

1. The World Bank-GAVI Partnership and the Purpose of the Review

1.1 The new World Bank Group strategy makes a strong case for an expanded World Bank Group role in global and regional dialogue and collective action (World Bank 2013). It argues that addressing complex development challenges requires partnering with private, public, multilateral, and civil society actors. Global partnerships such as GAVI complement the Bank's country-led business model by addressing critical global issues and helping countries achieve specific Millennium Development Goals (MDGs).

1.2 GAVI's mission is to increase access to immunization in poor countries. The Bank is a founding member and has made several substantial contributions to GAVI. GAVI is one of the Bank's largest partnership programs in financial terms, and possibly its most complex. The Bank has three major roles in GAVI: development partner, as another donor active in health and immunization; financial partner, helping to establish and manage two major innovative financial vehicles on behalf of GAVI; and corporate governance partner, as voting member on the GAVI Alliance Board.

Evolution of GAVI

1.3 GAVI was launched in 2000 as a partnership of public and private organizations with a mission "to save children's lives and protect people's health by increasing access to immunization in poor countries." (Cambridge Economic Policy Associates (2010). GAVI pools donor resources to fund vaccine introduction programs, supports the development of new and underused vaccines, and improves vaccine delivery by strengthening health systems. GAVI's current strategy emphasizes rapid introduction of new vaccines and has renewed its focus on vaccine market shaping (reducing vaccine costs).

1.4 GAVI's founding structure was designed as an informal alliance of partners with a shared mission, a dual governance structure with GAVI on the programmatic side and the Vaccine Fund (later called the GAVI Fund) on the financial side, and a small secretariat based at the United Nations Children's Fund (UNICEF) office in Geneva. The World Bank, the World Health Organization (WHO), UNICEF, and

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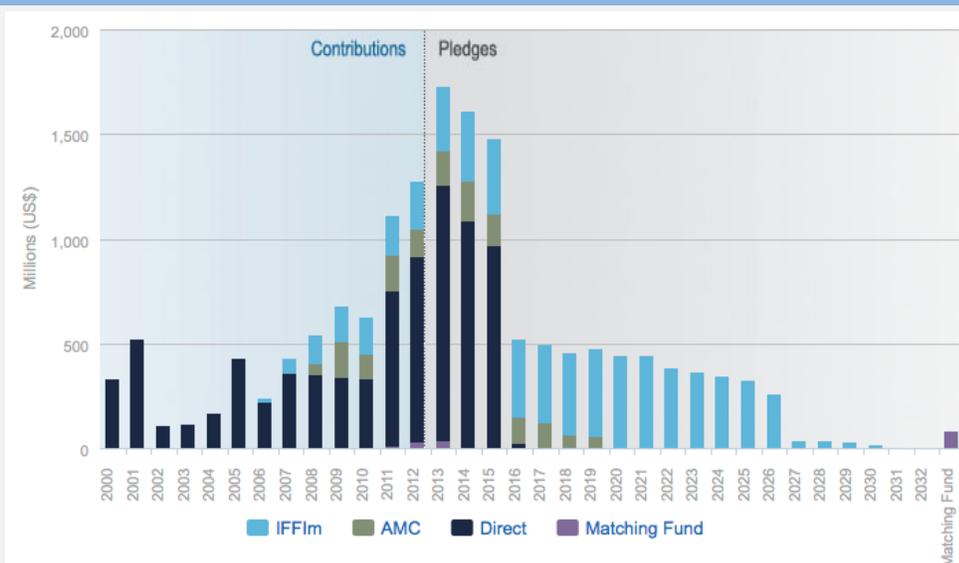
Gates Foundation are founding members of GAVI and still hold permanent seats on the GAVI Alliance Board.

1.5 Over time, GAVI has become more formal with a single governance structure and a more independent secretariat in response to its increased programs, resources, and responsibilities. As discussed in chapter 4, GAVI was restructured in 2008 and transformed from an informal partnership hosted by UNICEF and operating under international law into an independent foundation anchored under Swiss national law (but with a headquarters agreement with the Swiss government that affords it certain privileges and immunities) and located in Geneva. Administrative services were subsequently moved from UNICEF to a new GAVI corporate secretariat.

Funding and Results

1.6 GAVI receives funds from both direct contributions from donor governments, the Bill and Melinda Gates Foundation and other private donors, and from innovative financing mechanisms, namely the International Finance Facility for Immunisation (IFFIm) and the pilot Advance Market Commitment (AMC) for pneumococcal vaccines (see glossary) (Figure 1). The Bank has made substantial contributions to these two mechanisms, as discussed in Chapter 2. GAVI also has a Matching Fund that matches corporate donations.

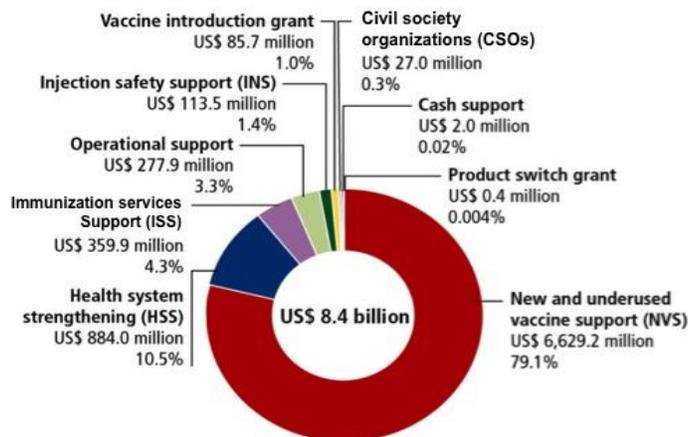
Figure 1. Contributions and Pledges to GAVI (2000 - Present)



Source: GAVI Alliance Website.

1.7 Since its inception, GAVI has committed US\$8.4 billion for vaccine support and immunization-related, health-sector development and disbursed over US\$6 billion to 76 countries, making GAVI the third largest multilateral funder in health, after the Global Fund and the World Bank.¹ From a country perspective, GAVI is considered a donor with a categorical (single-purpose) mandate, without strong field presence, instead relying heavily on partners, such as UNICEF and WHO, to support country activities. Most support is for the vaccines themselves, with some funding also going to health systems strengthening, immunization services, and other programs (Figure 2). Annual commitments by GAVI have increased from US\$26 million in 2001 to US\$700 million in 2011. To be GAVI-eligible, countries must have per-capita Gross National Income (GNI) below US\$1,570 (adjusted annually for inflation); as of April 2014, 53 countries were eligible for GAVI support.² These countries can apply for any of GAVI's support programs.

Figure 2. GAVI's Commitments to Countries (from inception until August 31, 2013)



Source: GAVI Alliance Website.

1.8 GAVI's funding and capacity building have been credited with contributing to substantial increases in vaccination rates in low-income countries. Over the 2000-2013 period, GAVI support has contributed to the immunization of an estimated additional 440 million children and the global immunization coverage rates have increased from 70 to 83 percent, which has been essential in the continuous decline in the global under-five mortality rate.³ External evaluations in 2007 and 2010 of GAVI highlight that, in addition to improving access to vaccines, GAVI has

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contributed to strengthening health systems, improving vaccine storage and delivery, getting immunization onto national and international health agendas, and stimulating vaccine research and development.⁴

1.9 External evaluations conclude that GAVI's rising profile and advocacy have raised the issue of immunization at the international level. The Decade of Vaccines (2011-2020) envisions "a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases" by extending "the full benefit of immunization to all people, regardless of where they are born, who they are, or where they live."⁵ In May 2012, the Sixty-fifth World Health Assembly adopted the Global Vaccine Action Plan which calls on stakeholders, including the World Bank, to take actions in order to achieve the vision for the Decade of Vaccines. The Global Vaccine Action Plan proposes six strategic immunization objectives:

- all countries commit to immunization as a priority;
- individuals and communities understand the value of vaccines and demand immunization as their right and responsibility;
- the benefits of immunization are equitably extended to all people;
- strong immunization systems are an integral part of a well-functioning health system;
- immunization programs have sustainable access to predictable funding, quality supply, and innovative technologies; and
- country, regional, and global research and development innovations maximize the benefits of immunization.

1.10 Actions called upon to which the World Bank could contribute include: coordinate synergies between immunization and other health services; promote sustainable national funding; pursue innovative financing and procurement mechanisms; improve technical assistance to strengthen immunization and health systems; and promote equity and affordability for low- and middle-income countries.⁶

1.11 Thus, the international development community has called upon the World Bank to contribute its expertise toward shared immunization goals. Doing so would appear to be in line with the World Bank Group strategy and its emphasis on partnership and would build on the Bank's first-rate contribution to set up innovative finance for immunization. Yet this review finds that the reality is rather the opposite: the Bank has diminished its activities in immunization, at least for some time.

1.12 Several external evaluations and assessments have reviewed GAVI's performance. The latest full evaluation, the Second Evaluation Report completed in

2010, focuses primarily on GAVI's strategic period from 2006 to 2009. The evaluation praises GAVI for: attracting increased funding for immunization, the development of innovative financial instruments, the accelerated introduction of vaccines in low-income countries, and the country ownership approach. GAVI's support is described as cost-effective and life-saving. The evaluation also discusses weaknesses of GAVI's strategy and performance framework, particularly how GAVI's activities have been insufficiently aligned with its strategy.⁷ The report notes the need for better prioritization of secretariat and partner resources, GAVI's failure to prioritize monitoring and evaluation (M&E), and the poor accountability between GAVI and its implementing partners. The report also highlights GAVI's weak performances in reducing vaccine prices and its issues with the Health Systems Strengthening (HSS) delivery model. Furthermore, the report notes that GAVI's choice of vaccines and basic funding model has adverse implications for country financial sustainability.⁸

1.13 In recent years, some development partners have assessed GAVI in terms of value added, aid effectiveness, and alignment and relevance to their development objectives. The United Kingdom Department for International Development (DFID) Multilateral Aid Review 2011 assessed 43 organizations on relative value for money spent. GAVI is rated as "very good value for money" for delivering cost-effective health interventions, being innovative and transparent, and taking a country-led approach. The review also notes that GAVI needs to focus on further reducing vaccine prices. Sweden's 2011 assessment rates GAVI as highly relevant to Swedish development assistance policy, stating that it has a very high level of internal and external effectiveness with an efficient and responsive secretariat. Australia's Multilateral Assessment of GAVI from 2012 rates GAVI highly on delivering results, transparency and accountability, partnership behavior, cost and value consciousness, strategic management and performance, contribution to the multilateral system, and alignment with Australia's interest.

Purpose of the Review

1.14 The Independent Evaluation Group (IEG) undertook this review because global partnerships are strategically important to the World Bank Group, and the GAVI Alliance is one of the largest global partnership programs in which the Bank is involved. GAVI is a major player in global health; it is one of a growing number of large partnerships that finance country-level investments to help countries achieve specific MDGs that have inclusive governance structures, and that subscribe to the 2005 Paris Declaration on Aid Effectiveness (other such programs include the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Climate Investment Funds; and the Global Program for Education).

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1.15 This review focuses on the Bank-GAVI relationship and assesses the performance of the Bank in the three major roles that the Bank plays in GAVI:

- Financial partner: what has been the Bank's performance in financing GAVI, chiefly in helping to establish and manage the treasury and other functions of its innovative financial vehicles, the International Finance Facility for Immunisation (IFFIm) and the pilot Advanced Market Commitment (AMC) for vaccines?
- Development partner at global and country levels: what is the relevance of the World Bank to GAVI and of GAVI to the Bank? How has the Bank engaged with GAVI at the country level? What has been the experience of the Bank and GAVI in relation to the changing international aid architecture for health?
- Corporate governance partner and founding member of the GAVI Alliance: how has the Bank fulfilled its roles as a founding member and full voting board member of GAVI since inception, and how has it managed the potential conflicts of interest among the Bank's multiple roles in the Alliance? What has been the impact of GAVI's 2008 governance reform on its partnership with the Bank?

1.16 The review aims to provide strategic inputs into the Bank's partnership with GAVI, draw broad lessons for the Bank's involvement with other global health partnerships, and, along with IEG's other work on partnership programs, inform the Bank as to how well its regional and global engagements align with the World Bank Group twin goals. Such alignment is a key component of the new Bank Group strategy, which notes that "global engagements represent an important opportunity for the World Bank Group to make an impact on development, but this rapidly growing role also places additional demands on the Bank Group that it must ensure are aligned with the goals."⁹ Improved alignment and stronger engagement between the Bank and GAVI was also emphasized in the Bank's 2007 Health-Sector Strategy.¹⁰ This review also seeks to add value to the World Bank and GAVI beyond what is contained in the two evaluations of GAVI (neither of which specifically address the Bank's role and performance), and the evaluation of IFFIm. The review builds on IEG's experience in reviewing the Bank's involvement with a growing number of Partnership Programs.¹¹ The review does not assess the effectiveness of GAVI, its financing mechanisms, and its corporate governance.

1.17 This review is structured as follows: Chapter 2 reviews the Bank's performance in financing GAVI. Chapter 3 assesses the Bank's role as global and country-level development partner. Chapter 4 discusses how the Bank has contributed to GAVI's corporate governance. Chapter 5 draws conclusions and lessons. Annexes contain supportive evidence.

Data, Methodology, and Timeframe

1.18 The review covers the period from 2000 to mid-2013, but with a focus more on the recent phases from GAVI's Phase II (2007) to the present Phase III. Developments in the relationship between the World Bank and GAVI since mid-2013 are also noted in this review.

1.19 The review applies IEG's standard global program review methodologies which IEG developed over several years and applied in its reviews of 23 global partnership programs with World Bank participation. Following the evaluation framework outlined in the Approach Paper, the following primary data and information were gathered, analyzed, and triangulated using IEG best practice evaluation methodologies:

- Document review of the GAVI and World Bank strategies and operations in the health sector, including the role of the health sector in the Bank's country assistance strategies;
- Portfolio review of the Bank's immunization-related, health-sector operations;
- Document review of GAVI, IFFIm, and AMC Evaluation reports;
- Electronic survey of Bank staff managing immunization activities;
- Structured interviews, mostly face-to-face and using a common question outline, of key staff and management in GAVI, World Bank, UNICEF, WHO, and other partners. In the Bank and GAVI, these interviews covered nearly all of the managers and key staff responsible for or involved in the relationship (see list of interviewees in Annex G);
- Interviews with select GAVI board members;
- Missions to Ethiopia, Indonesia, Nepal, and Tajikistan; discussions in Ghana. Interviews with staff from the Bank, and partner agencies, and countries' Ministries of Health and Finance;
- Review of the academic literature on the AMC; Review of the Bank's immunization portfolio.