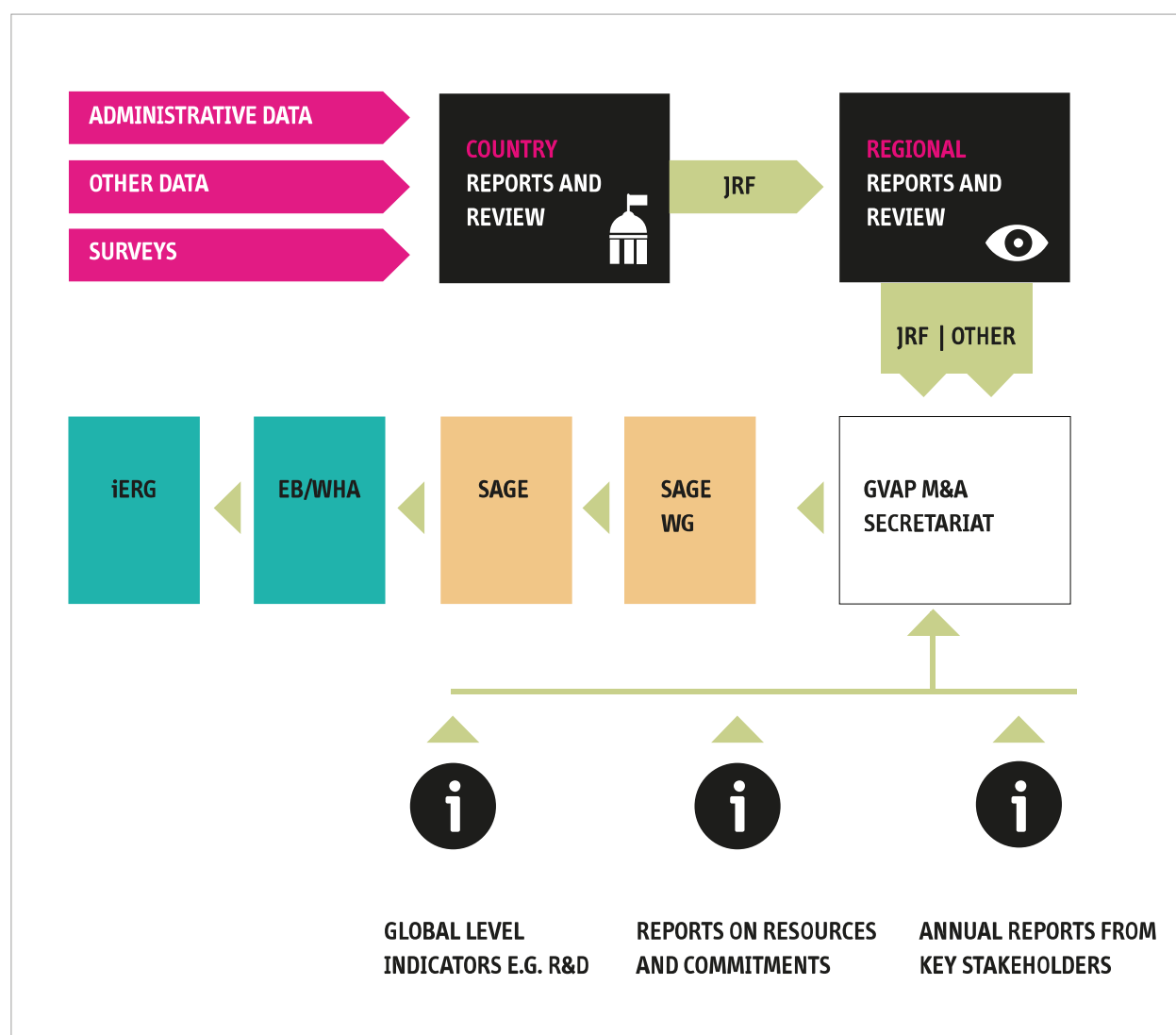
The monitoring indicators were initially defined by a technical group established by the DoV Collaboration. GVAP adopted existing global or regional goals and targets (e.g. vaccination coverage, polio eradication and elimination of measles and maternal and neonatal tetanus). In many instances, the timelines established for these goals were aspirational and meant to stimulate action. The fact that the goals and target dates were established through resolutions passed in WHO Governing Body meetings, limited the flexibility to adapt them to suit regional and national circumstances

Subsequently, the DoV secretariat developed operational definitions for measuring each indicator and identified the sources of data. The indicators, operational definitions, and sources of data were

published in the GVAP (Annex 6 of GVAP). It was agreed that no indicator would be developed for vaccine price trends, but rather a narrative report on vaccine price trends stratified by country income level and procurement source would be prepared annually for review by the SAGE DoV WG.

SAGE reviewed and approved all the global level indicators along with the operational definition for each indicator. The SAGE DoV WG was empowered to periodically review and revise the indicators and add new indicators, where they would bring added value. One of the limitations in establishing indicators was the request from countries that the process should not add to their already heavy reporting burden. Hence, indicators needed to be developed keeping in mind the existing sources of data reported from the country level. The annual reporting requirement with tight timelines also precluded primary data collection or the use of time and resource-intensive systematic literature reviews.

**Figure 2: GVAP: The Global M&E/A process**



The SAGE DoV WG established new indicators to monitor country capacity for monitoring adverse events following immunization, vaccine stock outs, and integration of immunization with other services. These indicators, along with operational definitions, were included in the secretariat reports once they were developed. The integration indicator went through several iterations. The indicator for Strategic Objective 2 ("Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility") also evolved over time. The latest versions of the indicators are found in the GVAP secretariat report 2019.<sup>12</sup> Finding sources of data to develop meaningful indicators was a challenge for monitoring vaccine hesitancy and integration. To note, for some of the GVAP strategic objectives, the quantitative indicators did not generate meaningful information for making actionable recommendations.

In the latter half of the decade, similar M&E processes were established in all WHO regions, with the independent review being conducted by the Regional Immunization Technical Advisory Groups (RITAGs). The reports were presented to the respective Regional Committees, though not necessarily on an annual basis or as substantive agenda items. Information on country level monitoring processes is not available, though it appears likely that such processes were not established in many countries.

The SAGE assessments mainly focused on monitoring results. This consisted of reviewing progress against the GVAP goals using the progress against Strategic Objective (SO) indicators for information, to understand some of the root causes for progress or the lack of it. During the latter part of the decade, the progress reports were supplemented by case studies on individual priority countries<sup>3</sup>. These were based on desk reviews of country level assessments (e.g. EPI reviews, post-introduction evaluations. Surveillance reviews, Gavi Joint Assessments, Essential Vaccine Management Assessments etc.) to obtain richer qualitative data to facilitate a better understanding of some of the root causes.

An attempt was made to jointly monitor stakeholder (countries and immunization partners) commitments and resource investments with the Global Strategy for Women's and Children's Health. However, it was only possible to obtain self-reported data from countries on immunization expenditures. It was not possible to obtain immunization-specific expenditure data from other stakeholders; in many instances, stakeholder commitments were made broadly for health programme and granular data to assess financial commitments for immunization were not available. There were limitations with the quality of self-reported country data of immunization expenditures, especially on delivery costs because of difficulties with disaggregation of shared programme costs. Hence, reliable expenditure data was mainly limited to vaccine expenditures. Similarly, self-reported data on non-financial commitments were either not immunization-specific or not of sufficient quality to allow an assessment of the extent to which commitments were met.

The annual secretariat reports included a chapter on the civil society organization (CSO) activities in an attempt to capture their engagement in supporting immunization programmes at national and subnational levels. The Gavi CSO constituency was used as a platform to obtain the annual reports. Other important actors were also invited to submit a summary of their organization contribution toward attaining GVAP goals.

There was no formal process to assess the relevance of the SAGE recommendations at the country level or to follow up on the implementation of the SAGE recommendations, especially at the country level. The GVAP secretariat agencies annually reported to the SAGE DoV WG on actions taken on recommendations addressed to them. Self-reporting from other stakeholders was encouraged, though only a limited number of stakeholders reported.

At the global level, meetings with health delegations of individual or groups of countries were held during the WHA to discuss progress, or the lack of it, and to advocate for action against SAGE recommendations. Beyond this, at the global level, there were no other mechanisms to implement accountability. In the latter half of the decade, monitoring by the RITAGs resulted in an accountability process at the regional level.

2. Global Vaccine Action Plan Secretariat Report 2019. [www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/GVAP\\_secretariat\\_report\\_2019.pdf](http://www.who.int/entity/immunization/global_vaccine_action_plan/GVAP_secretariat_report_2019.pdf) [accessed 25 November 2019].

3. [https://www.who.int/immunization/global\\_vaccine\\_action\\_plan/web\\_country\\_reports\\_gvap\\_2017.pdf](https://www.who.int/immunization/global_vaccine_action_plan/web_country_reports_gvap_2017.pdf) [accessed 25 November 2019].

# FEEDBACK FROM THE STAKEHOLDER INTERVIEWS AND SURVEYS

Stakeholder feedback on the M&E/A framework, the monitoring process and its impact was obtained through surveys and interviews carried out 2017–2018, as well as an online survey and in-depth interviews carried out in 2019 as part of the GVAP evaluation process.<sup>4</sup>

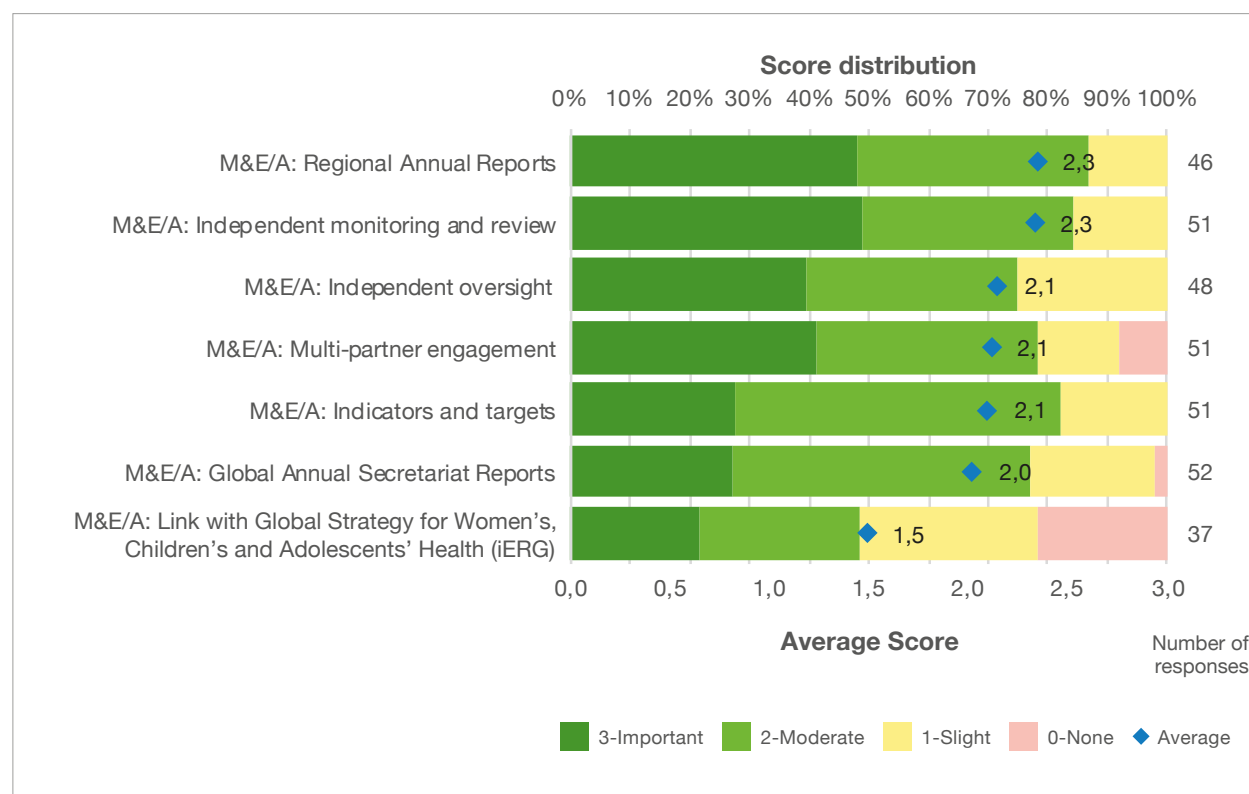
As would be expected in any such process, the responses were mixed and contradictory at times, especially in the in-depth interviews. The responses through the online survey indicated a predominantly positive response to the M&E/A framework, process and outcomes (Figure 3), in which respondents were asked to rate the importance of GVAP to improving immunization on a scale of 0 – 3, with 3 representing important contribution, 2 representing moderate contribution, 1 representing slight contribution, and 0 representing no contribution.

## Overall framework

Several respondents felt that the M&E/A framework was a step in the right direction and stated that this was the first time there was a common framework for all regions and countries, and a systematic process to review progress. It was noted that while it entailed a lot of work, it was “worth it”. It was also noted that through the use of the framework, M&E was mainstreamed with most countries contributing data.

However, it was also stated that the framework was more adapted for countries that have the resources to implement the recommendations for corrective actions.

**Figure 3: Summary of feedback from the online stakeholder survey**



4. Report on GVAP review and lessons learned: Methodology, analysis and results of stakeholder consultations. [www.who.int/immunization/global\\_vaccine\\_action\\_plan/GVAP\\_review\\_annex\\_SC.pdf](http://www.who.int/immunization/global_vaccine_action_plan/GVAP_review_annex_SC.pdf), accessed 21 November 2019

## Indicators and targets

As stated earlier, GVAP adopted existing global goals and targets. However, the aspirational timelines were beyond the reach of some countries.

Several interview respondents highlighted the need to balance global aspirations and regional and national realities.

Reflections on the new indicators and targets in the GVAP were varied. While the Research & Development (R&D) indicators were perceived as working well, it was perceived that the outputs of several of the SO indicators were difficult to interpret and did not lead to any meaningful recommendations.

Some respondents also indicated that the indicators did not provide enough information on the root causes to allow more specific recommendations for corrective actions. It was also noted that the progress report results were sometimes difficult to interpret and did not lead to meaningful recommendations and that there was a need for more process indicators.

## The impact of the M&E/A reports

There were mixed responses on the visibility of these reports, with some respondents claiming that they were unaware of the reports and that they were not visible at the country level. Others, both at regional and country levels, showed awareness of the reports and were able to cite examples from them. It was reported that the regional EPI managers meetings were sometimes organized around the reports, with pressure being applied on countries who were falling short of targets set by the respective RITAGs. Even when there was awareness of the reports, there was a perception that they were not fully read; some felt that the reading was limited to the Executive Summary. However, the interventions during the WHA indicated that at least a few people in the country had read the SAGE assessment reports in detail. The same may not have been the case for the more detailed and lengthy secretariat reports.

There were mixed responses on the annual reporting process through the WHA with some respondents indicating that the annual WHA discussions served to keep immunization high on the agenda and focused the attention of the Ministers on the key issues. Others were more sceptical and felt that once the Ministers returned to the country, there was no follow up action. It was pointed out that depending on the WHA as the sole touch point for communications was too narrow of an approach and there needed to be a shift towards greater country ownership.

Some respondents felt that the SAGE recommendations were not specific enough to be actionable and that, there were no mechanisms or resources to follow up and monitor the implementation of the recommendations at the country level. This was highlighted as a key shortfall of the M&E/A process.

There appeared to be a convergence of views about the failure of the accountability process, though it was unclear what the expectations were in terms of holding stakeholders accountable, especially at the global level. One respondent clearly felt that unless there was a financial whip, accountability would be difficult to implement, citing the example of the polio eradication accountability process.

There was a suggestion that there should be a shift to greater country ownership in the monitoring and review processes to ensure accountability.

# DISCUSSION

As stated earlier, the responses from the interviews were mixed and often contradictory. Though mixed and contradictory feedback is expected in such exercises, and indeed valued in some instances, the responses indicated a lack of awareness of the details of the framework and the expectations of how the process was meant to work. There also appeared to be a lack of knowledge and appreciation of the unsuccessful attempts to monitor stakeholder commitments and resource allocations. This indicates a failure of communications and advocacy about the framework and in managing expectations about what it could and could not achieve. There was also a failure to communicate and support what needed to be done at the country level to make the whole process work. The fact that there were meant to be cyclical approaches at global, regional AND country levels was not clearly communicated to all stakeholders and may have contributed to the lack of commensurate actions.

## Was the M&E/A framework fit for purpose?

There was a clearly articulated need for a common M&E/A framework and this was a step in the right direction on the part of the GVAP, though there were lessons to be learnt to make the framework more fit for purpose, especially at the country level where actions are most required.

The need for greater country level ownership and participation was highlighted and the failure to systematically promote country level M&E/A cycles was one of the major shortfalls of the M&E/A process. Similarly, new mechanisms to monitor stakeholder commitments at all levels may need to be explored. The possibility of success in monitoring commitments and holding relevant non-Governmental stakeholders accountable is greater when done at the national, rather than regional or global levels. In countries where they exist, the Interagency Coordination Committees (ICC) or the NITAG could serve as a forum to conduct such monitoring.

## Were the indicators and targets appropriate?

Though the need to maintain existing global goals and targets was acknowledged, it was also noted that these were meant to be aspirational and were not achievable in the expected timelines in many countries. The feedback from the stakeholder interviews and survey indicated that the timelines needed to be adjusted according to the baseline status of countries and interim milestones established to monitor the incremental progress. The use of an evidence-based approach to set timelines and milestones is clearly needed to achieve the right balance between ambition and realism. It is to be noted that realistic goals are essential in order to hold anyone accountable. The SAGE assessment reports chose to put greater attention to the achievement of binary indicators (e.g. was eradication achieved?), though several respondents felt that equal attention was required for indicators that highlight the incremental progress being made against some goals and targets.

While there was a call for more process indicators, it has to be noted that several of the SO indicators were input and process indicators. The limitation to not increase the reporting burden on countries and the tight timelines for the annual reporting process made it challenging to get to the root causes. Furthermore, the quality of reported data often made it difficult to interpret data and draw inferences. However, an attempt was made to better understand the root causes in select countries through desk reviews of programme evaluation reports.

## **The reporting process and SAGE recommendations**

The annual reporting to the WHO Governing Bodies served an important purpose by keeping immunization high on the global health agenda and in keeping all the global stakeholders engaged. However, the development of the secretariat report was a resource intensive process that had to be completed in a short time window from when the data became available to when the report had to be ready for the SAGE WG review. In order to overcome some of the time limitations, the WG review was initiated through teleconferences where sets of indicators were reviewed and discussed as the data became available. The teleconferences led to the shortlisting of issues that were flagged for more detailed discussions at the in-person meeting of the WG. These resulting discussions around specific thematic issues allowed for framing more targeted and actionable recommendations in the later assessment reports, avoiding the long list of recommendations in the early assessment reports. There is scope for further streamlining and formalizing such a process for monitoring the post-2020 strategy.

## **Did the M&E/A framework achieve its objectives?**

The feedback indicated that while the M&E/A framework was a step in the right direction, it did not fully meet all expectations. It did serve to keep immunization high on the global health agenda and stimulated efforts to improve data quality. However, it failed to promote greater accountability among stakeholders, i.e. countries and immunization partners.

It is unclear whether there was a full understanding among the respondents of the challenges and complexities of implementing an accountability process at the global level. The original description of the accountability process was a cyclical process that included monitoring, an independent assessment and recommendations for action.

Given the complexities of doing this at the global level, shifting the ownership of the M&E/A process to the country level, in order to foster accountability merits serious consideration. A bottom up approach to monitoring and accountability, rather than the top down approach used with GVAP could potentially be a more successful model.

## **Summary Observations**

There was a convergence of opinions on the need for a M&E/A framework accompanying the post-2020 strategy. Based on the evaluation, the following points merit consideration:

- Were the existing disease eradication, elimination and control goals established through the World Health Assembly (WHA) and Regional Committees to be carried forward, the timelines and milestones will need to be reset using an evidence-based approach to achieve the right balance between ambition and reality, and with due consideration to the baseline status and a realistic trajectory for progress.
- The M&E/A framework should not be limited to outcome and impact goals alone but include process indicators that would allow measurement of incremental progress and setting of milestones, and/or provide insights into some of the root causes for success or failure.
- Countries and regions should have a greater role in setting timelines and milestones, considering the status of their programmes and their plans to address shortfalls.
- The monitoring and accountability process cannot be limited to the global and regional levels and must be replicated at the country level if one is serious about accountability. Serious consideration may be given to a bottom-up approach to M&E/A. Some countries will require technical support in establishing such processes at the national level.
- A thematic focus for each annual assessment could allow for a shorter list of more focused and actionable set of recommendations whose implementation could be monitored more easily.
- There should be clear and repeated communications about the scope and intent of the M&E/A framework so that roles and responsibilities are well-understood and correctly implemented.





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