

# **Assessment of factors influencing the utilization of external COVID-19 vaccine delivery funding**

Inception Report for UNICEF

David Hoole and Caroline Hughes

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Oxford Policy Management Limited  
Registered in England: 3122495

Level 3, Clarendon House  
52 Cornmarket Street  
Oxford, OX1 3HJ  
United Kingdom

Tel: +44 (0) 1865 207 300  
Fax: +44 (0) 1865 207 301  
Email: [admin@opml.co.uk](mailto:admin@opml.co.uk)  
Website: [www.opml.co.uk](http://www.opml.co.uk)  
Twitter: [@OPMglobal](https://twitter.com/OPMglobal)  
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## Preface

**The development and rollout of COVID-19 vaccines was the fastest in immunisation history.** The novel coronavirus was first detected in China in December 2019, from where it spread rapidly to other countries around the world. The WHO declared a pandemic in March 2020. Many countries had approved COVID-19 vaccines for use by the end of December 2020, however the pandemic also revealed large inequities in access to vaccines. At the end of 2021, one year after the introduction of vaccines, while 47% of the global population had received the primary series vaccine, coverage in lower-middle income was only 36% and in low-income countries only 6% of the population had been vaccinated.

**Low and lower-middle income countries were supported to introduce, roll-out and scale up COVID-19 vaccination by a wide range of external partners.** The United Nations Children’s Fund (UNICEF), the World Health Organisation, and Gavi, the Vaccine Alliance, supported countries through the Country Readiness and Delivery (CRD) workstream of COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator (ACT-A, a G20 initiative). This support included technical guidance on national vaccine roll-out plans, coordination of information flows across partners, and access to funding. During 2021, COVID-19 vaccine supply constraints were the main bottleneck to scaling up global vaccinations and slowing transmission of the virus. By December 2021, the global supply of vaccines was no longer a binding constraint and the main challenge had become vaccine delivery.

**Once large volumes of vaccines started to become available, UNICEF, WHO and Gavi established the COVID-19 Vaccine Delivery Partnership (CoVDP).** This focussed on a sub-set of 34 countries that were at or below 10% primary series vaccine coverage in January 2022. Building on the CRD workstream of COVAX, the partnership brought the three agencies together under one organisational umbrella for strategic and operational alignment for vaccine delivery. A substantial number of donors and development partners provided financial resources to support vaccine delivery in low-income and lower-middle income countries. The CoVDP was a mechanism that emerged to better support donor coordination in support of COVID-19 vaccine delivery in those countries with the lowest vaccination rates. The partnership formally closed and transitioned back into its partner agencies, incorporating lessons learned, in June 2023.

**This report presents a framework for undertaking a review of factors influencing country utilization of external financing for COVID-19 vaccine delivery.** While the study will look at the operational mechanisms employed by external partners to support external financing for vaccine delivery, its focus is on their function and appropriateness in relation to country-level factors.

The core team members for the assignment are David Hoole, Caroline Hughes, Faisal Rashid, Ken Ene, and Owen Willcox – all staff at Oxford Policy Management (OPM). The OPM reference number for the project is A5611. The OPM contact is Rachel Denton: [rachel.denton@opmi.co.uk](mailto:rachel.denton@opmi.co.uk). The client contact is Nikhil Mandalia: [nmandalia@unicef.org](mailto:nmandalia@unicef.org).

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# 1 Introduction

**During the COVID-19 pandemic UNICEF was a key implementing partner of COVAX**, the vaccines pillar of the Access to COVID-19 Tools Accelerator (ACT-A, a G20 initiative). UNICEF's role covered the procurement and supply of COVID-19 vaccines and support for vaccine delivery. At the global level, UNICEF worked extensively on costing and financing aspects of COVID-19 vaccine delivery. This included modelling delivery costs for low- and middle-income countries, technical assistance for budget development, country-specific studies on vaccine delivery, and tracking external financing.

**UNICEF played a leading role in global efforts to accelerate COVID-19 vaccinations in low and lower-middle income countries.** The COVID-19 Vaccine Delivery Partnership (CoVDP) – a joint initiative of UNICEF, WHO and Gavi – focussed on vaccine delivery in a sub-set of 34 countries at or below 10% primary series coverage in January 2022. A substantial number of donors and development partners provided financial resources to support COVID-19 vaccine delivery in low-income and lower-middle income countries. The Partnership assisted countries in planning and budgeting for COVID-19 vaccine delivery and in coordinating donor and development partner support for vaccine delivery activities. These efforts aimed to enhance the harmonisation of external resources for country-specific vaccine delivery activities.

**Despite these efforts and significant external funding for COVID-19 vaccine delivery, there have been challenges in accessing and utilizing these funds in some countries.** The fragmentation of funding presents challenges for governments, particularly in cases where their capacity for engagement and coordination is limited. Gaining a comprehensive understanding of these issues is crucial not only for the continued implementation of COVID-19 vaccine delivery but also for better preparedness in future pandemic scenarios.

## 1.1 Purpose and objective

**The purpose is to conduct an assessment of factors that influence country prioritization and utilization of external financing for COVID-19 vaccine delivery.** The study team will collaborate with relevant stakeholders at country, regional and global level to evaluate the utilization of external funding in three case study countries – Nigeria, Pakistan, and Zambia. The project terms of reference are attached at Annex A.

**The objective is to comprehensively document factors that determine government preferences for and utilization of external funding for COVID-19 vaccine delivery**, with assessment of the following factors:

- Government access to, and perceptions towards external financing for COVID-19 vaccine delivery. i.e. was it regarded as relevant?
- Donor mechanisms for channelling support towards country vaccine roll-out efforts, and processes related to the disbursement of funds. i.e. was it efficient?
- Governance, coordination structures and engagement mechanisms between donor entities, development partners and the government. i.e. was it managed coherently?
- Quality of funding in relation to its suitability and alignment with the short, medium, and long-term strategic priorities of the recipient country. i.e. did it contribute towards sustainable vaccine delivery?

## 2 Background

### 2.1 Global-level financing for vaccine delivery

**The largest vaccine operation in history required large scale coordination and cooperation**, particularly in countries dealing with humanitarian emergencies and fragile health systems. In April 2020, the Access to COVID-19 Tools Accelerator (ACT-A) was established as a global collaboration platform to accelerate development, production and equitable access to COVID-19 tests, treatments, and vaccines. The COVAX facility, the vaccines pillar of ACT-A, aimed to accelerate the development and manufacturing of COVID-19 vaccines and guarantee equitable access for every country in the world. The COVAX Country Readiness and Delivery workstream supported the entire value chain of vaccinations from research and development to manufacturing, procurement and delivery.

**The CoVDP was established to support the final piece of the vaccine value chain in low and lower-middle income countries**, namely the delivery of vaccines in-country with a focus on country engagement, demand planning, delivery funding, delivery coordination and monitoring. The goal was to improve strategic and operational alignment between external financing partners for COVID-19 vaccine delivery and national governments in countries with the lowest vaccination rates. CoVDP partners worked with and alongside a broad range of partners including the World Bank, the European Union, donor governments and agencies, foundations, and others.

**The majority of external financing for vaccine delivery was channelled through donor governments and agencies<sup>1</sup>, the World Bank, UNICEF and Gavi.** Table 1 shows the total volume of external funding for vaccine delivery channelled through UNICEF (who acted as a financing intermediary for a wide range of external partners), Gavi, the World Bank and others to 148 countries as of July 2023.<sup>2</sup> More detailed data and a country-level analysis for the three case study countries in this review are presented in Annex H.

**Table 1 Total available external funding for vaccine delivery, in USD**

| Source            | External Funding (USD) | External Funding (%) |
|-------------------|------------------------|----------------------|
| <b>UNICEF</b>     | <b>\$825,197,407</b>   | <b>17%</b>           |
| <b>Gavi</b>       | \$579,212,549          | 12%                  |
| <b>World Bank</b> | \$1,680,330,000        | 35%                  |
| <b>Other</b>      | \$1,691,106,451        | 35%                  |
| <b>Total</b>      | <b>\$4,775,846,407</b> | <b>100%</b>          |

<sup>1</sup> In Table 1, 'Other' comprises primarily donor governments and agencies, but also other UN agencies including WHO, the ADB, the IDB, foundations and private donors. Source: UNICEF.

<sup>2</sup> Source: UNICEF, data as of July 2023. Guidance on vaccine delivery eligible expenditures is provided for information in Annex E.

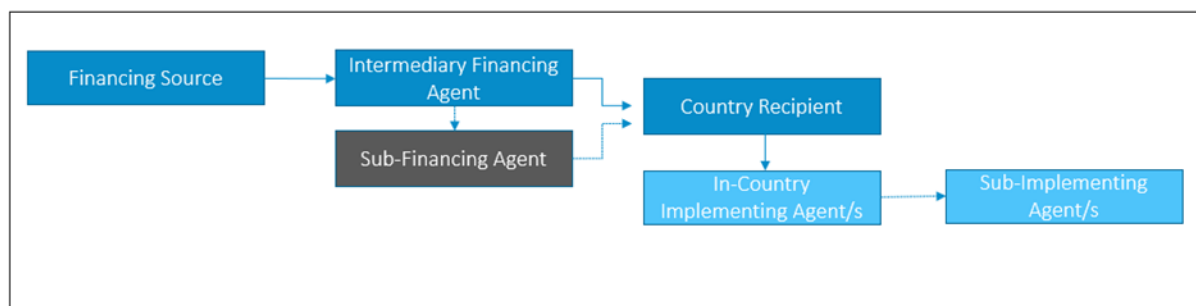
## 2.2 Flow of external funding for vaccine delivery

**The chain of external funding initiation and implementation to support the delivery of Covid-19 vaccines involves several key actors and organizations.** This section provides a summary of the flow of external funds for vaccine delivery. Further details are provided in Annex D.

At the start of the chain are the **financing sources**, which are typically country governments providing financial resources for development assistance. The external funding is then channelled through **intermediary financing agents**, typically multilateral organizations, such as the World Health Organization (WHO) and the World Bank. These organizations pool resources from multiple donors and allocate them to recipient countries based on their needs and priorities. To note, when financing sources provide funding to intermediary financing agents, the grant agreements can include specificities tied to the funding. This means that the funds may be earmarked for certain countries or earmarked for specific uses and interventions.

**Once the external funding reaches the recipient countries, it is implemented through in-country implementing agents.** Government health agencies and non-governmental organizations (NGOs), and country offices of multilateral organizations are key players in this stage. The CoVDP partners had no overall visibility of the implementing agents in-country. They are responsible for the implementation of vaccine delivery activities or play a significant supporting role in facilitating vaccine roll-out. In some instances, an implementing agent may have an intermediary role in administering funding, which is channelled to a **sub-implementing agent**. This flow of funds is illustrated in the figure below.

**Figure 1: Flow of external funding for Covid-19 vaccine delivery**



**The CoVDP was a partnership formed of individual organizations (WHO, UNICEF and Gavi).** Each organization maintained their own mechanisms for fund raising, grant management, fund disbursement, and monitoring and reporting. The study should consider each organization as being a separate entity as the formation of CoVDP did not lead to any grant management/financing systems-integration. The CoVDP structure included a “Financing” workstream, responsible for facilitating financing to countries for vaccine delivery and to some extent responsible for donor coordination. However, each organization remained responsible for allocating and disbursing funds to countries through individual organizational processes. The CoVDP funding meetings/calls were used by each organization to communicate allocation decisions to countries for transparency.

**The study is only expected to follow the flow of funds to the entity which utilizes the funding (i.e. in-country implementing agent).** However, to understand any bottlenecks that prevented the funds’ utilization it will be important to know the role and processes of the financing agents responsible for administering the funds, i.e. if WB funding is channelled

through the Ministry of Finance (MOF) to the Ministry of Health (MOH) for implementation, the study should seek to understand where issues may have arisen in the delivery chain for external funding.

**Global monitoring of external funding for COVID-19 vaccine delivery has centred on tracking the funds allocated to each recipient country.** The available data lacks in-depth insights into the in-country execution of vaccine delivery activities. Whilst funding allocations have been captured, information on disbursed funding varies across financing agents. Additionally, the global top-down approach has meant there are significant limitations in the ability to track the utilization of funding at country-level.

**For UNICEF, data is available on the funding allocated and disbursed to countries.** However, this may not accurately represent the actual utilization of funds. The discrepancy arises from the fact that UNICEF's financial and grant systems report funding channelled to implementing agents as 'utilized,' even when the actual absorption or expenditure by the in-country implementing agent is not visible through their financial and grant management systems. This is also common across the financial systems of other multilateral organizations. As a result, monitoring the utilization of funds necessitates a bottom-up reporting process from implementing and sub-implementing agents at the country level. Annex D provides further details on the flow of external funds for Covid-19 vaccine delivery.

## 2.3 Country-level financing options

The typology of financing options that countries can draw in responses to disasters and emergencies, including pandemics, is as follows:<sup>3</sup>

- **The first line of defence includes domestic emergency response financing through the national budget**, as well as non-contingent external financing from IFIs and bilateral sources. An important instrument at country level is non-contingent external financing already allocated for which there is flexibility to use for other purposes.
- **The second line of defence includes contingent external financing.** In general, these options include pre-arranged contingent lines of credit that enable governments to access external finance to meet emergency needs. Such financing is intended for limited uses and time periods. Not all countries had the mechanisms to draw on this financing during Covid-19 and there were often delays in the use of funds in anticipation of dedicated grant financing to fund national response activities.
- **A third line of defence comprises new sources of multi-lateral and bilateral financing**, made available through a mix of contingent funds and reprogrammed resources. New external funds were fast to respond to the initial phases of the Covid-19 pandemic, but they were not always capitalised to support surge response at pandemic scale. New external financing for Covid-19 was unprecedented and there were many new developments to ensure the financing was made available quickly.

**The Ministry of Finance was typically the lead government body for identifying and managing financing for COVID-19 vaccinations.** In many cases, the MOH will also play a leading role in executing spending alongside other ministries (such as Social Protection) or

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<sup>3</sup> 'Mapping Pandemic Response Financing Options and Gaps,' WHO and World Bank, G20 Joint Finance-Health Ministerial Meeting, Draft Report, August 2023.



programmes that have a comparative advantage in reaching certain target populations. Countries with strong social / national health insurance schemes may also use purchasing arrangements of those health financing institutions. These country-level institutions will have a significant impact on the extent to which allocations of external financing are dispersed.

## 2.4 Country-level institutional responses

**Countries were affected to different degrees by the pandemic and had various levels of institutional, financial, and human resources to implement pandemic responses.**

The relevance and feasibility of a standard list of institutional and governance adjustments to COVID-19 also depended on the timing of the pandemic. All countries faced severe revenue shortfalls. In most countries, governance and institutional responses to the crisis included the following coordination, funding, and budget execution measures:

- Centre of government oversight, through a cross-government crisis response mechanism (typically Cabinet level), to identify critical activities, vulnerabilities, and work solutions.<sup>4</sup>
- Emergency funding, through identification of priority expenditure needs, budget reallocations, expenditure controls, and a Treasury Plan to ensure timely emergency fund disbursements with adequate accounting, reporting and traceability. This also includes engagement with multilateral and bilateral donors to secure access to emergency funding.
- Tax and customs measures, to address bottlenecks in supply chains and incentivise health responses. Tax measures are a medium-term priority in many countries, given the difficulties in making immediate changes to legislation and the need for domestic revenue mobilisation to continue to fund essential service delivery.
- Prioritising or rescheduling major procurement pipelines to free up resources, using emergency procurement teams with relevant skills to work on emergency supply chain. Use of existing frameworks to accelerate urgent procurements, and appropriate engagement of UN agencies.
- Use of dedicated budget lines to facilitate tracking and reporting of emergency funds and direct funding received through these budget lines. Once social distancing measures are eased, assign auditors to focus work on expenditures made using the emergency procedures.<sup>5</sup>

Key informant interviews are required to identify and understand the specific circumstances, opportunities and constraints associated with access to external financing in each country. A preliminary list of the institutional and technical issues that may be relevant in this regard includes the following:

- Some countries may have initially assumed that COVAX vaccination allocations would be large enough in 2020 not to warrant any further increase in external

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<sup>4</sup> In Pakistan, for example, the overall COVID response was coordinated by a national committee under the overall supervision of Cabinet, which constituted several sub-committees including a sub-committee on vaccines and immunisation, a Task Force on sub-national and local coordination, and a development partners coordination committee which led the development of several key plans and tools.

<sup>5</sup> [Governance and Institutions Emergency Measures for State Continuity during the COVID-19 Pandemic](#), World Bank, March 2020

resources or domestic programming, and therefore delayed their requests for external financing.

- Multilateral development banks made significant amounts of funding available to support the Covid-19 crisis through a mixture of existing, new, and re-purposed financing instruments (see box below). Disbursements may have been hampered by lack of funding for operational expenses. In such cases, re-prioritisations from domestic budgets may have been required before funding could be utilised.
- External financing for COVID-19 vaccination may have had to flow through different layers of government and through the health system to be spent by different service providers. Any coordination or operational bottlenecks in the system will create delays and may have increased costs.
- External financing will also be subject to donor reporting requirements which may introduce delays as accountability requirements are negotiated. During the pandemic health services were being reconfigured, while service provision was curbed by the sick leave or home-based work of public sector employees, which introduced additional complexities.<sup>6</sup>

**The financing options and institutional responses presented above are relevant to all external financing for Covid-19 responses** (i.e. external funding for diagnostics, treatments, vaccines, and health systems). The study should assess the extent to which the issues above, which apply to all Covid-19 expenditures, have specifically affected perceptions towards and utilisation of external financing for Covid-19 vaccine delivery.

**External partners operated with a number of underlying assumptions about country-level vaccine delivery** over the short-medium term.

- The first was that recipient countries had adequate management and governance arrangements to effectively use the funding.
- The second was that external funding could be utilised to support local vaccination delivery priorities and timeframes and was not subject to potential constraints around its utilisation (such as short-term grant expiry).
- The third was that there were enough vaccines available in-country to meet demand.
- Finally, it was assumed that populations in recipient countries were willing to be vaccinated. In the longer term, the assumption was that financing would support integration of COVID-19 vaccination into national immunization services.

**These conditions did not always apply.** Early evaluations by donors and development partners have identified problems with coordination across Covid-19 funding modalities and predictability across institutions. The next section provides an overview of these challenges.

## 2.5 Country-level challenges in vaccine delivery

**There are multiple causes for low absorption capacity for external financing for vaccine delivery.** These vary between countries, but can be grouped broadly into 3 main categories:

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<sup>6</sup> This preliminary list draws on [COVID-19 vaccination financing and budgeting Q&A](#), WHO, April 2021

- **Political bottlenecks:** These include a lack of coordinated political leadership at various levels, where COVID-19 is not considered a major priority or where there are competing priorities. Efficient planning and roll-out is not possible without political engagement. This is especially true in countries that experience humanitarian emergencies, conflict, and other fragile contexts.
- **Funding challenges:** These are related to the coverage of operational costs for vaccine delivery, including payments for health workers, vaccinators and community mobilizers, training costs, transport, and logistics. Even where operational funding is available, it is sometimes insufficient or structured in an inflexible way.
- **Operational challenges:** These are common across most countries and include inadequate cold chain, logistics and transport equipment; insufficient availability of trained health workers, vaccinators, and community mobilizers; the complexity of managing multiple vaccines; and demand-side factors such as vaccine hesitancy, misinformation, and a lack of information about COVID-19 and vaccines.

**The focus of the study is on the second of these categories and on external rather than domestic financing**, although in practice both contribute to implementation of vaccine delivery plans.<sup>7</sup> The following factors influence the ability of countries to overcome the funding challenges associated with vaccine delivery:

- **Predictable supply:** It is important that countries have realistic and accurate supply-side data on vaccine deliveries, ideally with a 6-month horizon.
- **Quality dose donations:** Vaccines with ample remaining shelf-life are needed to reduce the risk of wastage. A minimum of 4 months of shelf-life is needed but longer shelf-lives are preferred in order to plan and deploy vaccines, especially in fragile settings.
- **Funding characteristics:** Dedicated, predictable, and quickly disbursable financial resources are essential. Funding is needed for a range of operational and support activities around vaccine delivery. Flexibility in the use of funding is key to successful vaccine roll out.
- **Strong leadership at all levels:** The engagement of high-level government officials at the national and regional levels, as well as the involvement of traditional and community leaders are key ingredients in building trust in vaccines.
- **Efficient planning:** An efficient country coordination mechanism is key for planning and oversight of the COVID-19 vaccine delivery. Detailed microplanning at subnational level is key to optimize delivery strategies.<sup>8</sup>

## 2.6 Country-level response typology

**Alignment of external support to Covid-19 vaccination needs was more challenging in some countries than in others.** The World Bank identifies five clusters of Covid response

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<sup>7</sup> WHO guidance on vaccine delivery planning is provided for information in Annex F.

<sup>8</sup> Source: [COVID-19 Vaccine Delivery Partnership \(who.int\)](https://www.who.int/partnerships/covid-19-vaccine-delivery-partnership)

globally (used to organise and prioritise the World Bank’s programmatic support) based on the following 3 levels of country pandemic responsiveness capability:<sup>9</sup>

- **About 11 percent of countries fall into clusters that had high government responsiveness or previous preparedness experience** to coordinate and deliver critical health services. In this group, governments also had medium to high average capacity to deliver essential and critical health services before COVID-19. Within this group the following clusters are identified:
  - About 8% of countries (cluster 1) undertook a focussed response with a higher intensity of interventions on laboratories, vaccination, and social cohesion, drawing on government leadership and previous experience. This cluster comprised 7 countries: Republic of Congo, Djibouti, Ghana, Honduras, Kenya, Sierra Leone, and Togo
  - 2% of countries (cluster 2) developed a multisectoral response with increased intensity of engagement across levels of government and community out-reach. These countries also undertook more advisory services and analytics relative to other countries to inform needs and had some preparedness to deliver critical health services before COVID-19. This is a cluster of two countries, Senegal, and Pakistan
  - 1% of countries (cluster 3) had a high focus on the social response with a high degree of reorientation of the country development portfolio to address needs across sectors, while responding to the high impacts of the COVID-19 crisis. India is the sole country in this cluster.
- **About 53 percent of countries (cluster 4) had high average capacities to deliver health services before COVID-19.** These countries often had fewer pre–COVID-19 needs. However, they also often faced a higher early impact of the COVID-19 crisis. This is a large cluster of 48 countries including Albania, Bangladesh, Cambodia, Dominica, Ecuador, Fiji, Georgia, Haiti, Indonesia, Lao PDR, Morocco, Nepal, Philippines, Sri Lanka, Tajikistan, Ukraine, and Vietnam.
- **About 36 percent of countries (cluster 5) had extensive needs and limited capacities to deliver health services,** making prioritizing support to address needs challenging. These countries often had low levels of human capital and extensive health and social development needs before COVID-19. In these countries, early government responsiveness to meet prevention needs was often low. In this cluster there were 32 countries including Afghanistan, Benin, Cameroon, DRC, Ethiopia, The Gambia, Lesotho, Mozambique, **Nigeria**, PNG, Rwanda, Somalia, Tanzania, Uganda, Republic of Yemen, and **Zambia**.

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<sup>9</sup> Early Support to Addressing COVID-19: Health and Social response, Early-Stage Evaluation, World Bank IEG, November 2022. N = 90 countries

## 2.7 Case study countries

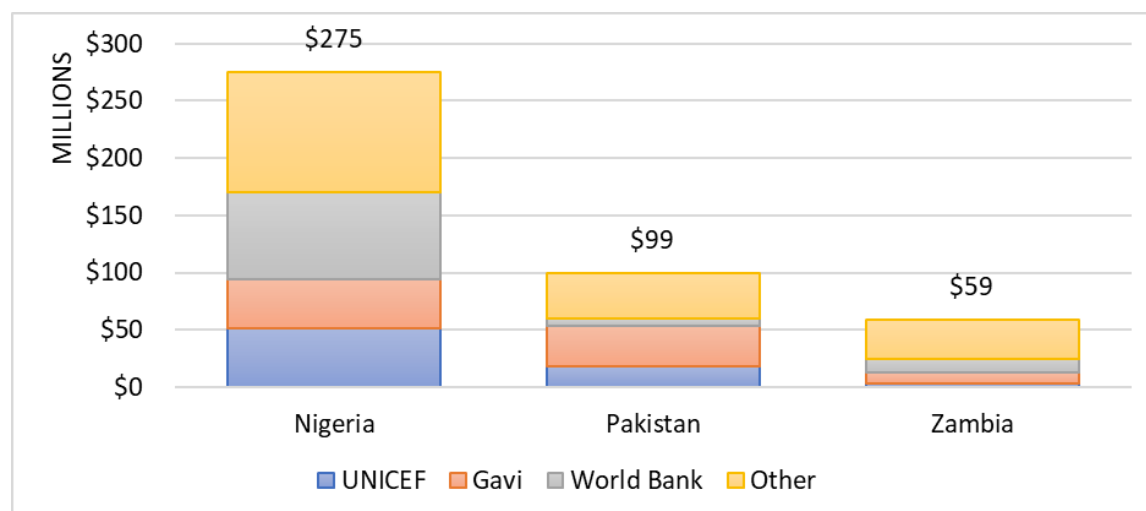
The study team will collaborate with relevant stakeholders at country, regional and global level to evaluate the utilization of external funding for COVID-19 vaccine delivery in 3 case study countries: **Nigeria, Pakistan, and Zambia**.

The focus of the study is on country-level coordination and management of external funds for Covid-19 vaccine delivery from the perspective of the recipient government. The objective is to identify those country-level factors which influenced the prioritisation and utilisation of external funding.

The three case study countries were all on the list of 92 countries eligible for Advanced Market Commitment (AMC) support.<sup>10</sup> In January 2022, the CoVDP prioritised sub-set of 34 AMC countries who were below 10% COVID vaccination coverage and off track for 70% coverage for concerted support. **Nigeria** and **Zambia** were in this group of 34 countries. The CoVDP identified a further sub-set of 10 countries for immediate focus based on large populations, political momentum, existing engagements, and the magnitude of vaccine expiry risk. This set of 10 countries included **Nigeria**. Covid-19 dashboards for the case study countries are provided for information in Annex G.

The charts below present data on total available external funding for vaccine delivery for Nigeria, Pakistan, and Zambia by funding source and per capita. The charts use data as reported by external funding partners to UNICEF. Where data on disbursed amounts is unavailable, data on commitments is reported instead. More detailed funding data for each case study country are presented in Annex H.

**Figure 2 External Financing for Vaccine Delivery, USD millions**



<sup>10</sup> In June 2020, Gavi, the Vaccine Alliance launched the Advance Market Commitment for COVID-19 Vaccines (AMC), a financing instrument aimed at incentivising vaccine manufacturers to produce sufficient quantities of eventual COVID-19 vaccines, and to ensure access for developing countries.

**Figure 3 External Financing for Vaccine Delivery, by source**

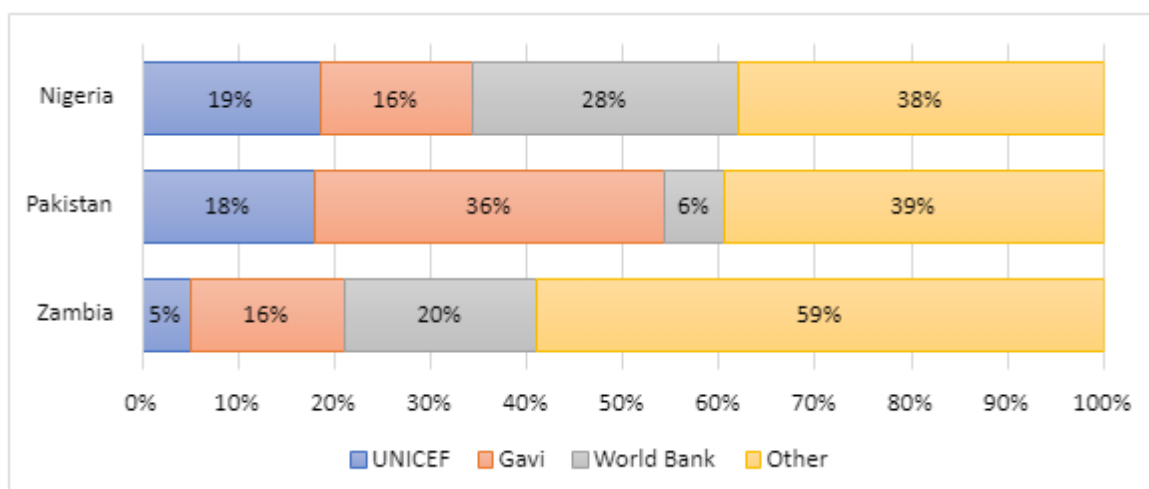
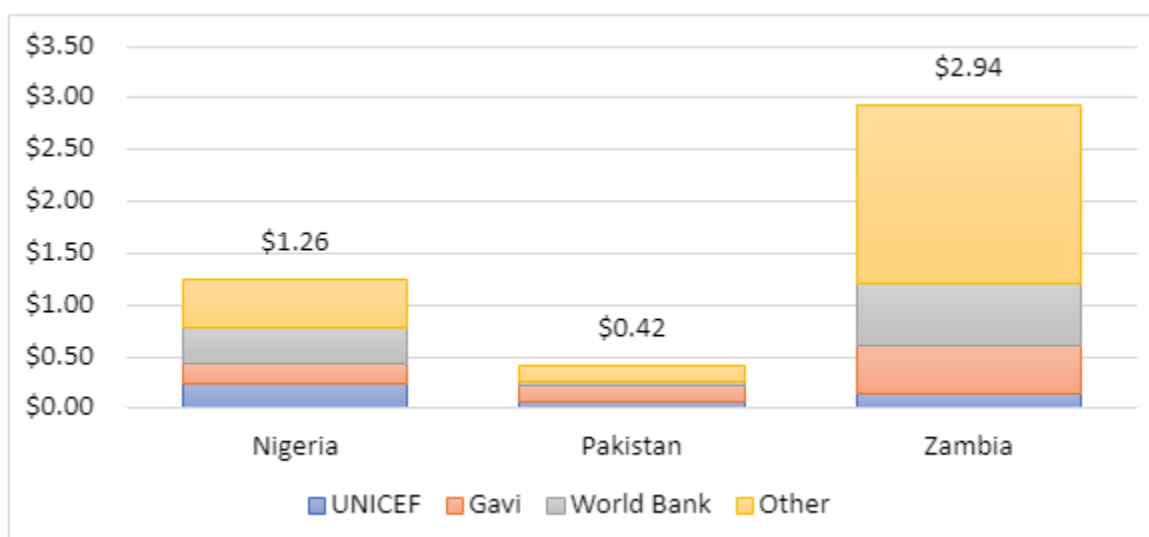


Figure 2 indicates that in addition to UNICEF, the World Bank and Gavi, ‘Other’ sources were a significant source of external financing for vaccine delivery in each country:

- In **Nigeria**, USAID, WHO and Africa CDC together accounted for 30 per cent of external financing (i.e. the majority of ‘other’ sources, which accounted for 38% of external financing in total).
- In **Pakistan**, USAID and WHO accounted for 35 per cent of external financing.
- In **Zambia**, USAID and BMZ accounted for 59% of external financing for vaccine delivery.

**Figure 4 External Financing for Vaccine Delivery, per capita**



The study should seek to identify and document the reasons behind the difference in per capita allocations of external financing for vaccine delivery across the three case study countries.

## 3 Preliminary Literature Review

**There is a limited literature on the experience of provision of external financing for Covid-19 vaccine delivery.** Most available material focusses on the organisations providing the financing and their internal mechanisms and procedures for allocating and disbursing funds. These reviews tend to look at total funding for Covid-19 support (R&D, manufacturing, advance-purchase of vaccines, vaccine delivery, programmatic and sector support) with limited attention to vaccine delivery alone. Additionally, there is limited attention in this material to country-level coordination and management of funds and the perspective of recipient governments.

**The general conclusion is that the biggest challenge facing the COVID-19 pandemic was not the failure of any one institution or initiative.** It was how the organizations functioned together. The mechanisms tried and tested during COVID-19 suffered from insufficient funding and poor coordination in the critical early stages of the pandemic and a structure that failed to harness the comparative advantage of institutions. In general, the availability of grant financing and in-kind support was frequently not predictable, leading to countries hesitating to take up external financing. The literature review is attached at Annex B. A list of documents consulted is attached at Annex C.

### 3.1 WHO-WB Joint Finance & Health Task Force

The most relevant empirical work to date is the **WHO-World Bank Joint Finance & Health Ministerial Task Force (JFHTF)** report on Mapping Pandemic Response Financing Options and Gaps. The JFHTF was tasked with developing coordination arrangements between Finance and Health ministries and sharing best practices and experiences from past finance-health coordination to develop joint responses to pandemics.

**The JFHTF found that while significant new financing was made available globally for Covid-19 support, there were delays in securing adequate financing (>75% came beyond the peak of Covid-19 deaths).** This was exacerbated by procedures more suited to development than crisis scenarios. The report noted implementations challenges (communication, coordination, predictability) which made it difficult for countries to take timely decisions around the use of grants or loans. The main findings indicate that while funding was significant it was not allocated effectively in some cases.<sup>11</sup>

### 3.2 External evaluation of the ACT-A

In October 2022, an **External Evaluation of ACT-A** was published. The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.<sup>12</sup>

<sup>11</sup> The JFHTF report acknowledges many of the findings of an earlier assessment by Gavi: [COVAX: Key Learnings for Future Pandemic Preparedness and Response, September 2022](#)

<sup>12</sup> ACT-A is organized into four pillars of work: diagnostics, therapeutics, vaccines and the health systems and response connector. COVAX, the vaccines pillar of ACT-A, closed on 31 December 2023 having delivered nearly <https://www.gavi.org/news/document-library/covax-data-brief-27> 2 billion doses of vaccines to 146

**The evaluation found that the ACT-A operating model facilitated unprecedented levels of coordination and collaboration at the global level**, particularly around resource mobilisation. However, while survey respondents agreed that the model was the best possible structure at the time of the launch, a majority (65%) thought that the operating model should not be replicated. Key concerns expressed included insufficient accountability, limited meaningful engagement of low and middle-income countries and regional bodies and an insufficient focus on delivery.

**The evaluation also found that the operations focussed CoVDP contributed to vaccine delivery and played a key role in catalysing support in 23 of the 34 focus countries.** It concluded that the CoVDP model for delivery support and coordination, with a focus on processes that allow for alignment of urgent funding needs and quick disbursement of funds, did offer some real advances on how to speed-up in-country action in a focussed group of countries and that it achieved significant results in a short period of time. The evaluation recommended a CoVDP-type interagency model for future pandemic scenarios.

### 3.3 Other literature

**The IMF also observed that lack of timely financing for purchases of vaccines and other health products impeded the global response to the COVID-19 pandemic.** It found that 60-75 percent of the delay in vaccine deliveries to low- and middle-income countries is attributable to their signing purchase agreements later than high-income countries, which placed them further behind in the delivery line (May 2022).

The Lancet has documented the opinions of key stakeholders from various organisations (Gavi, WHO, and others) on future pandemic financing. Key observations include:

- Covid revealed a lack of predictable end-end financing and flexible surge financing for pandemic response in most countries.
- ACT-A faced large funding gaps across its entire implementation period. While the vaccines pillar was more successful in terms of resource mobilisation, receiving two thirds of the total funding, multiple stakeholders regard the other 3 pillars as having been under-funded (diagnostics, therapeutics, health systems)

**Several stakeholders have noted that increases in maternal and child mortality due to health service disruption exceeded the overall number of Covid deaths**, particularly in South Asia. The WHO has expressed concern at the ‘historic backsliding’ in routine childhood vaccinations because of the disruption caused by the pandemic in low- and lower-middle income countries. To reverse this trend, policies aimed at alleviating these impacts will need to be instituted at scale in low and lower-middle income countries. In this context, the study should investigate whether concern about routine immunisations affected the prioritisation of external funding for Covid-19 vaccine delivery.

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economies. helped lower-income economies achieve two-dose coverage of 57%, compared to the global average of 67%. Covid-19 vaccines have now shifted to regular immunisation programmes. In 2024, countries can continue to receive Covid-19 vaccines and delivery support through GAVI’s regular programmes. So far, 58 lower income economies have requested a total of 83 million doses in 2024. WHO, Statement of the closure of COVAX, Geneva/New York/Oslo, 19 December 2023.



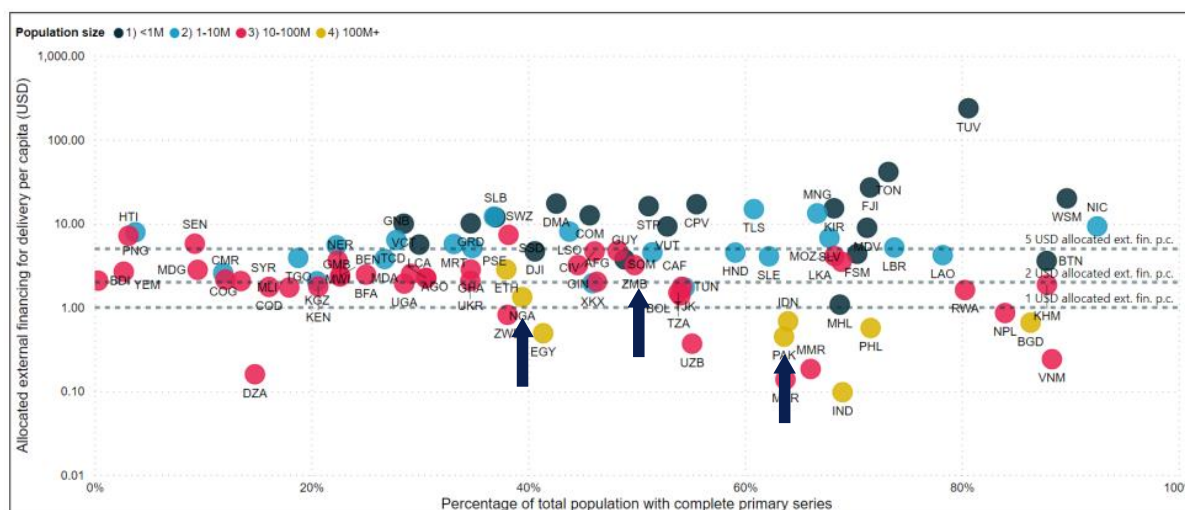
## 4 Research Hypothesis

The hypothesis is that country-level institutional issues played a key role in determining utilisation of external financing for Covid-19 vaccine delivery in AMC countries. The hypothesis is supported by comparison of the allocated external financing for delivery per capita and the percentage of the total population vaccinated for Covid-19 in AMC countries shown in Figure 5 (Nigeria, Pakistan and Zambia are highlighted).

- Pakistan, for example, had the lowest level of allocated external financing per capita of the three case study countries but the highest percentage of population fully vaccinated as of November 2023. Pakistan fell into that cluster of countries which, had higher levels of government responsiveness to the pandemic and previous preparedness experience to draw upon (see section 2.5).

**Country research is required to substantiate the hypothesis.** The available global data does not distinguish between allocated and disbursed financing or between sources of financing, nor does it identify the underlying drivers for the wide variations in vaccination rates across countries with similar levels of allocated external financing per capita.

**Figure 5: Percentage of total population fully vaccinated against allocated external financing per capita in AMC countries<sup>13</sup>**



Source: UNICEF COVID-19 Vaccine Financial Monitoring Database | Notes: Allocated external financing refers to financing earmarked or pledged for a specific country, including both disbursed and non-disbursed financing options.

**A common set of challenges related to adequacy (overall and for specific needs), predictability, and timeliness of external financing may also have affected utilisation.** As noted in the previous section, several reviews have found that donors and government agencies made new financing available to countries quickly, but that disbursement was sometimes slow. These reviews tend to look at total external financing for Covid-19 response and do not assess external financing for vaccine delivery as a separate funding stream. Generic problems identified included:

- **The timing of external financing** was inadequate to meet needs in the initial stages of the pandemic. Significant financing was available overall in Year 1 of the

<sup>13</sup> Covid-19 Vaccination Insights Report, WHO-Gavi-UNICEF, 27 November 2023. N=92. Data as of 24/11/23.

pandemic but delays in funding limited access. Most funding (>75%) only became available beyond the peak of COVID deaths.

- **Lack of communication.** Not all external financing could be readily activated, as operating rules for each agency were often not well communicated. Even when available, not all countries had the capacity to draw down on available financing.
- **Lack of coordination** impacted uptake. Many countries were unwilling to use concessional loans in case grants for COVID-19 vaccines later became available.
- **Lack of flexibility** was also an issue with restrictions on how contingency funds could be spent. Ability to implement financing was also impacted by donor-led prioritization.
- **Lack of predictability** affected uptake. Some 45% of all external financing came from appeals which took time to mobilise. Only \$0.4 billion of \$10 billion of pledges were made into COVAX by the end of 2020. This limited uptake.

**There is a need to have a country-level perspective on the extent to which these issues affected external financing for vaccine delivery.** The study will codify experience of the three case study countries to identify what factors determined government preferences for and utilization of external funding.

## 4.1 Scope

The study will focus on the flow of external funding for vaccine delivery to Nigeria, Pakistan, and Zambia, as reported globally to UNICEF as of July 2023, as shown in the table below.

**Table 2: Total external funding for vaccine delivery, in USD (Source; UNICEF)**

|                   | Nigeria              |             | Pakistan            |             | Zambia              |             |
|-------------------|----------------------|-------------|---------------------|-------------|---------------------|-------------|
|                   | Funding              | %           | Funding             | %           | Funding             | %           |
| <b>UNICEF</b>     | \$51,046,270         | 19%         | \$17,834,391        | 18%         | \$2,937,669         | 5%          |
| <b>Gavi</b>       | \$43,245,520         | 16%         | \$36,015,402        | 36%         | \$9,430,306         | 16%         |
| <b>World Bank</b> | \$76,000,000         | 28%         | \$6,200,000         | 6%          | \$11,800,000        | 20%         |
| <b>USAID</b>      | \$33,300,000         | 12%         | \$23,500,000        | 24%         | \$27,789,039        | 47%         |
| <b>WHO</b>        | \$25,400,589         | 9%          | \$12,397,437        | 13%         | \$0                 | 0%          |
| <b>Africa CDC</b> | \$25,134,062         | 9%          | \$0                 | 0%          | \$0                 | 0%          |
| <b>Other</b>      | \$20,518,262         | 7%          | \$3,142,948         | 3%          | \$6,878,464         | 12%         |
| <b>Total</b>      | <b>\$274,644,703</b> | <b>100%</b> | <b>\$99,090,178</b> | <b>100%</b> | <b>\$58,835,477</b> | <b>100%</b> |

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## 5 Research Protocol

### 5.1 Overall approach

The overall approach will be structured using the assessment matrix provided in this section below. The assessment matrix comprises a series of review questions and data sources, from which the study teams will form judgements on the relevance, coherence, efficiency, and sustainability of external financing for Covid-19 vaccine delivery from the perspective of in-country stakeholders, as follows.

- **Relevance** - the extent to which external financing objectives and design respond to country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. In this context 'respond to' means that the design is sensitive to the local context and capacity conditions in which it takes place.
- **Coherence** - the compatibility of the intervention with other interventions in a country, sector, or institution (in this case, the extent to which it is compatible with other sources of financing for vaccine delivery). This refers to the extent to which other interventions support or undermine the intervention, and vice versa.
- **Efficiency** - the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. 'Economic' means the conversion of inputs (external funds, in this case) into outputs (vaccinations) in the most cost-effective way possible, as compared to feasible alternatives in the context. 'Timely' delivery is within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context. This may include assessing operational efficiency (how well the intervention was managed, which is a capacity and capability issue, and the extent to which this was considered in design and delivery).
- **Sustainability** - the extent to which the net benefits of the intervention continue or are likely to continue. This will be a preliminary assessment of the financial and institutional capacities of the systems needed to sustain net benefits over time.

The assessment matrix (provided in Table 3 below) is comprised of 8 key research questions with related sub-questions which are based on the research hypothesis. It includes a data collection plan which shows the data sources thought to be most relevant to capture evidence against each evaluation sub-question. This will guide the stakeholder engagement and facilitate targeted data collection. As the study progresses, the data collection plan will be used to assess whether the data collected are sufficient to answer the key research questions and identify where supplementary data collection is required.

Using the assessment matrix, evidence gathered against the research sub-questions (in blue) will be used to reach judgments against the key research questions (in grey, No.1-8), which inform an overall assessment against the evaluation criteria (in green).

**Table 3 Assessment Matrix and Data Collection Plan**

| Evaluation criteria, questions, and sub-questions   | Data sources                   |                                  |                                 |                 |               |
|---|--------------------------------|----------------------------------|---------------------------------|-----------------|---------------|
|   | Donor stakeholder consultation | Finance institution consultation | Health institution consultation | Document review | Data analysis |
| <b>Relevance: Is the intervention doing the right things?</b>   |                                |                                  |                                 |                 |               |
| <b>1. Did external financing for Covid-19 vaccine delivery respond to country context (needs, constraints, policies, priorities)?</b>   |                                |                                  |                                 |                 |               |
| 1.1 – Needs: What was the need of the country for external financing in terms of amount, timing, and purpose? Was the financing that was provided appropriate to meet those needs?                  |                                | ●                                | ●                               | ●               | ●             |
| 1.2 – Perceptions: What is or was Government access to and perceptions of external financing for COVID-19 vaccine delivery? How was this communicated to external financing partners?               | ●                              | ●                                | ●                               |                 |               |
| 1.3 – Access: How was the funding requirement identified? Who participated in this process? How were policy processes and fiscal considerations incorporated into the design?                       | ●                              | ●                                | ●                               | ●               |               |
| 1.4 – Policies: What was the quality of external funding in relation to the strategic priorities of the country? Was the timing, amount, and purpose of funding appropriate?                        | ●                              | ●                                | ●                               | ●               |               |
| 1.5 – Constraints: Were procedures to access and manage external financing aligned with national plans and procedures and capabilities, including PFM capabilities and auditing norms?              |                                | ●                                | ●                               | ●               |               |
| 1.6 – Priorities: Was the financing design, allocation, and delivery appropriate to the country's unique features, e.g. the budgeting process, vaccine delivery chain, socio-economic features?     |                                | ●                                | ●                               |                 |               |
| <b>2. What measures were utilised to assess and support relevance?</b>  |                                |                                  |                                 |                 |               |
| 2.1 – Plans: Were country requests for external financing for vaccine delivery based on an agreed and costed national plan? Were the objectives and design aligned with funding availability?       | ●                              | ●                                | ●                               | ●               |               |
| 2.2 – Procedures: Were any new policies or norms for access to vaccine financing established to facilitate vaccine delivery plans?  | ●                              | ●                                | ●                               | ●               |               |
| <b>Coherence: How well does the intervention fit?</b>   |                                |                                  |                                 |                 |               |
| <b>3. Was external financing compatible with other financing sources?</b>   |                                |                                  |                                 |                 |               |
| 3.1 – Coordination: How did external financing compare to other sources of financing for vaccine delivery (in terms of timeliness, flexibility, cost, etc)? Did this influence uptake of financing? | ●                              | ●                                | ●                               | ●               |               |
| <b>4. To what extent did external financing support or undermine vaccination roll-out?</b>  |                                |                                  |                                 |                 |               |
| 4.1 Was there a national co-ordination committee and/or national technical working group for vaccine delivery? Was it able to effectively identify needs and requirements?                          | ●                              | ●                                | ●                               |                 |               |

| Evaluation criteria, questions, and sub-questions   | Data sources                   |                                  |                                 |                 |               |
|---|--------------------------------|----------------------------------|---------------------------------|-----------------|---------------|
|   | Donor stakeholder consultation | Finance institution consultation | Health institution consultation | Document review | Data analysis |
| 4.2 – Was there effective liaison between country-level coordination committees and external partners for the purpose of funding vaccine delivery? How did these arrangements evolve?             | ●                              | ●                                | ●                               |                 |               |
| 4.3 – To what extent was external funding able to be used, as part of one plan and one budget, alongside other sources of financing to support nationally determined vaccine delivery objectives? | ●                              |                                  | ●                               | ●               | ●             |
| 4.4 – To what extent was it possible to align external funding for vaccine delivery across the landscape of actors and funding streams to the country's vaccine roll-out efforts?                 | ●                              | ●                                |                                 |                 |               |
| 4.5 – What is the evidence of progress towards the stated objectives and expected outcomes? Is there evidence of improvement in coherence across funding streams over time?                       | ●                              |                                  | ●                               | ●               | ●             |
| 4.6 – What would have been the outcomes in the absence of external funding? What are the key learnings in terms of accessing and deploying different financing sources for vaccine delivery?      | ●                              | ●                                | ●                               | ●               |               |
| <b>5. How was vaccine delivery and financing coordinated?</b>   |                                |                                  |                                 |                 |               |
| 5.1 – Management: How were vaccine delivery funding requirements identified, agreed, and communicated in-country and between national institutions and external stakeholders?                     | ●                              | ●                                | ●                               | ●               | ●             |
| 5.2 – Governance: How were funding sources agreed and approved in-country and between national institutions and external stakeholders?  | ●                              | ●                                | ●                               |                 |               |
| 5.3 – Processes: What were the mechanisms and processes to facilitate channelling of support towards country vaccine roll-out efforts and disbursement of funds? Were these adequate?             | ●                              | ●                                | ●                               | ●               |               |
| 5.4 – Reporting: How was financing of vaccine delivery activities monitored and reported? Were these procedures and systems sufficiently accurate and timely for on-going decision-making?        | ●                              | ●                                | ●                               | ●               |               |
| 5.5 – Learning: Were there any unanticipated benefits or costs to effective coordination between stakeholders and funding streams? How were any challenges addressed?                             | ●                              | ●                                | ●                               |                 |               |
| <b>Efficiency: How well are resources being used?</b>   |                                |                                  |                                 |                 |               |
| <b>6. To what extent was external financing delivered in an economic and timely way, compared to alternatives in the context?</b>   |                                |                                  |                                 |                 |               |
| 6.1 – Allocative: To what extent has external funding for vaccine delivery been used effectively alongside domestic resources to support vaccine delivery priorities?                             | ●                              | ●                                | ●                               | ●               | ●             |
| 6.2 – Operational: Were external funding allocations in total and by tranche/source agreed in an efficient manner with due regard to country needs and requirements?                              | ●                              | ●                                | ●                               | ●               |               |
| 6.3 – Timeliness: To what extent was external funding disbursed in a predictable manner? Was there a difference in performance over time as systems and processes improved/adapted?               |                                | ●                                | ●                               |                 |               |
| 6.4 – Productive: To what extent was external funding deliver the intended benefits? Was it fully utilised? Is there any difference between sources/tranches? Did efficiency improve over time?   |                                | ●                                |                                 |                 | ●             |

| Evaluation criteria, questions, and sub-questions   | Data sources                   |                                  |                                 |                 |               |
|---|--------------------------------|----------------------------------|---------------------------------|-----------------|---------------|
|   | Donor stakeholder consultation | Finance institution consultation | Health institution consultation | Document review | Data analysis |
| 6.5 – Are there any lessons to be learnt in relation to mechanisms and processes for allocating and delivering financing that would improve the economy and efficiency of vaccine delivery?       | ●                              | ●                                |                                 |                 |               |
| <b>7. What were the mechanisms used for governance?</b>   |                                |                                  |                                 |                 |               |
| 7.1 – What were the governance, coordination structures and engagement mechanisms between donor entities, development partners and the government? Were they followed with fidelity?              | ●                              | ●                                | ●                               | ●               |               |
| 7.2 – Were donor and development partner mechanisms for channelling support towards country roll-out efforts, and processes related to disbursement of funds adequate and tailored to need?       | ●                              | ●                                | ●                               |                 |               |
| <b>Sustainability: Will the benefits last?</b>  |                                |                                  |                                 |                 |               |
| <b>8. To what extent will the net benefits of external financing continue, or are likely to continue?</b>   |                                |                                  |                                 |                 |               |
| 8.1 – What are the short-, medium- and long-term impacts of the experience of the national Covid-19 vaccination programme. What of this can be attributed to the role of external finance?        | ●                              | ●                                | ●                               | ●               |               |
| <b>8.2 – Which of these impacts are most likely to be sustained?</b> What evidence is there to support this judgement?  |                                | ●                                | ●                               |                 |               |
| 8.3 – What are the key learnings for future emergency/disaster preparedness and response from the experience of efforts to secure external financing for Covid-19 vaccine delivery?               | ●                              | ●                                | ●                               | ●               |               |
| 8.4 – What are the major synergies and trade-offs to be made in building key learnings of Covid-19 vaccine delivery into future delivery (e.g. healthcare, social protection, disaster response)? | ●                              | ●                                | ●                               |                 |               |
| <b>8.5 – In relation to the previous question, which path is the most likely/least-cost option (economic, political, social)?</b>   |                                | ●                                | ●                               |                 |               |
| 8.6 – In what ways could the funding allocation and delivery processes of external partners be improved?  | ●                              | ●                                | ●                               |                 |               |

## 5.2 Data collection

The methodology for data collection will involve both document review, quantitative and qualitative data collection and analysis. Data collection methods will be as follows:

- **A desk review of available documentation** on national Covid-19 vaccination plans and budgets, monitoring reports of the relevant national committee(s) or sub-committee(s) on Covid-19 vaccination roll-out related national and local coordination committees, and reports from any development partners coordination committee involved in the development and financing of national Covid-19 vaccination plans.
- **Quantitative analysis** to identify flows of external financing for vaccine delivery in each case study country and confirmation (where possible) of amounts allocated, disbursed, and utilised by funding source and implementing agent (to compare with the global level monitoring data shown in Table 2). The study should review relevant line items within national health budgets and Covid-19 vaccination plans to determine the total volume of funding for Covid-19 vaccine delivery (domestic and external) allocated, disbursed, and utilised, to place external financing in its national context. The timeframe of interest is funding allocated and disbursed during the period from March 2020 to July 2023.
- **Qualitative interviews** with relevant government and other external stakeholders to clarify institutional mechanisms, planning and coordination processes, budgets, expenditure management and reporting roles for Covid-19 vaccine delivery. Of particular interest will be key stakeholders, expected to be within the Ministry of Finance and Ministry of Health, who can provide insights into the government's process for prioritising external funding to support its Covid-19 vaccination strategy and plans, aid in the identification of relevant reports and budget/expenditure lines, and assist in the interpretation of budget and expenditure trends.

**Key informant interviews will be conducted with a range of stakeholders** to obtain a representative sample of perceptions of the process of developing and delivering Covid-19 vaccination plans, outputs, and outcomes. The exact list will be agreed during the kick-off meeting between the in-country study team and UNICEF country offices and updated during the fieldwork as appropriate, but it is expected to include the following key stakeholders:

- Members of COVID-19 donor coordination committees and any national-level sub-committees, and/or their appointed experts responsible for the development of national vaccination costing and deployment plans.
- Officials from the Ministry of Finance (external finance and budget department/sections) and Ministries of Health (budget and expenditure department/sections) to confirm funding flows (domestic and external, budget, and actual).
- Officials from key implementing agents responsible for implementation of Covid-19 vaccine delivery. It may be appropriate to also interview officials from similar institutions at subnational levels.
- Officials from multilateral and bilateral institutions providing significant funding for vaccine delivery for the country (see Figure 1)

- Key stakeholders from major government-funded health programmes with responsibility for vaccine delivery that were in receipt of external financing directly or indirectly through the government budget (e.g. major social protection schemes or primary care initiatives)

**The study teams will liaise with UNICEF’s country office** to understand the institutional and governance arrangements for providing external financial support to national Covid-19 vaccine delivery plans. Based on this, the study team will identify an initial list of reports and documents relating to Covid-19 vaccination plans, budgets, and financing arrangement to be reviewed. This list will be reviewed and updated as required during the fieldwork.

**The team will complete a sampling matrix for key informant interviews which will be available to both UNICEF and government.** This will identify the key stakeholders the team will seek to interview based on an understanding of governance and institutional roles and responsibilities for Covid-19 vaccine delivery. Interviews will follow a semi-structured format, based on the research questions and sub-questions in the assessment matrix, with space for open questions and flexibility to follow emerging themes.

### 5.3 Data analysis

Data from the document reviews, quantitative analysis and interviews will be consolidated using an assessment framework. This provides an efficient, transparent, and systematic way to compare and combine data and judgements into an overall assessment. The assessment framework will be populated as the study progresses. The assessment framework is a table with key themes related of the study in the column headings and evidence related to data sources in each row. There is one row for each data source. Information from the data source is summarised in the relevant cell of the assessment framework. When all the data is considered, a judgement in relation to each theme is presented in a summary row. The overall assessment is based on the judgements reached against each theme of the study.

**Table 4 Framework analysis – example**

| Data Source | Relevance        | Coherence  | Efficiency | Sustainability |
|-------------|------------------|------------|------------|----------------|
| Document 1  | <i>evidence</i>  | <i>etc</i> |            |                |
| Document 2  | <i>evidence</i>  |            |            |                |
| KII 1       | <i>evidence</i>  |            |            |                |
| KII 2 etc   | <i>evidence</i>  |            |            |                |
| Summary     | <i>judgement</i> |            |            |                |

**The assessment framework enables reviewers to triangulate evidence.** It enables the study team to demonstrate how evidence is combined to lead to judgements against a particular theme, including how certain data sources and evidence are deemed relevant to judgements and to the overall assessment. Four methods of data triangulation will be undertaken during the review: (i) information from different stakeholder groups (ii) using different methods for data collection - document review, process review, KIIs, management information) (iii) several investigators responsible for collection, analysis and discussion of data (iv) quality assurance advisers, responsible for design of the review methodology and an assessment of its application. Combining these four types of triangulation will add rigour to the review and will support robust conclusions.



**Table 5: Data analysis – overall approach**

| <b>Theme</b>          | <b>Focus</b>  | <b>Approach</b>   |
|-----------------------|---|---|
| <b>Relevance</b>      | <p>Do key government stakeholders regard the financing as aligned to needs, considering the potential and actual trade-offs?</p> <p>Are the objectives adequately defined, how were they communicated to external partners and are the results verifiable?</p> <p>Are procedures aligned to the capacity and capability of government partners? If not, to what extent was it possible to mitigate these effects.</p> <p>Has the design adapted over time in response to experience and changes in context?</p> | <ul style="list-style-type: none"> <li>Assess documentation which defines the purpose of the financing and sets out where it fits in the plan and budget model, if this exists, or ask government stakeholders to articulate this as a starting point for the evaluation.</li> <li>Explore how objectives were identified and verified with external partners. Critically reflect on the extent to which objectives were appropriate to needs in the eyes of key government stakeholders.</li> <li>If the results chain is long, focus on direct beneficiaries (MoF, MoH) &amp; then implementing partners. Ownership and participation are helpful for understanding how competing issues are accounted for and balanced.</li> <li>Adaptations are not always documented. It is necessary first to describe and changes that occurred and how the intervention adapted, to evaluate relevance. Discuss these changes with key decision-makers</li> </ul> |
| <b>Coherence</b>      | <p>How did the external financing fit alongside other sources of financing for Covid-19 vaccine delivery?</p> <p>Was it aligned to the wider policy framework for vaccine delivery?</p> <p>Was it harmonised with other interventions supporting vaccine delivery (by source, by institution, by purpose) or was their duplication of effort?</p> <p>Did coherence change over time?</p>  | <ul style="list-style-type: none"> <li>The assessment of coherence should be informed by an appropriate definition of scope – in this case, scope covers all financing (domestic and external) for vaccine delivery.</li> <li>Assessment of coherence relies on qualitative judgements based on available data and information. There is need to be open and transparent about data limitations and to flag when data sources cannot be accessed.</li> <li>Judgements about coherence should be made in line with organisations' institutional mandates</li> </ul>  |
| <b>Efficiency</b>     | <p>To what extent was it possible to convert financing to vaccine delivery support in an efficient way?</p> <p>Were resources allocated and spent according to plan? Were they redirected as needs changed?</p> <p>To what extent were timelines realistic and delivered according to plan?</p> <p>Were efforts made to overcome obstacles to timely delivery as the situation evolved?</p>   | <ul style="list-style-type: none"> <li>A basic decision is whether and how to use comparisons and benchmarking to assess efficiency. Within international institutions and country government agencies, clear guidance is normally provided on efficiency criteria ex ante, including in emergency situations where 'normal' procedures are amended. It makes sense to use the same measures for assessing efficiency.</li> <li>The review must be cautious in making comparisons between standards anticipated during 'normal' situations and the unprecedented context of Covid-19</li> </ul>   |
| <b>Sustainability</b> | <p>This encompasses several elements, and should be considered at each part of the results chain (allocation, disbursement, etc.)</p> <p>Sustainability of inputs, operations (including partner collaboration), and results (i.e. continued benefit)</p> <p>A key aspect of sustainability is exit planning. Does this exist and to what extent has it been applied?</p>   | <ul style="list-style-type: none"> <li>If other themes/criteria of the study have not been met significantly, the analysis of sustainability becomes redundant, and the review effort should be redirected towards other evaluation questions.</li> <li>If sustainability is not yet evident, the review should focus on whether the conditions for sustainability are evident, and qualify the strength of their judgements and assessment accordingly</li> </ul>  |

## 5.4 Stakeholder engagement

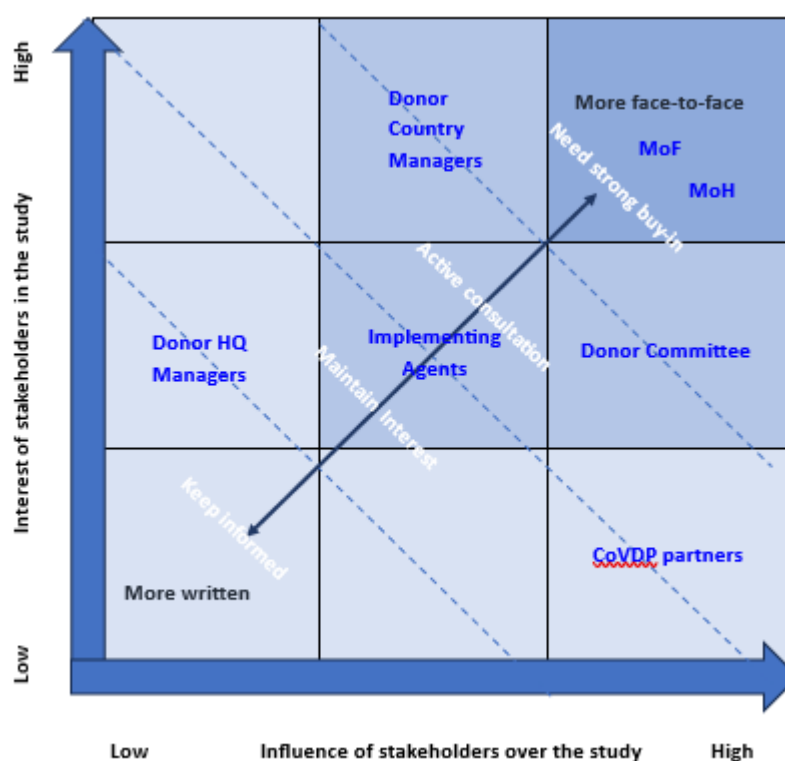
**The approach taken to the identification of and engagement with key stakeholders is critical to the success of the study.** If stakeholder relationships are not effectively managed the quality of the engagement with stakeholders and the essential two-way communication will suffer. Each study team will therefore be responsible for the following activities during the fieldwork:

1. **Identifying stakeholders** – i.e. those involved in the study subject matter or affected by its outcomes. The stakeholders identified in the previous section provide the basis for identifying key stakeholders in each of the three case study countries. It may be necessary to identify specific key individuals and roles as well as categories or groups. Some stakeholders will participate in the study, through the provision of data and participation in interviews, others will participate in an advisory or assurance role.
2. **Stakeholder analysis and profiles** – for each stakeholder or stakeholder group, analysis means gaining an understanding of the influences, interests, and attitudes of the stakeholders towards the study and its outcomes. The stakeholder profiles will need to be updated whenever new stakeholders are identified, or new information is gathered regarding the interests of existing stakeholders. This analysis will help prioritise stakeholder engagement, focus fieldwork activities, and ensure stakeholder communication is effective.
3. **A stakeholder engagement plan** will be defined once the stakeholder analysis has been undertaken. Implementing the stakeholder engagement strategy will mean considering a range of factors, including stakeholder requirements and expectations, organisational norms, and the resources available to maintain different types of engagement (e.g. written information; regular communication; active consultation; strong buy-in). The study teams will actively adjust the stakeholder engagement plan for each country case study and report on the effectiveness of stakeholder communications.

One of several techniques for analysing stakeholders is to consider each stakeholder in terms of their influence and their potential interest in the outcomes and impact of the study and plot these on a matrix. The level of their importance to the study and its impact will determine the level and type of stakeholder engagement the study team should undertake. **A preliminary influence/interest matrix for the study is provided in Figure 6 below.** This will be updated to produce a country-specific stakeholder analysis by each case study team which will be used to develop a country-specific stakeholder engagement plan.

An important feature of each case study will be the approach taken to engaging with key stakeholders. These are likely to come from within the Ministry of Finance, Ministry of Health and implementing agents responsible for COVID-19 vaccine delivery, as well as from in-country representatives of CoVDP and other donor organisations. Some of these may be unwilling to share information on disbursement of funding which they may regard as confidential or implicitly critical of their institution or organisation.

**Figure 6: Stakeholder interest/influence matrix and preliminary analysis**



| Preliminary Stakeholder analysis: |  |
|-----------------------------------|--|
| <b>Need strong buy-in</b>         | UNICEF country managers, Ministry of Finance, Ministry of Health, Implementing Agents                                    |
| <b>Active consultation</b>        | Covid-19 donor coordination committees, CoVDP partners, Country managers from institutions providing significant funding |
| <b>Maintain interest</b>          | HQ representatives for institutions providing significant funding (WB, Gavi)   |
| <b>Keep informed</b>              | UNICEF study managers, key stakeholders from health programmes with responsibility for vaccine delivery                  |

Our experience of data collection exercises for similar studies and evaluations suggest that the stakeholder engagement should include the following elements:

- **Use existing relationships** - of UNICEF and the study teams to seek advice on how we should approach country-level data collection with key stakeholders. This will provide important contextual information which can be used to determine study timelines, improve introductory messages, and assess the suitability of data collection techniques and tools (document reviews, quantitative analysis, qualitative interviews).
- **Seek in-country introductions.** Introductions in-country with governments and CoVDP partners from UNICEF country offices before the studies begin. Doing so will help minimise any uncertainty or veracity of our work. We will also use the relationships of OPMs Country Directors and proposed study teams to facilitate introductions.

- **Share information in advance.** Working with the UNICEF country office, we will share information about our organisation and the research objective by email or in telephone calls, to give key informants time to decide whether, when and how they want to participate. This helps us plan the case studies and gives key stakeholders time to consult their organisations and management internally.
- **Develop a study briefing note,** which outlines the purpose of the study and introduces the study team to share with key informants. This helps build confidence that regarding our intentions and credentials and will help focus discussions. This also helps keep data collection focussed, conversations short, and in general provides a useful icebreaker to conversations.
- **Team training and planning meeting(s) with the UNICEF country office.** This should include potential study challenges and how we plan to respond to them. We will draw up a collective list of analytical challenges and answers that we could draw on to communicate clearly and effectively about the review, respond to any queries and effectively alleviate any concerns of key informants.

## 5.5 Workplan, outputs and timelines

The proposed workplan, with milestones, outputs and updated timelines is set out in Table 5 below. This is in accordance with the requirements of the Terms of Reference. The remainder of this section provides more detail on the activities that will be undertaken during the assessment to produce each output.

**Table 2 Project Workplan**

| Stage  | Milestone                       | Outputs, as described in the Terms of Reference  | Status/ Next Steps                                      | Timeline  |
|--------|---------------------------------|--|---|---|
| Design | <b>1. Inception report</b>      | This should include a detailed project plan, preliminary literature review, initial stakeholder analysis, and high-level proposed methodology for the research. It should also specify the approach to be used for stakeholder engagement and data collection. | All outputs included in this Inception Report           | Inception report submitted 9 <sup>th</sup> January 2024 |
|        | <b>2. Research Protocol</b>     | The protocol should provide clear and consistent guidelines for data collection and analysis methodologies, for use across multiple countries.   | As above  | As above  |
|        | <b>3. Data Collection Tools</b> | The tools, including, surveys, questionnaires, interview guides, and data collection records should be designed to capture both qualitative and quantitative data effectively and reliably from key persons and organizations.                                 | To be developed following approval of Inception Report. | 31 <sup>st</sup> January 2024                           |

| Stage     | Milestone                                      | Outputs, as described in the Terms of Reference  | Status/ Next Steps  | Timeline  |
|-----------|--|--|---|---|
| Fieldwork | <b>4. Data Collection Consultation records</b> | Records of all interactions with UNICEF staff, external stakeholders, relevant UNICEF regional and country offices, and government officials and representatives during data collection.                                       | Commences with kick-off meeting between study team and UNICEF country offices | 1 <sup>st</sup> March 2024 (this deadline and those below assumes fieldwork commences by 5 <sup>th</sup> February 2024) |
|           | <b>5. Draft Individual Country Reports</b>     | These reports should include a systematic analysis of the collected data and significant findings for each country assessed.   | Report outline to be agreed with UNICEF (by 31 <sup>st</sup> January)         | 15 <sup>th</sup> March 2024   |
| Reporting | <b>6. Final Country Reports</b>                | These are the finalized versions of the individual country reports after incorporating all feedback and inputs from stakeholders.  | Stakeholder circulation to be agreed with UNICEF (by 15 <sup>th</sup> March)  | 29 <sup>th</sup> March 2024   |
|           | <b>7. Comprehensive Policy Brief</b>           | A policy brief consolidating the insights and findings from all countries. It should provide a concise overview of key observations, commonalities across countries, and recommendations for decision-makers and stakeholders. | Policy Brief outline to be agreed with UNICEF (by 29 <sup>th</sup> March)     | 12 <sup>th</sup> April 2024   |

## Stage one: Design

A series of **Key Informant Interviews** with CoVDP partners (UNICEF, GAVI and the World Bank) have been conducted to help direct the research, clarify the study approach, inform the data collection, and assist with managing stakeholder expectations.

An **Assessment Matrix** has been developed and is presented in Chapter 5 above. This matrix builds on the OECD DAC Evaluation Criteria: Relevance, Coherence, Efficiency and Sustainability. Under these four criteria, the matrix includes 8 key evaluation questions which are divided into sub-questions to direct data collection. Evidence from the relevant data sources will be gathered against the sub-questions, in order to gather evidence against the key evaluation questions, which in turn will inform judgements against the evaluation criteria.

The Assessment Matrix includes a **Data Collection Plan** which shows the data sources thought at this stage to be most relevant to capture evidence against each evaluation sub-question. Guidance on how to approach potential challenges during data collection and analysis is provided in Table 4. This will guide the engagement and allow data collection to be targeted to the most relevant sub-questions. Once the Inception Report is approved, data

collection tools will be finalised and the project teams trained in their use (project briefs, interview guides, data assessment framework). As the research progresses, the Data Collection Plan and Assessment Framework will be used to assess where data already collected are sufficient to address the research questions and where supplementary data collection is required.

The **Stakeholder Analysis** will be refined in collaboration with UNICEF and case study teams at the start of the fieldwork. From this, each study team will develop a **Stakeholder Engagement Plan**, which will set out how the team will engage with various categories of stakeholder. An approach to stakeholder analysis and engagement is provided in Section 5. We anticipate that key stakeholders in each case study country will include:

- UNICEF country office teams
- Ministry of Finance officers
- Ministry of Health officers
- Country managers of external financing agencies
- Members of Covid-19 donor coordination committees (government and donor).

A **Preliminary Literature Review** of academic literature, policy and strategy documents and existing program documents has been conducted to inform the research and develop the research hypothesis outlined in Sections 2 and 4 above. The literature review and document list can be found in Annexes B and C below. Any further literature review requirements should be agreed with UNICEF during approval of the Inception Report and completed by 31<sup>st</sup> January in order to inform the finalisation of the research approach, methodology and data collection tools.

A **Preliminary Data Analysis** of external financing for Covid-19 vaccine delivery in the three case study countries has been undertaken to inform the research approach. This analysis, tables and charts resulting from this work can be found in Section 2 above.

A **Research Protocol** providing clear guidelines for data collection and analysis is included in this inception report in Section 5. The research protocol ensures consistency of approach, methodology, data collection and data analysis across the three case study countries.

**Data Collection Tools** have yet to be developed, pending approval of this Inception Report. They will include a completed stakeholder matrix to guide stakeholder engagement, project brief (for stakeholder communication), interview guides for each stakeholder cohort, and funds matrix (see Figure 1) to be completing for each case study country, showing the flow of funds from sources (see Table 2) through to implementing agents, an assessment and data collection matrix, and an assessment framework for each country case study. The questions in the interview guides will be based on the key evaluation questions and sub-questions in the assessment matrix.

The **Assessment Matrix** will support country case study teams to collect data from stakeholders in line with the stakeholder engagement plan and key evaluation questions. The data collection matrix will direct the research and allow the case study teams to track their progress with data collection, so that any gaps can be targeted and filled. The matrix will support teams to capture both qualitative and quantitative data effectively and reliably.

The **Assessment Framework** will support teams to view all the data together, triangulate data sources, analyse and weigh evidence, identify data gaps and weaknesses, see whether

stakeholders agree, or views vary, and pull out evidence to support judgements against the themes of the evaluation.

The Design Stage culminates in this ***Inception Report***, which comprises a detailed project plan, preliminary literature review, initial stakeholder analysis, and high-level proposed methodology including a stakeholder engagement plan and data plan. This Inception Report will be shared with UNICEF and the prospective team leaders of the country case studies for review and approval. After incorporating all feedback and inputs from stakeholders, the ***Final Inception Report*** will be provided.

## Stage two: Fieldwork

The Fieldwork stage will comprise ***data collection and analysis*** work in the case study countries: Pakistan, Nigeria, and Zambia.

At the start of the fieldwork the country case study teams will ***liaise with UNICEF Country offices***, to complete the stakeholder analysis and engagement plan, collect basic country-level background information and data, and with the assistance of UNICEF identify key informants for the study.

The country teams will ***interview government stakeholders*** in the relevant ministries of finance and health and country representatives of donors providing external financing (see Table 2) to validate financing data and discuss issues suggested in the Assessment and Data Collection Matrix. This will target data collection and minimise burden on stakeholders.

**An important early task will be to validate the main sources of external financing allocations and disbursements for each country with government stakeholders** (as shown in Table 2). Key informant interviews at the global level with the World Bank and Gavi indicate that reporting time-lags, in-country virement between programmes, and lack of clarity on what counts as ‘vaccine delivery’ could lead to confusion as to which financial flows are within the scope of the study and which are not (i.e. external financing which is not specifically for Covid-19 vaccine delivery) .

We anticipate that in-country stakeholders from UNICEF, Gavi and the World Bank will support the study team to confirm sufficiently accurate financial data relating to external funding for vaccine delivery.<sup>14</sup> Other key sources may also be approached in-country (e.g. USAID, WHO).

The study teams will analyse the qualitative and quantitative data collected as evidence against which to make judgments answering the key evaluation questions and to make assessments against the four evaluation criteria.

The study teams will undertake an ***analysis of stakeholder views*** and compare this with other data sources to draw out key themes and the frequency of stakeholders’ views and experiences structured in line with the Assessment Framework.

All data and analysis will be combined into the Assessment Framework to support data collection and analysis activities, enable the country teams to make informed judgments

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<sup>14</sup> Note the emphasis on ‘sufficiently accurate.’ The focus of the study is on the government’s perceptions towards and utilisation of external finance, and the identification of evidence to support these views, rather than an audit of external financial flows.

against the key evaluation questions and assessments against the evaluation criteria and to provide a combined record of evidence.

It is not anticipated that surveys and questionnaires will be used for this assessment, given there are only three case study countries and a limited number of stakeholders, stakeholder group representatives, and other role holders relevant for the study. Interviews will provide more detailed data and evidence against which to make judgments and assessments.

## Stage three: Reporting

During the fieldwork stage, we will present weekly **progress reports** to UNICEF. This will support communication of emerging findings, while also monitoring progress and identifying any emerging risks and issues.

The study team will present **preliminary findings to UNICEF at the approximate mid-point of the fieldwork stage** to explore key findings, opportunities for improvement and further data or stakeholder consultation requirements. This discussion helps to socialise the emerging results and identify any necessary adjustments to the remainder of the fieldwork stage.

A **Draft Individual Country Report** will be written for each case study country and will focus on the relevance, coherence, efficiency, and sustainability. These reports will present a systematic analysis of the collected data and significant findings for each country assessed, as well as detailing the methodology undertaken to come to these findings. All findings will be clearly supported by the evidence collected through the assessment.

After incorporating all feedback and inputs from stakeholders, **Final Individual Country Reports** will be provided. While the final format will be agreed with UNICEF, we anticipate that the report will be no more than 30 pages long. All findings will be clearly supported by the data. The annexes will include all references used throughout the assessment and data collection tools.

A **Comprehensive Policy Brief** will be written, which consolidates the insights and findings from all countries. It will provide a concise overview of key observations, commonalities across countries, and recommendations for decision-makers and stakeholders.

We will share with UNICEF an electronic copy of the **Consultation Records** of all interactions with UNICEF staff, external stakeholders, relevant UNICEF regional and country offices, and government officials and representatives during data collection.

## Risk management

We take an active and preventative approach to risk management. The risk matrix below outlines key risks along with their likelihood of occurrence, impact, and responses.



**Table 3 Risk matrix**

| <b>Risk</b>   | <b>Likelihood</b> | <b>Impact</b> | <b>Response</b>   |
|---|-------------------|---------------|---|
| <b>Key stakeholders unwilling or unavailable to be interviewed</b>                          | Medium            | High          | <ul style="list-style-type: none"> <li>• Use local teams' relationships and OPM's country networks to engage stakeholders as effectively as possible,</li> <li>• Identify UNICEF key counterparts at country level and ensure coordinated communication. Ensure face-to-face meetings where appropriate.</li> <li>• Provide project briefs to explain the purpose and sponsorship of the study and be prepared to follow-up to diffuse any misunderstandings.</li> <li>• Be available to speak to stakeholders during evenings and weekends if availability is an issue.</li> <li>• Email questions to stakeholders unable to attend interviews.</li> </ul> |
| <b>Time available during KIIs is insufficient to cover all evaluation sub-questions</b>     | Medium            | Medium        | <ul style="list-style-type: none"> <li>• Use interview guides to structure interviews around main themes and priority areas.</li> <li>• Tailor interviews with prioritised questions, depending on the specific individuals experience and position.</li> <li>• Focus interview questions depending on information received from other sources (e.g. document reviews or earlier interviews)</li> </ul>   |
| <b>Stakeholders are unable to review reports and other deliverables in tight timeframes</b> | Low               | High          | <ul style="list-style-type: none"> <li>• Engage with UNICEF in advance of the fieldwork to assess stakeholder availability. Adjust the schedule where necessary for key stakeholders.</li> <li>• Provide notice of the study well in advance of the fieldwork, to allow stakeholders meetings to be properly planned.</li> <li>• Review and update the project schedule with UNICEF during inception phase</li> </ul>   |

## **Annex A Terms of reference**

### **Assessment of factors influencing the utilization of external COVID-19 vaccine delivery funding**

#### **1. Background**

UNICEF, as a leading technical agency for immunization, plays a vital role in ensuring widespread vaccine access. In collaboration with partners, UNICEF supplies vaccines to reach approximately 45% of children under five worldwide. Operating in over 100 countries, UNICEF works alongside governments, non-governmental organizations, and other UN agencies to procure and distribute vaccines, maintain their safety and efficacy, engage communities, and ensure affordable access, even for the most marginalized in society.

During the COVID-19 pandemic, UNICEF emerged as a key implementing partner of COVAX, the Vaccines Pillar within The Access to COVID-19 Tools Accelerator (ACT-A). Acting as a delivery partner for COVAX, UNICEF procured and supplied COVID-19 vaccines, leveraging its existing infrastructure to facilitate the complex logistics of distribution. UNICEF provided crucial support for COVID-19 vaccine delivery, particularly in expanding cold chain capabilities, managing the supply chain, mobilizing communities, and implementing innovative digital solutions for vaccine monitoring. At the global level, UNICEF worked extensively on costing and financing aspects of COVID-19 vaccine delivery. This included modeling delivery costs for 133 low- and middle-income countries, tracking donor financing, providing technical assistance for budget development, and conducting country-specific studies on delivery costs.

Furthermore, UNICEF plays a prominent role as a leading agency in the COVID-19 Vaccine Delivery Partnership (CoVDP), established in January 2022. Within CoVDP, UNICEF assists countries in planning and budgeting for COVID-19 vaccine delivery while coordinating donor and development partner support for vaccine delivery activities. These efforts aim to enhance the harmonization of external resources for country-specific delivery activities. Although substantial external funding has been allocated by donors and development partners to support COVID-19 vaccination efforts on the ground, there have been challenges related to accessing and utilizing these funds in some countries. The fragmentation of funding presents coordination challenges for governments, particularly in cases where their capacity for engagement is limited. Thus, gaining a comprehensive understanding of these issues is crucial not only for the successful implementation of COVID-19 vaccine delivery but also for better preparedness in future pandemic scenarios.

#### **2. Purpose and objectives of the consultancy**

The organization is tasked with conducting an assessment and documentation of factors that influence country prioritization and utilization of external financing for COVID-19 vaccine delivery. Leveraging UNICEF's existing work on costing and financing, the organization will coordinate with relevant agencies and stakeholders to design and implement methodologies for evaluating the utilization of external funding in selected low- and middle-income countries.

The objective is to comprehensively document the factors that determine government preferences for and utilization of external funding, with assessment of the following factors:

- Government access to, and perceptions towards the access of external funding for COVID-19 vaccine delivery.
- Donor and development partner mechanisms for channelling support towards country vaccine roll-out efforts, and processes related to the disbursement of funds.
- Governance, coordination structures and engagement mechanisms between donor entities, development partners and the government.
- Quality of funding in relation to its suitability and alignment with the short, medium, and long-term strategic priorities of the recipient country (i.e., funding which can support sustainable and impactful outcomes rather than being constrained by short-sighted spending pressures and programmatic constraints)

The organization will take the lead in implementing research activities in three (3) countries, ensuring close collaboration with stakeholders at the country, regional, and global levels for effective coordination.

### **Country selection:**

The organization will be responsible for developing a shortlist of potential countries based on the following criteria:

1. Covid-19 Vaccine Delivery Partnership (CoVDP) concerted support status: At least two of the countries must be designated as those prioritized for concerted support. The full list of 34 countries designated for converted report is included in Annex 2.
2. Eligibility for Gavi AMC Support: At least one country included in the study should be listed as eligible for Gavi AMC support, excluding countries designated as CoVDP concerted support countries. A full list of Gavi AMC eligible countries is included in Annex 3.
3. In-Country Capacity: The organization should shortlist countries where there is existing in-country capacity to undertake the required work.
4. Existing relationships: The organization should prioritize countries where there are existing relationships with relevant government counterparts and development partners (UNICEF, WHO, Gavi, World Bank and USAID).
5. Timeline Feasibility: The organization should ensure that for all shortlisted countries, it would be feasible to provide draft outputs before the end of December 2023.

Based on the shortlist provided by the organization, the final list of countries to be assessed will be determined through a brief internal consultation process with UNICEF regional and country offices.

### **3. Work Assignments/TOR**

The organization will be entrusted with a diverse range of work assignments encompassing the following key tasks:

1. Conduct a comprehensive review of pertinent documents, including policy documents, strategic plans, donor reports, and other relevant sources, to evaluate the effectiveness of donor coordination arrangements in countries, with a particular focus on recent external funding allocated to support COVID vaccine delivery.
2. Engage in consultations with UNICEF staff and external stakeholders, such as other UN agencies and development partners, to collaboratively design an appropriate and robust methodology for assessing the factors that influence the utilization of external funding for COVID vaccine delivery.
3. Formulate a research protocol that can be applied across multiple countries, ensuring consistency and coherence in data collection and analysis methodologies.
4. Develop data collection tools encompassing both quantitative and qualitative components for each assessment, ensuring comprehensive and reliable data capture.
5. Coordinate with relevant UNICEF regional and country offices to conduct data collection from key external financing sources in each country, as well as engage with government officials and representatives to obtain their insights and perspectives.
6. Engage in an iterative process to draft individual country reports, actively seeking inputs and feedback from relevant stakeholders, whilst ensuring a systematic analysis of collected data and producing comprehensive reports for each country assessed.
7. Develop a comprehensive policy brief that synthesizes and consolidates the insights and findings obtained from the assessment across all countries; effectively distilling the key observations, trends, and recommendations, providing a cohesive and concise overview for decision-makers and stakeholders at regional and global levels.

#### 4. Deliverables<sup>15</sup>

| Tasks/Milestone                               | Outputs  | Timeline                       |
|---|--|--------------------------------|
| <b>Inception report</b>                       | This should include a detailed project plan, preliminary literature review, initial stakeholder analysis, and high-level proposed methodology for the research. It should also specify the approach to be used for stakeholder engagement and data collection. | 12 <sup>th</sup> July 2023     |
| <b>Research Protocol</b>                      | The protocol should provide clear and consistent guidelines for data collection and analysis methodologies, for use across multiple countries.   | 2 <sup>nd</sup> August 2023    |
| <b>Data Collection Tools</b>                  | The tools, including, surveys, questionnaires, and interview guides, should be designed to capture both qualitative and quantitative data effectively and reliably from key persons and organizations.   | 16 <sup>th</sup> August 2023   |
| <b>Data Collection – Consultation records</b> | Records of all interactions with UNICEF staff, external stakeholders, relevant UNICEF regional and country offices, and government officials and representatives during data collection.   | 13 <sup>th</sup> November 2023 |

<sup>15</sup> The timeline in the original ToR (shown above) has been revised. A revised timeline is presented in this Inception Report, Section 5.5.

|   |  |                                |
|---|--|--------------------------------|
| <b>Draft Individual Country Reports</b> | These reports should include a systematic analysis of the collected data and significant findings for each country assessed.   | 20 <sup>th</sup> December 2023 |
| <b>Final Country Reports</b>            | These are the finalized versions of the individual country reports after incorporating all feedback and inputs from stakeholders.  | 19 <sup>th</sup> January 2024  |
| <b>Comprehensive Policy Brief</b>       | A policy brief consolidating the insights and findings from all countries. It should provide a concise overview of key observations, commonalities across countries, and recommendations for decision-makers and stakeholders. | 2 <sup>nd</sup> February 2024  |

For each of the deliverables, documents should be written in English and submitted electronically in a format compatible with Microsoft Word.

### **Administrative Issues**

No travel is expected as part of this assignment. Financial proposals should not include cost related to travel. It is assumed that the successful bidder will have all relevant equipment required to undertake this work.

### **Project Management/Contract Supervisor and other stakeholders**

**UNICEF Project Supervisor:** Ulla Kou Griffiths ([ugriffiths@unicef.org](mailto:ugriffiths@unicef.org)), Senior Advisor Health, Immunization Financing and Systems Strengthening, Health Section, Programme Division will be responsible for overseeing the project and managing the contract.

**UNICEF Project Manager:** Nikhil Mandalia ([namndalia@unicef.org](mailto:namndalia@unicef.org)), Economic Analysis Specialist, Social Policy and Social Protection – Public Finance and Local Governance Unit, will be responsible for managing the project, under the supervision of Ulla Kou Griffiths, Senior Advisor Health.



| Evaluation Criteria | Review Question   | Literature Review Findings  | Source                           |
|---------------------|---|---|----------------------------------|
| Coherence           | 3. Was external financing compatible with other financing sources?<br>4. To what extent did external financing support or undermine vaccination roll-out?<br>5. How was vaccine delivery and financing coordinated? | <ul style="list-style-type: none"> <li>• <b>Uses of external financing.</b> COVAX is the vaccine pillar in the broader international response to the pandemic, the Access to COVID-19 Tools Accelerator (ACT-A), which includes pillars for therapeutics, diagnostics, and health systems strengthening. Several evaluations have criticised the heavy vaccine bias of donor funding.</li> <li>• <b>Stakeholder views on future pandemic financing.</b> Sridhar Venkatapuram (Kings College London, UK) describes GAVIs proposals for future pandemic financing mechanisms as ‘biomedical technical’ bias solutions. “They reflect a mindset that is very fixated on vaccines and commodities [and] they inherently exclude other possible pathways [for protection against pandemics].” Underlining the effects of Covid-19 in low- and middle-income countries being much worse than in high-income countries.</li> <li>• <b>Stakeholder views on future pandemic financing</b> Zulfiqar Bhutta (Paediatrician at University of Toronto, and former GAVI board member) has questioned the wisdom of forcing a COVI vaccine strategy on LICs and MICs. Research by Bhutta indicates that increases in maternal and child mortality due to health service disruption probably exceeding the overall number of Covid deaths in South Asia, and that the indirect effects of the pandemic were disproportionately borne by the most vulnerable populations, with long-lasting intergenerational effects unless policies aimed at alleviating these impacts are instituted at scale and targeted at the most poor.</li> <li>• <b>Stakeholder views on future pandemic financing:</b> WHO has noted that the % of children who received 3 doses of the vaccine against diphtheria, tetanus and pertussis fell by 5% between 2019 and 2021, to 81% which is the largest sustained decline in childhood vaccinations in roughly 30 years. WHO described this as ‘historic backsliding.’</li> <li>• <b>Stakeholder views on future pandemic financing.</b> Shabir Madhi, Professor of Vaccinology at the University of Witwatersand (Johannesburg, South Africa). “It is strange for GAVI to reserve so much money for further purchase of Covid-19 vaccines, given that demand has dwindled to a trickle even in settings with low vaccination rates”. Bhutta and Madhi support using some unspent COVAX money on immunisation programmes for the most vulnerable under certain conditions. “Such an initiative would also need to address the systemic barriers [infrastructure, societal] which resulted in children being under-immunised or not receiving any vaccine at all.”</li> </ul> | #1. Usher, The Lancet, p1120-21. |
|                     |   | <ul style="list-style-type: none"> <li>• <b>The degree to which external financing instruments and channels functions effectively together varies.</b> In some cases, funding was significant but was not allocated effectively across needs for the response. There was also a lack of ability to rapidly reallocate financing to emerging acute needs as the pandemic evolved.</li> <li>• <b>Donor commitments were not aligned with global and national response plans.</b> This resulted in the vaccine funding target for 2020 being exceeded (although the target was a moving one), but only roughly one fifth of the treatment funding target (which included oxygen) met at the same time.</li> <li>• <b>Mismatches in demand contributed to challenges for agencies to implement funding once it arrived</b>, with only ~40% of funding implemented by Q1 2022. This was exacerbated by the processes more suited to development than crisis scenarios.</li> <li>• <b>Implementation challenges.</b> While funding was made available for countermeasures, there were communication and coordination challenges that prevented that financing from being allocated for that use. This, combined with competing priorities, unpredictability around the availability and timing of in-kind donations of vaccines (see 2.2), made it difficult for countries to take timely decisions around the use of grants or loans for vaccines.</li> <li>• <b>Significant financing was eventually made available but was delayed</b> (&gt;75% came beyond the peak in COVID-19 deaths), unpredictable and poorly coordinated with MDB financing options. There were some examples to the contrary,</li> </ul>  | #3 JFHTF pp3-5, p15, p30-32      |

| Evaluation Criteria | Review Question   | Literature Review Findings   | Source   |
|---------------------|---|--|--|
|                     |   | <ul style="list-style-type: none"> <li>• <b>The ACT-A partnership also faced a large funding gap across the entire implementation period.</b> The Vaccines pillar was more successful in terms of resource mobilization than the other three pillars (it received over two-thirds of total funding). Multiple key informants across different stakeholder groups highlighted that the other pillars should have been resourced much better.</li> </ul>   | #13 ACT-A External Evaluation, p11                             |
|                     |   | <ul style="list-style-type: none"> <li>• <b>The World Bank engaged in frequent dialogue with governments and partners to coordinate and adjust implementation.</b> Supporting government coordination to implement responses at the national and subnational levels worked best where there were country-led structures that predated COVID-19. Coordination structures facilitated dialogue on emerging needs, strengthened responses, and involved frontline services and communities for oversight, learning, communication, and problem-solving.</li> </ul>  | #14, World Bank Support to C-19, IEG, Executive Summary        |
| Efficiency          | <p>6. To what extent was external financing delivered in an economic and timely way, compared to alternatives in the context?</p> <p>7. What were the mechanisms used for governance?</p> | <ul style="list-style-type: none"> <li>• <b>Delays in raising funds.</b> In the autumn of 2020 GAVI had no money to sign vaccine deals. Donor countries prioritised their own bilateral vaccine deals with manufacturers and were slow to provide funding to COVAX. Deliveries got underway in earnest in autumn 2021 and peaked in December 2021 (357m doses). GAVI held another replenishment round in spring 2022, (when the funding gap for COVAX estimated by GAVI was \$5.2 Bn). However, by that time vaccine demand had taken a sharp downturn. By April 2022 when donor commitments were announced, shipments had fallen by 10 times compared to December 2021 (33m doses). In the first 6m of 2023, 85% of COVAX deliveries were donated vaccines. By July 2023, total shipments fell to 2m doses. Covid vaccine demand has now bottomed out. {NB: this is about vaccines, not financing for vaccine delivery}</li> <li>• <b>WB-WHO view on the efficiency of external financing mechanisms.</b> At the global level, significant financing was immediately available through a mix of, contingent funds and reprogrammed resources. Contingent financing options were fast to respond for the initial phases of the response but were never capitalized to support surge response at pandemic scale. Reprogrammed resources were helpful in that they were already available but not necessarily able to be rapidly used for the highest priority activities.</li> <li>• <b>Types of external financing.</b> Countries draw on several financing options to respond to pandemics: <ul style="list-style-type: none"> <li>○ <b>The first line of defence</b> includes domestic <u>emergency response financing</u> through the national budget, as well as <u>non-contingent</u> external financing from IFIs and bilateral sources. An important instrument at country level is non-contingent external financing that is already allocated for which there is flexibility to use the financing for other purposes.</li> <li>○ <b>The second line of defence</b> for country-level financing includes <u>contingent external financing</u>. In general, these options include pre-arranged (ex ante) contingent lines of credit that enable governments to access external finance after a disaster or a pandemic to meet emergency needs. However, such financing is intended for limited uses and time periods. Not all countries had the mechanisms to draw on this financing and there were often delays in the use of funds in anticipation of dedicated grant financing to fund national response activities.</li> <li>○ <b>At global level</b>, new sources of multi-lateral and bilateral financing was immediately available through a mix of <u>contingent funds and reprogrammed resources</u>. These new external funds were fast to respond to the initial phases of the pandemic, but they were not always capitalised to support surge response at pandemic scale and reprogrammed resources were not always able to be used for the highest priority activities. New financing for Covid-19 was unprecedented and there were many new developments to ensure emergency financing was made available faster than regular operational financing. For example, across 10 Multilateral Development Banks, US\$200 billion was made available across pre-arranged contingency and external new financing over the course of the pandemic. This mix of financing played a critical role in expanding options for countries' emergency response. . However, there were problems across modalities and limited predictability across institutions.</li> </ul> </li> </ul> | <p>#1. Usher, The Lancet, p1119-20</p> <p>#3 JFHTF p4, p18</p> |



| Evaluation Criteria | Review Question | Literature Review Findings   | Source                               |
|---------------------|-----------------|--|--------------------------------------|
|                     |                 | <ul style="list-style-type: none"> <li>• <b>ACT-A Operating Model.</b> ACT-A facilitated an unprecedented level of coordination and collaboration between global health agencies, enabling a rapid response to address the COVID-19 pandemic. When ACT-A was set-up, it was considered unrealistic to establish new structures given the urgent need for a speedy response. Two-thirds of survey respondents (66% of 71 respondents) agreed that ACT-A's operating model was the best possible structure at the time of the launch.</li> <li>• <b>ACT-A's informal coordination model</b> is insufficient for future pandemic response. A different design will be needed to address future pandemics. While ACT-A was a great innovation at its launch, a different model for pandemic response will be needed in future. For the next pandemic, only 35% of survey respondents would replicate ACT-A's operating model. Almost two-thirds of respondents (65%) think that the operating model should not be replicated. Key concerns with the model included limited cross-pillar and within-pillar coordination, insufficient accountability, limited meaningful engagement of low- and middle-income countries and regional bodies, and an insufficient focus on delivery.</li> <li>• <b>Accountability and transparency were not sufficiently promoted by the ACT-A model.</b> Prioritizing speed of response and using existing global health agencies to respond to the pandemic has compromised accountability and transparency. Only 38% of survey respondents agreed that ACT-A's operating model sufficiently promoted accountability, flagging ACT-A's inability to precisely track or communicate results due to the decentralized accountability mechanism.</li> <li>• <b>LIC and LMIC governments were insufficiently included in ACT-A's model,</b> resulting in a lack of ownership, and affecting the delivery of COVID-19 tools. The majority of key informants described ACT-A as having a top-down approach that sacrificed inclusion for an assumed decisive and rapid response.</li> <li>• <b>ACT-A's coordinated resource mobilization was useful.</b> About three-quarters (74%) of survey respondents reported that the joint resource mobilization model was preferable compared to uncoordinated fundraising efforts.</li> <li>• <b>CoVDP has effectively contributed to vaccine delivery.</b> The interagency initiative played a key role in catalysing support in 23 of the 34 countries (as of October 2022). Critics argued that CoVDP's focus on vaccine coverage is too narrow and that a more holistic investment approach should have been taken to boost strategic use of all MCMs and strengthen health systems. <b>The late creation of the operations-focused CoVDP did offer some real advances in how to speed up in-country action in a focused group of countries.</b></li> <li>• <b>For vaccines, the CoVDP has achieved significant results in a short period of time.</b> For the future, we recommend a 'CoVDP-type' interagency model for delivery support and coordination, led by an operational agency, which covers all medical countermeasures and focuses on countries in greatest need of support.</li> <li>• <b>CoVDP has established processes that allow for the alignment of urgent funding needs and enable the quick disbursement of funds mobilized by Gavi, WHO and UNICEF.</b> For example, in Chad, CoVDP mobilized delivery funding of \$4.9 million within 5 days for a vaccination campaign before Ramadan. As a result, Chad administered 1.6 million vaccine doses within ten days, equivalent to 52% of the national target, reaching health workers, refugees and nomads and increasing vaccination coverage from &lt;1% to 13%</li> </ul> | #13 ACT-A External Evaluation, p9-10 |
|                     |                 | <ul style="list-style-type: none"> <li>• <b>IMF Research on Vaccine Procurement.</b> A lack of timely financing for purchases of vaccines and other health products impeded the global response to the COVID-19 pandemic. Based on analysis of contract signature and delivery dates in COVID -19 vaccine advance purchase agreements, the IMF found that 60-75 percent of the delay in vaccine deliveries to low- and middle-income countries is attributable to their signing purchase agreements later than high-income countries, which placed them further behind in the delivery line. A pandemic Advance Commitment Facility with access to a credit line on day-zero of the next pandemic could allow low - and middle-income countries to secure orders earlier, ensuring a much faster and equitable global response than during COVID -19. [NB: this paper relates to vaccines,</li> </ul>  | #12, IMF WP 22/99                    |

| Evaluation Criteria | Review Question   | Literature Review Findings  | Source  |
|---------------------|---|---|---|
|                     |   | <p>tests and PPE which are out of scope of the current study, but the finding could be relevant for other costs associated with vaccine delivery]</p>   |   |
|                     |   | <ul style="list-style-type: none"> <li>• <b>In a context of high uncertainty, the World Bank delivered a response of unprecedented scale and speed.</b> The immediate support was particularly swift in the most vulnerable countries. In the first 15 months, the World Bank provided financing of an estimated \$30 billion for the health and social response in 106 countries with high or medium vulnerability to human capital and development losses. Support to small states, less-prepared countries, and fragile and conflict-affected situations was emphasized. About 20 percent of financing was disbursed in the first months of 2020, and 40 percent was disbursed by April 2021.</li> <li>• <b>Few countries possessed real-time data systems and adequate data to inform decisions and adapt the response.</b></li> <li>• <b>Partnerships.</b> Global - The World Bank made good efforts in engaging with partners to help prepare countries to deliver vaccines and expedite access, but the World Bank lacked an instrument to rapidly facilitate advance market commitments. In the first months of the pandemic, the Health, Nutrition, and Population GP convened global partners to explore ways to help low-income countries access vaccines. This was followed by intense internal dialogue about how the World Bank could best support vaccine readiness and access, focusing on supporting country-level efforts for vaccines, given the lack of a global instrument to help finance advance market commitments. Partnerships worked well at the country level, and the MPA (multiphase programmatic approach) financing for vaccines was timely. But implementation of vaccine support was initially slow because countries had limited health systems capacities to support delivery, and they often could not access vaccines early in the response. Partnerships worked well at the country level, but implementation of vaccine support was initially slow because countries had limited health systems capacities to support delivery, and they often could not access vaccines early in the response. The key was having access to financing for advance resource commitments, pooling resources with other partners in countries to support procurement and aligning efforts in countries for vaccine safety and delivery. Earlier engagement with partners could have helped.</li> <li>• <b>Operational policies.</b> Global - At the onset of the pandemic, Bank Group senior management demonstrated strategic and agile decision-making. This included front-loading International Development Association spending allocations and seeking an unprecedented International Development Association replenishment a year ahead of schedule, activating the International Bank for Reconstruction and Development’s crisis buffer to release additional financing, and aligning with the World Health Organization technical guidance on health issues. At the country level, having a pre-COVID-19 World Bank program with a good mix of instruments, including crisis instruments that could support timely financing in the first weeks of the crisis, facilitated a swift response. Crisis instruments, repurposed projects, regional projects, trust funds, and grants, where available in country program portfolios, helped rapid financing and just-in-time assistance in the early weeks and months of the crisis.</li> </ul> | <p>#14, World Bank, Support to C-19, IEG, Executive Summary</p> |
| Sustainability      | <p>8. To what extent did the net benefits of external financing continue, or are likely to continue? This is an assessment of the financial and institutional</p> | <ul style="list-style-type: none"> <li>• <b>Stakeholder views on future pandemic financing:</b> Olusoji Adeyi, President of Resilient Health Systems and faculty at Johns Hopkins University (Baltimore, MD) was part of a group headed by Helen Clark and Ellen Johnson Sirleaf that has proposed a “transformed epidemic countermeasures ecosystem”, an effort to address the failure of ACT-A to provide timely and adequate access to all the <b>COVID</b> tools. This is an attempt to ask what the optimal design is to prepare for the next pandemic. “We need to figure out how to appropriately finance the development of regional and sub-regional institutional capacities for disease awareness, outbreak detection, effective response, manufacturing, and surge financing for the next pandemic.”</li> <li>• <b>Stakeholder views on future pandemic financing.</b> Richard Hatchett, CEO of CEPI. “One of the key lessons from the COVID-19 pandemic is that predictable end-to-end financing and flexible surge financing, including for R&amp;D and manufacturing, must be readily available in the</li> </ul>  | <p>#1. Usher, The Lancet, p1120-23</p>                          |

| Evaluation Criteria | Review Question   | Literature Review Findings  | Source                  |
|---------------------|---|---|-------------------------|
|                     | <p>capabilities of the systems needs to sustain the benefits over time.</p> | <p>event of a new outbreak. If we do not put this mechanism in place, we risk the same outcome that so blighted the global response to COVID-19, and which resulted in the inequitable access to life-saving vaccines”.</p> <ul style="list-style-type: none"> <li>• <b>Stakeholder views on future pandemic financing.</b> “Experts say there is no guarantee that vaccines will be the primary or predominant countermeasure that is needed for the next outbreak. Being tied to one technology could also lead to a system in which each global health agency seeks to establish its own surge-contingency financing mechanism in preparation for the next pandemic, a model that would be both inefficient and expensive. Usher</li> <li>• <b>Stakeholder views on future pandemic financing</b> Olusoji Adeyi, President of Resilient Health Systems and faculty at Johns Hopkins University (Baltimore, MD) “GAVI is flat out the wrong place to put such a [future pandemic financing] mechanism. I think there is a dangerous risk of GAVI repositioning itself as the world’s funding channel for pandemic preparedness and response. And that is not GAVI’s business.” He proposes placing future external financing for pandemic response in the World Bank’s Pandemic Fund and/or regional development banks [to avoid inter-agency rivalry]</li> <li>• <b>Stakeholder views on future pandemic financing.</b> Ruchir Agarwal, former Head of the IMF’s Global Health, and Pandemic Response Task Force: “By going into an IFFIm-type model, we are basically accepting GAVI’s premise that this would be a vaccine-only mechanism. Yet, future pandemics might not be as vaccine-responsive as COVID-19. We have a window to create innovative financing solutions that not only counter global health fragmentation but also bring together key health agencies. GAVI’s proposed Day-Zero financing scheme does not capture the entire landscape of future health threats.”</li> </ul>  |                         |
|                     | <ul style="list-style-type: none"> <li>•</li> </ul>                         | <ul style="list-style-type: none"> <li>• <b>WB-WHO view on sustainability of external financing mechanisms.</b> Having a mix of financing instruments in the country portfolio that could be used at different time frames in the early weeks and later months of the crisis response is important. This finding was supported by an evaluation by the World Bank’s Internal Evaluation Group (IEG) which showed that countries with regional projects, better embedding of crisis instruments in the portfolio, experience using a range of instruments to support human capital, and trust funds were often better prepared for the crisis response. For example, the early COVID-19 responses in Senegal and Uganda relied on crisis instruments, repurposed projects, and trust funds, which were complemented by development policy financing, Pandemic Emergency Financing Facility, and World Bank support once available.</li> <li>• <b>WHO-WB preliminary conclusions</b> from the mapping and gap analysis (of financing for pandemic response) <ul style="list-style-type: none"> <li>○ Domestic financing should remain the first line of defence for pandemic response, but most countries need to develop financing plans for response.</li> <li>○ External non-contingent financing can play an important tool for response financing but only if that financing allows for pandemic response or there is flexibility in the use of those funds if reallocation is needed.</li> <li>○ Contingent external financing at the national level is essential for responding to initial response but is generally limited and improvements are needed to make this financing more effective.</li> <li>○ New external financing was unprecedented, but functional gaps need to be addressed. Emergency procedures supported fast disbursement for some institutions and instruments, but there were issues hindering uptake, competing priorities, political commitment, unique challenges in fragile countries, access to information, uncertainty, and country capacity.</li> <li>○ At each financing level, the degree to which these instruments and channels function effectively together varies. The main findings include that in some cases funding was significant but was not allocated effectively.</li> </ul> </li> </ul> | <p>#3 JFHTF p4, p35</p> |

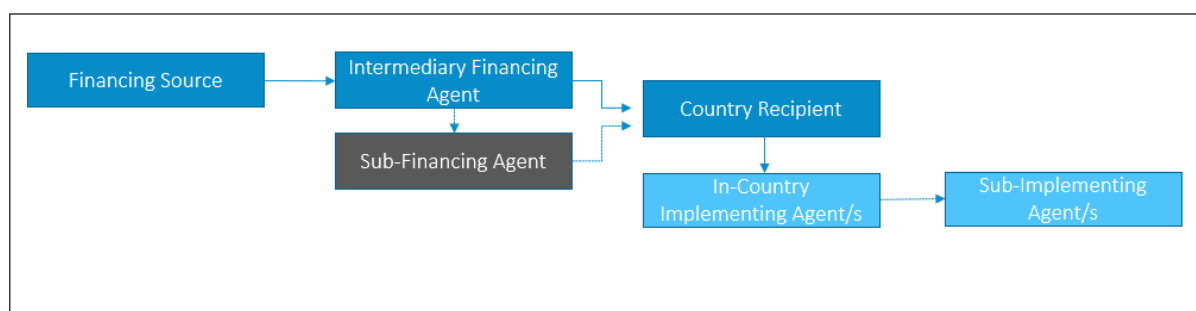
## Annex C Documents consulted.

| #  | Documents consulted  |
|----|--|
| 1  | COVAX: The Unspent Billions, Ann Danaiya Usher, <a href="http://www.thelancet.com">www.thelancet.com</a> . Vol 402 pp 1119-1123, Sept 30, 2023,  |
| 2  | External Funding for COVID-19 Vaccine Delivery in Low-and-Middle Income Countries, internal note, UNICEF, 9 July 2023  |
| 3  | Mapping Pandemic Response Financing Options and Gaps, G20 Joint Finance & Health Ministerial Meeting (JFHTF), Preliminary Report, August 2023.   |
| 4  | G20: Accelerating COVID-19 Vaccine Deployment: removing obstacles to increase coverage levels and protect those at high risk, WHO, the World Bank, GAVI, the IMF, WTO, UNICEF, 20 April, 2022  |
| 5  | GAVI Guidance Note: Support through WHO and UNICEF for TA Support for Preparedness and Readiness for COVID-19 Vaccine Delivery in AMC-35 Economies, 13 November, 2020                          |
| 6  | GAVI Guidance Note: for TA Support for GAVI-57 Economies Preparedness and Readiness for COVID-19 Vaccine Delivery [no date]  |
| 7  | GAVI Guidelines: COVID-19 Delivery Support (CDS) Third Funding Window Guidelines, July 2022  |
| 8  | UNICEF: COVID-19 vaccine delivery support – CDS 3 <sup>rd</sup> funding window for AMC-30 countries, guidelines for completing the application, Version 5, Sept 2022                           |
| 9  | UNICEF: Leveraging COVID-19 Vaccine Investments for Sustainable and Strengthened Health Systems: Opportunities through flexible funding from UNICEF's ACT-A HAC (Vaccine Pillar), 13 July 2022 |
| 10 | UNICEF Guidance Note: UNICEF ACT-A HAC Vaccine Pillar Allocation Process, 25 July 2022   |
| 11 | UNICEF Guidance Note: UNICEF ACT-A HAC Vaccine Pillar Allocation Process April 18 2022   |
| 12 | Financing vaccine equity: Funding for day-zero of the next pandemic, Ruchir Agarwal and Tristan Reed, IMF WP May 2022 (WP/22/99)   |
| 13 | External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A), Open Consultants, October 2022  |
| 14 | The World Bank's Early Support to Addressing COVID-19: Health and Social response, An Early-Stage Evaluation, World Bank IEG, November 2022  |
| 15 | COVID-19 Vaccination Insights Report, WHO-Gavi-UNICEF, 27 <sup>th</sup> November 2023  |

## Annex D Flow of funds for external funding for Covid-19 vaccine delivery

In the wake of the global COVID-19 pandemic, the equitable distribution and delivery of vaccines have emerged as paramount challenges, particularly in Low- and Middle-Income Countries (LMICs). This overview from UNICEF provides a high-level description of external funding mechanisms supporting the delivery of COVID-19 vaccines in LMICs.

**Figure - Flow of External Funding**



### Financing Sources, Governance and Financing Agents

**Funds flow.** The chain of external funding initiation and implementation involves several key actors and organizations. At the start of the chain are the financing sources, which are typically country governments providing financial resources for development assistance. The external funding is then channelled through intermediary financing agents, typically multilateral organizations, such as the World Health Organization (WHO) and the World Bank. These organizations pool resources from multiple donors and allocate them to recipient countries based on their needs and priorities. To note, when financing sources provide funding to intermediary financing agents, the grant agreements can include specificities tied to the funding. This means that the funds may be earmarked for certain countries or earmarked for specific uses and interventions.

**Governance.** Important to note that COVDP was a partnership formed of individual organizations (WHO, UNICEF and Gavi). Each organization maintained their own mechanisms for fund raising, grant management, fund disbursement, and monitoring and reporting. The study should consider each organization as being a separate entity as the formation of COVDP did not lead to any grant management/financing systems-integration. The COVDP structure included a “Financing” workstream, responsible for facilitating financing to countries for vaccine delivery and to some extent responsible for donor coordination. However, each organization remained responsible for allocating and disbursing funds to countries through individual organizational processes. The COVDP funding meetings/calls were used by each organization to communicate allocation decisions to countries for transparency.

WHO, GAVI and UNICEF were the key Financing Agents, which received funds and further disbursed funds to recipient countries. Both WHO and UNICEF were sub-FAs for Gavi funds for various components of funding.

GAVI provided some funding to UNICEF for “emergency funding” during the later stages of Vaccine roll-out activities. This funding was provided to countries who had planned activities but faced temporary shortfalls preventing the activity’s implementation. These funding allocations had to be agreed by both GAVI and UNICEF before disbursement to countries.

## **Mechanisms of Channelling External Funding**

The mechanisms used to channel external funding for COVID-19 vaccine delivery in LMICs include both bilateral mechanisms and mechanisms of multilateral organizations. There’s substantial variation in decision-making at each stage of the process across organizations. Bilateral aid involves donor countries providing more direct financial support to specific recipient countries for vaccine procurement and distribution efforts. The provision of bilateral support is typically channelled through bilateral development agencies (e.g., Germany – KfW and GIZ). Multilateral organizations, acting as an intermediary financing-agents, allow donors to pool their resources, and channel funds to countries in-line with the priorities of the country accompanied with the technical support and facilitation of the multilateral organization administrating the funding. In certain cases, multilateral organizations may direct funds to another multilateral organization acting as a sub-financing agent, which then assumes responsibility for administering the funding to the country recipients.

## **In-Country Implementing Agents**

Once the external funding reaches the recipient countries, it is implemented through in-country implementing agents. Government health agencies and non-governmental organizations (NGOs), and country offices of multilateral organizations are key players in this stage. The CoVDP partners had no overall visibility of the implementing agents in-country. They are responsible for the implantation of vaccine delivery activities or play a significant supporting role in facilitating vaccine roll-out. In some instances, an implementing agent may have an intermediary role in administrating funding, which is channelled to a sub-implementing agent.

The study is only expected to follow the flow of funds to the entity which utilizes the funding. However, to understand any bottlenecks that prevented the fund’s utilization it will be important to know the role and processes of the Implementing Agents responsible for administrating the funds. i.e. if a WB project is channelled through the MOF to the MOH for implementation, the study should seek to understand where issues may have arisen in the implementation of funds.

## **Global Monitoring**

Global monitoring of external funding for COVID-19 vaccine delivery in LMICs, has centred on tracking the funds allocated to each recipient country. This approach focuses on the allocations made by intermediary and sub-financing agents towards country recipients. Consequently, existing data fails to comprehensively document the specific financing sources that provide the funding. Moreover, the available data lacks in-depth insights into the additional in-country details of implementing agents or sub-implementing agents involved in execution of vaccine delivery activities. Whilst funding allocations have been captured, information on disbursed funding varies across financing agents. Additionally, the global, top-down approach to resource tracking has meant that there are significant limitations in the ability to track the actual utilization of funding at country-level.

For UNICEF, data is available on the funding allocated and disbursed to countries, as well as the proportion of funding that has been committed and utilized. However, this may not accurately represent the actual utilization of funds. The discrepancy arises from the fact that UNICEF's financial and grant systems report funding channelled to sub-implementing agents as utilized, even when the actual absorption or expenditure by the sub-implementing agent is not visible through the global financial and grant management systems. This is also common across the financial systems of other multilateral organizations. As a result, monitoring the utilization of funds necessitates a bottom-up reporting process from implementing and sub-implementing agents at the country level.

## Logical Framework

The logical framework presented here depicts the broad strategy for external funding support towards COVID-19 vaccine delivery in Low and Middle-Income Countries (LMICs). It outlines how several types of funding, categorized as Initial Funding, Medium-term Funding, and Short-term Urgent Funding, contribute step by step towards enhancing vaccine coverage and improving population health.<sup>16</sup>

**Table 1 - Log frame for External Funding for C19 Vaccine Delivery**

| <i>Input</i>   | <i>Activities</i>   | <i>Output</i>  | <i>Outcome</i>  | <i>Impact</i>   |
|--|---|--|---|---|
| <b><i>Initial (Preparedness/Readiness) Funding</i></b> | <i>Build cold-chain systems, train healthcare workers, establish data management systems, enhance community engagement</i>        | <i>Improved infrastructure and readiness for vaccine roll-out</i>            | <i>Efficient initiation of vaccine roll-out when vaccines become available</i>      | <i>Increased vaccine coverage and improved population health</i>                    |
| <b><i>Medium-term (Delivery) Funding</i></b>           | <i>Plan and prepare vaccination strategies, procure necessary supplies, support logistical operations for vaccine roll-out</i>    | <i>Successful initiation and continuation of vaccine delivery activities</i> | <i>Increase in the number of vaccinated individuals, decrease in COVID-19 cases</i> | <i>Improved population health and pandemic control</i>                              |
| <b><i>Short-term (Urgent) Funding</i></b>              | <i>Address unforeseen challenges financial challenges, delays in government funding/partner funding release, surge HR support</i> | <i>No interruptions in vaccine roll-out</i>                                  | <i>Consistent and timely delivery of vaccines</i>                                   | <i>Maintained momentum of vaccination campaigns, safeguarding population health</i> |

<sup>16</sup> These categorizations were developed for this study. However, most financing can be categorized in this manner. Preparedness/Readiness Funding, Delivery Funding, and Emergency funding – are alternatives that are closer to naming conventions used during the coordination efforts.

## Annex E Vaccine delivery support - eligible expenditures



COVID-19 vaccine delivery support – CDS 3<sup>rd</sup> funding window for AMC-30 countries

### Guidelines for completing the application

Version 05 September 2022

1. The CDS 3<sup>rd</sup> funding application will be opened on **7 September 2022** and the application should be submitted as soon as possible and no later than **30 September 2022**. Funds must be spent by **31 December 2023**.
2. The CDS 3<sup>rd</sup> funding window objectives are as follows:
  - Support acceleration of vaccination of high & highest-risk populations (as by SAGE)
  - Support rapid delivery scale-up to reach country targets for adult vaccination
  - Support integration of C19 and routine immunization to achieve sustainable benefits
3. As in the previous rounds, the AMC-30 countries are dedicated a ceiling envelope for this 3<sup>rd</sup> round, after consultations held between UNICEF, WHO/PAHO and countries to understand their needs.
4. Technical assistance (COVAX TA) support for UNICEF and WHO country offices, which in earlier round was provided through a separate grant/request, should be requested within the CDS 3<sup>rd</sup> funding envelope. An application Excel template for this COVAX TA is included as part of the application materials.
5. Eligibility of activities and items are the same than they were in previous funding windows (i.e. 18 categories). Exceptional activities/items will still require strong justification to be provided (refer to classification in annex). With regard to integration of C19 and routine immunization, areas of integration could be:
  - **Service delivery.** Routine immunization catch-up (zero-dose, measles-rubella, polio) incorporating C19 activities such vaccination, surveillance, demand generation, etc.
  - **Human resources.** Incentives/salaries for temporary staff to increase capacity to manage vaccine demand and routine immunization
  - **Health Information System.** Digital solutions to enhance C19 vaccination and routine immunization. Guidance can be found under: [https://bit.ly/DICE\\_CDS\\_Guidance](https://bit.ly/DICE_CDS_Guidance)
  - **CCL equipment.** Refrigerator, temperature recording devices, refrigerated vehicle, waste treatment solutions, etc.

### Annex: Eligible expenditures

| Cost grouping                                  | Cost input description   | Eligibility   |
|--|--|---|
| 1. Human resources                             | 1.1 Salaries and allowances  | Yes   |
|  | 2.1 Vehicle procurement  | Exceptional *                                       |
| 2. Transport and travel related costs          | 2.2. Vehicle rental  | Yes   |
|  | 2.3 Fuel for vehicles  | Yes   |
|  | 2.4 Vehicle maintenance  | Yes   |
|  | 2.5 Per diems/allowances for travel-related activities                           | Yes   |
|  | 2.6 Other transport costs  | Yes   |
| 3. External professional services (EPS)        | 3.1 Consultancy costs  | Yes   |
|  | 3.2 Fiscal/Fiduciary agent costs   |   |
|  | 3.3 External audit costs   |   |
|  | 3.4 Other EPS costs  |   |
| 4. Health products, consumables, and equipment | 4.1 Immunization session supplies  | Yes   |
|  | 4.2 Waste management supplies  | Yes   |
|  | 4.3 Health equipment and maintenance costs                                       | Yes   |
|  | 4.4 Other health products, consumables, and equipment                            | Vaccines ineligible<br>Other product: Exceptional * |
| 5. Event related                               | 5.1 Per diems/allowances related to events (training, meeting, workshop, launch) | Yes   |
|  | 5.2 Other costs (venue, subsistence, facilitation, materials, etc.)              | Yes   |
| 6. Cold chain                                  | 6.1 Cold storage large equipment   | No  |
|  | 6.2 Cold vehicles  | Exceptional *                                       |
|  | 6.3 Cold chain small equipment   | Yes   |
|  | 6.4 Cold chain running and maintenance costs                                     | Yes   |
|  | 6.5 Other cold chain related costs   | Yes   |
| 7. Infrastructure and non-health equipment     | 7.1 Construction and renovation  | Exceptional *                                       |
|  | 7.2 Furniture and fittings   | Exceptional *                                       |
|  | 7.3 IT equipment, telephony, software, and connectivity                          | Yes   |
|  | 7.4 Other infrastructure and non-health equipment and maintenance costs          | No  |
| 8. Communication materials and publications    | 8.1 Printed materials  | Yes   |
|  | 8.2 Television/radio spots and programs  |   |
|  | 8.3 Promotional materials (non-print)  |   |
|  | 8.4 Other communication material and publications                                |   |
| 9. Program administration                      | 9.1 Program administration costs   | < 10%   |
|  | 9.2 UN to UN agreement Program Support Costs to WHO/PAHO (%)                     | Yes   |
| 10. Results based financing                    | 10.1 Results based financing   | Yes   |

\* Purchase of vehicles will require justification that maintenance will be covered by domestic funding



## Annex F Guidance notes for Covid-19 vaccine delivery in AMC35 economies

The COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) provides a structured framework for the preparation and planning for the introduction of the COVID-19 vaccine and for monitoring progress against key milestones. Source: WHO and UNICEF

### 1. Planning and coordination:

- Establish (or engage an existing committee) a National Coordinating Committee (NCC) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities and regular meetings.
- Establish (or engage an existing working group) a National Technical Working Group (NTWG) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities and regular meetings

### 2. Regulatory:

- Confirm to WHO the existence of any expedited regulatory pathway for approval of COVID-19 vaccines (i.e. emergency use authorization, exceptional approval/waiver mechanism based on reliance/recognition, abbreviated procedure, fast track, etc.). Timelines and maximum number of days should be mentioned (expected timeline: maximum 15 working days).

### 3. Prioritizing, Targeting and COVID-19 Surveillance:

- Monitor progress of NITAG working groups on COVID-19 vaccines and interim recommendations focusing on prioritization and risk groups.

### 4. Service Delivery:

- Update protocols for infection prevention and control measures including adequate personal protection equipment (PPE) to minimize exposure risk during immunization sessions.

### 5. Training and Supervision:

- Develop a training plan to prepare for COVID-19 vaccine introduction that includes key groups of participants, content topic areas, key training partners and training methods (in-person or virtual). WHO will provide a template for guidance.

### 6. Monitoring and Evaluation:

- Develop or adapt existing surveillance and monitoring framework with a set of recommended indicators (coverage, acceptability, disease surveillance etc...) for COVID-19 vaccine. Determine whether registration and reporting will be individual or aggregate, and to what extent existing tools and systems can be re-used.

### 6. Monitoring and Evaluation:

- Develop or adapt existing surveillance and monitoring framework with a set of recommended indicators (coverage, acceptability, disease surveillance etc...) for COVID-19 vaccine. Determine whether registration and reporting will be individual or aggregate, and to what extent existing tools and systems can be re-used.

### 7. Vaccine Cold Chain and Logistics:

- Establish/strengthen the national logistics working group with appropriate terms of reference and standard operating procedures to coordinate COVID-19 vaccines and ancillary products deployment.
- Assess current cold chain capacity through the collection of necessary data (e.g. CC inventory update, operational deployment plan), developing a cold chain and distribution strategy, and estimating associated gaps and equipment needs. As required, this can include the preparation of support applications to relevant donors.

### 8. Safety Surveillance:

- Ensure that guidelines, documented procedures and tools for planning and conducting vaccine pharmacovigilance activities (i.e. AEFI reporting, investigation, causality assessment, risk communication and response) are available.
- Assure competent and trained staff to perform vigilance activities.
- Expedite training the AEFI committee to review COVID-19 Vaccine safety data (e.g., causality assessment of serious AEFI, clusters of AEFI, emerging safety concerns etc).
- Identify provisions that require manufacturers to implement risk management plans and collect and report COVID-19 vaccine safety data to the NRA.
- Plan active surveillance of specific COVID-19 vaccine related adverse events. If this is not possible, develop provisions that allow reliance on active surveillance data, decisions, and information from other countries or regional or international bodies.

### 9. Demand Generation and Communication:

- Design a demand plan (includes advocacy, communications, social mobilization, risk and safety comms, community engagement, and training) to generate confidence, acceptance, and demand for COVID-19 vaccines. Must include a crisis communications preparedness planning.

# Annex G WHO Coronavirus Dashboard

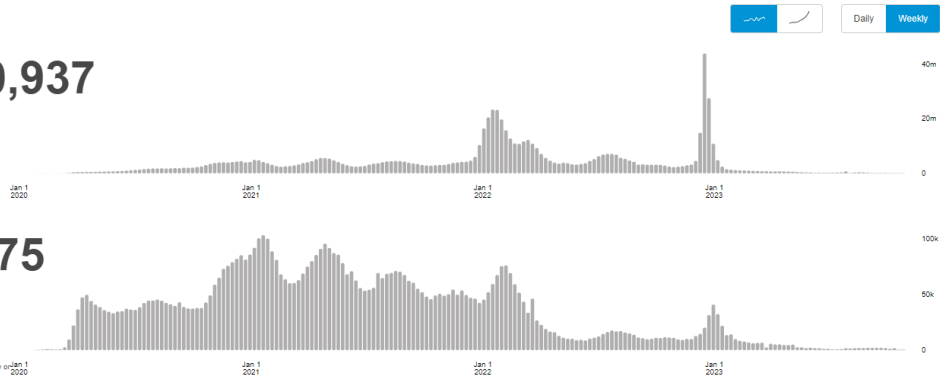
Globally, as of 6:15pm CET, 8 November 2023, there have been **771,820,937 confirmed cases** of COVID-19, including **6,978,175 deaths**, reported to WHO. As of 5 November 2023, a total of **13,534,474,309 vaccine doses** have been administered.

## Global Situation

**771,820,937**  
confirmed cases

**6,978,175**  
deaths

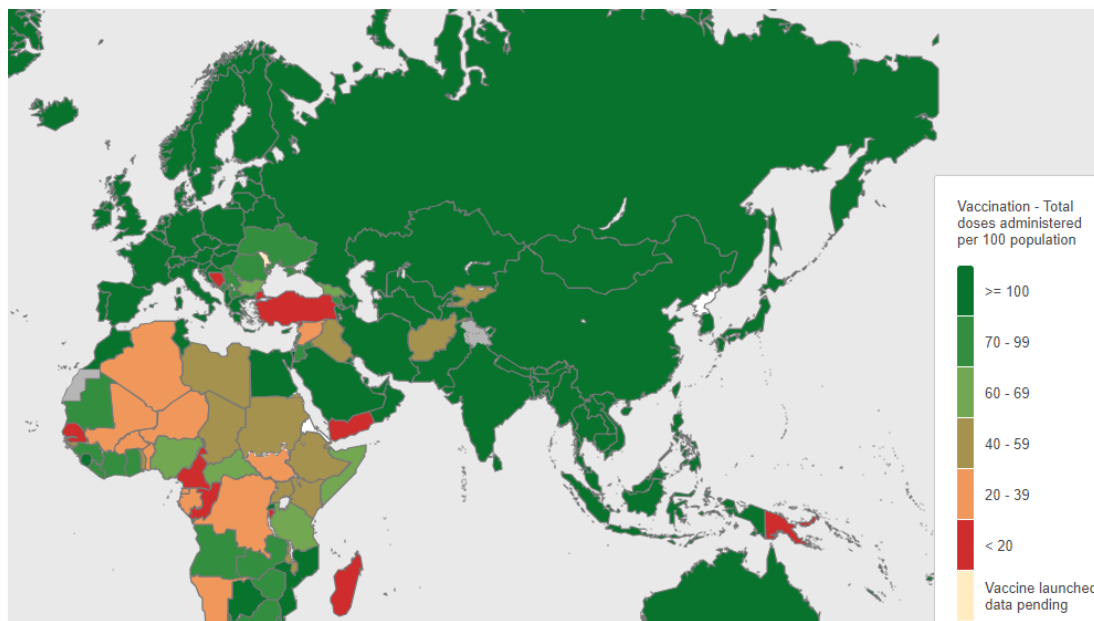
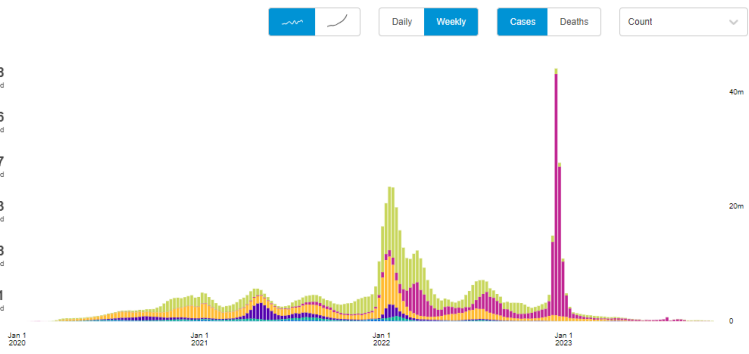
Source: World Health Organization  
Data may be incomplete for the current day or week.



## Situation by WHO Region

|                       |                       |
|-----------------------|-----------------------|
| Europe                | 276,897,108 confirmed |
| Western Pacific       | 207,434,776 confirmed |
| Americas              | 193,321,547 confirmed |
| South-East Asia       | 61,209,463 confirmed  |
| Eastern Mediterranean | 23,403,218 confirmed  |
| Africa                | 9,554,061 confirmed   |

Source: World Health Organization  
Data may be incomplete for the current day or week.



## Country drilldowns:

### Nigeria

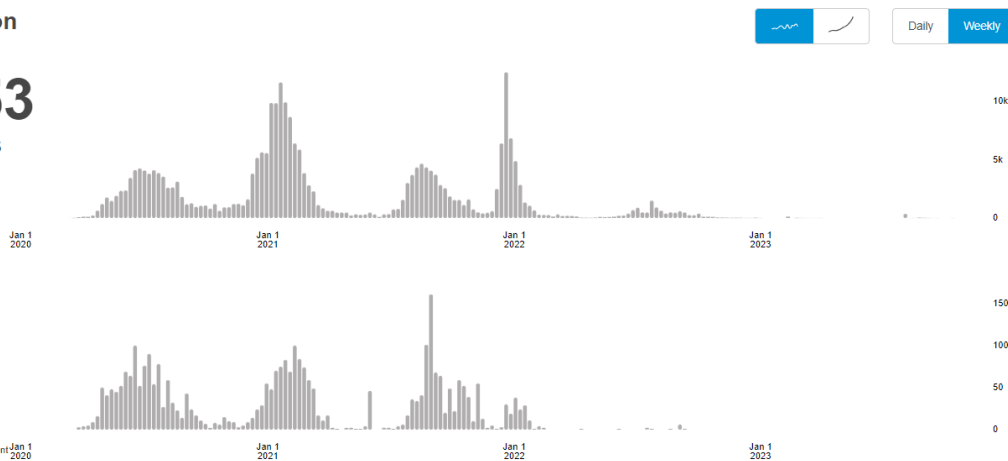
In Nigeria, from 3 January 2020 to 2:06am CET, 22 November 2023, there have been 267,153 confirmed cases of COVID-19 with 3,155 deaths, reported to WHO. As of 5 November 2023, a total of 133,048,021 vaccine doses have been administered.

#### Nigeria Situation

**267,153**  
confirmed cases

**3,155**  
deaths

Source: World Health Organization  
Data may be incomplete for the current day or week.



#### Daily COVID-19 vaccine doses administered

7-day rolling average. All doses, including boosters, are counted individually.

Our World in Data



Data source: Official data collated by Our World in Data

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## Pakistan

In **Pakistan**, from **3 January 2020** to **2:06am CET, 22 November 2023**, there have been **1,580,631 confirmed cases** of COVID-19 with **30,656 deaths**, reported to WHO. As of **7 November 2023**, a total of **340,957,000 vaccine doses** have been administered.

### Pakistan Situation

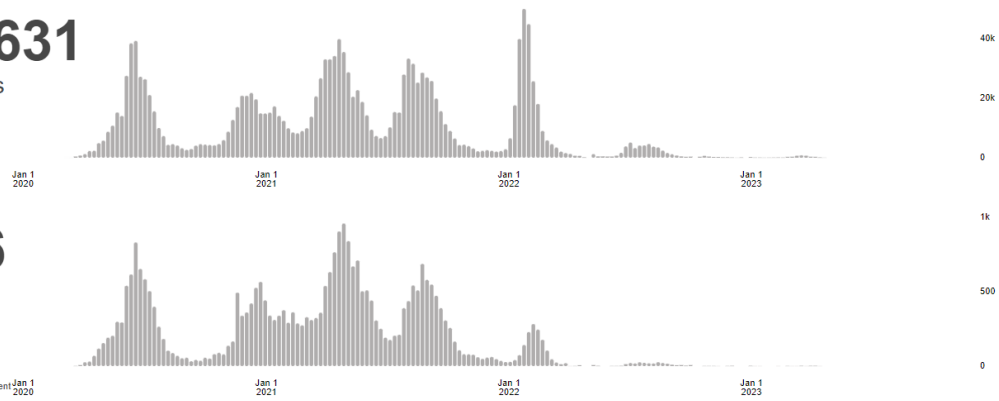
**1,580,631**

confirmed cases

**30,656**

deaths

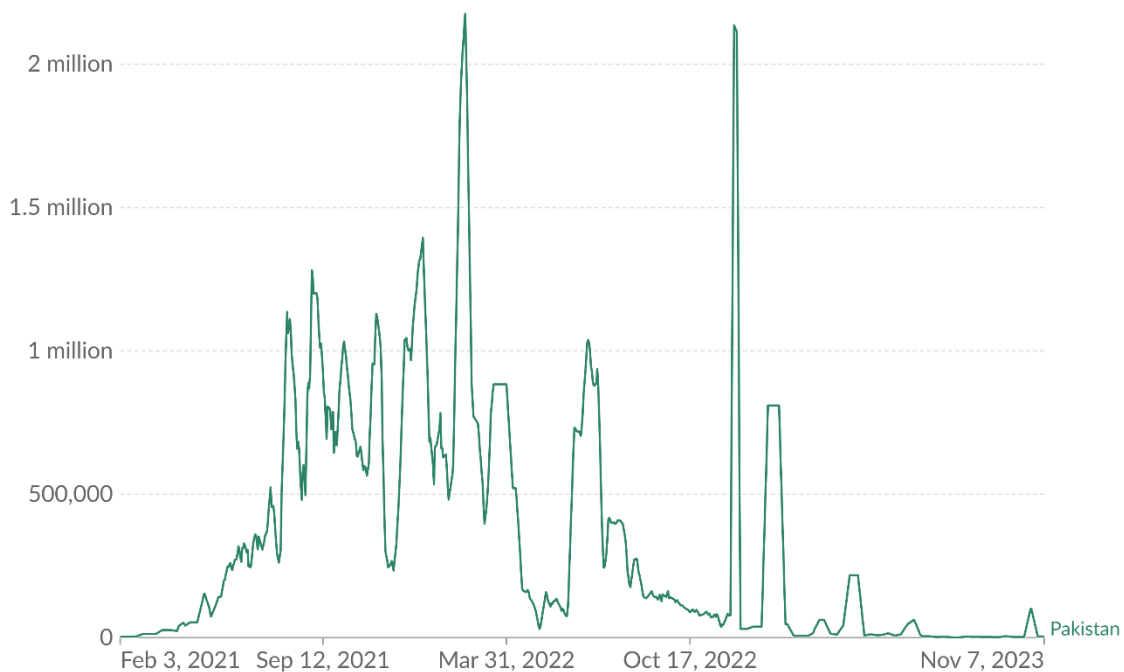
Source: World Health Organization  
 ■ Data may be incomplete for the current day or week.



### Daily COVID-19 vaccine doses administered

7-day rolling average. All doses, including boosters, are counted individually.

Our World in Data



Data source: Official data collated by Our World in Data

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## Zambia

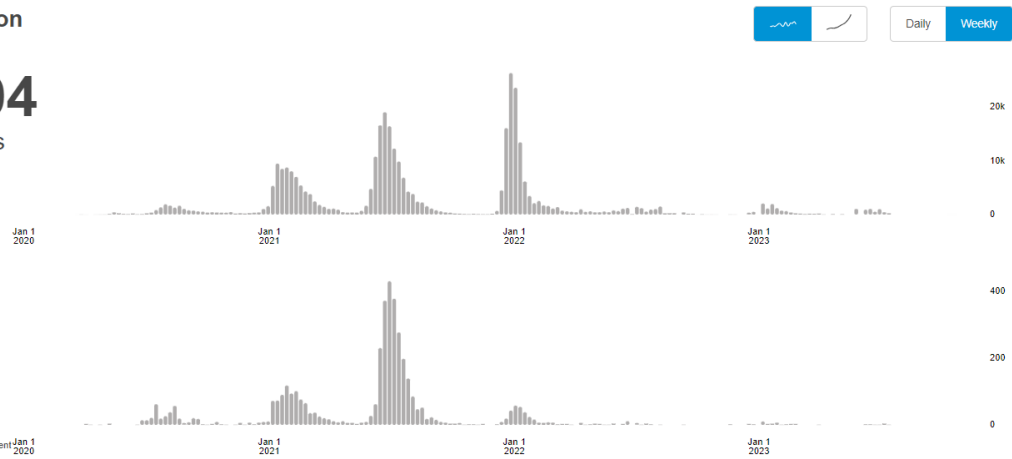
In **Zambia**, from **3 January 2020** to **2:06am CET, 22 November 2023**, there have been **349,294 confirmed cases** of COVID-19 with **4,069 deaths**, reported to WHO. As of **25 June 2023**, a total of **13,615,707 vaccine doses** have been administered.

### Zambia Situation

**349,294**  
confirmed cases

**4,069**  
deaths

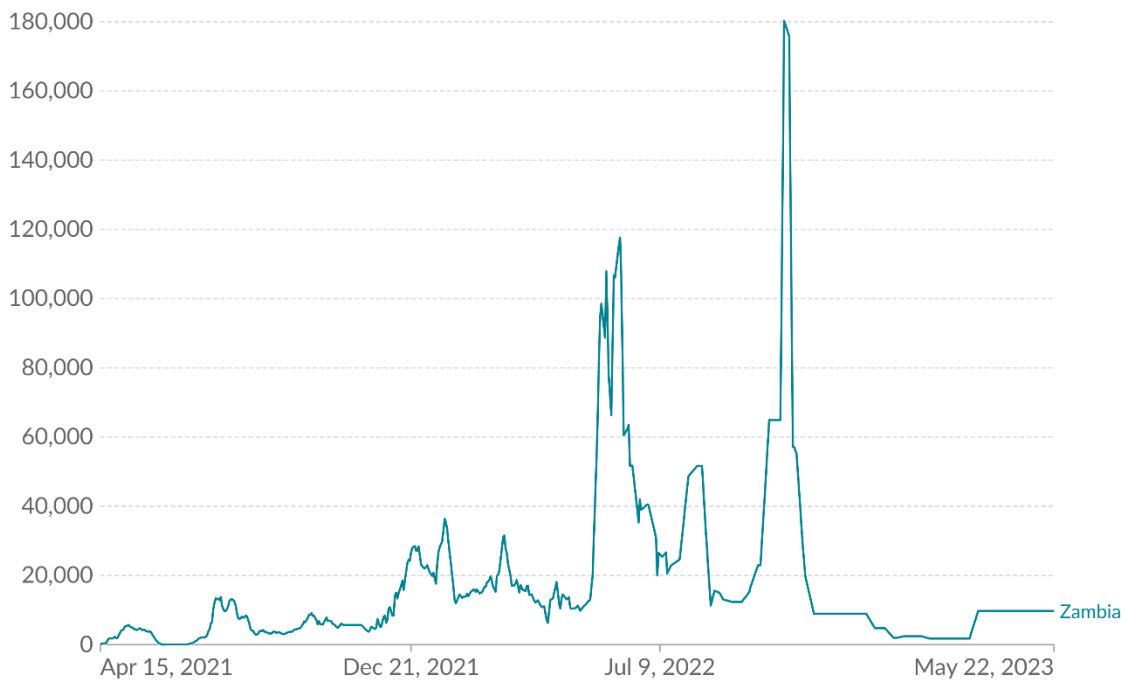
Source: World Health Organization  
Data may be incomplete for the current day or week.



### Daily COVID-19 vaccine doses administered

7-day rolling average. All doses, including boosters, are counted individually.

Our World in Data



Data source: Official data collated by Our World in Data

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## Annex H External financing for Covid-19 vaccine delivery by source

The tables below present total external financing for Covid-19 vaccine delivery as reported in the UNICEF CVFM database. This based on available data on funding disbursed to countries to support COVID-19 vaccine delivery as of July 2023. Where data on disbursed amounts is unavailable, data on funding commitments is used in its place.

Table 1 presents the total available funding for all countries, and Table 2 presents the total available funding for each case study country.

**Table 1 Total external funding for vaccine delivery, in USD**

|                                       | Funding                | Proportion  |
|---------------------------------------|------------------------|-------------|
| <b>UNICEF</b>                         | \$825,197,407          | 17%         |
| <b>Gavi</b>                           | \$579,212,549          | 12%         |
| <b>World Bank</b>                     | \$1,680,330,000        | 35%         |
| <b>ADB and IDB</b>                    | \$145,441,866          | 3%          |
| <b>Donor governments and agencies</b> | \$1,033,370,901        | 22%         |
| <b>UN agencies</b>                    | \$355,465,107          | 7%          |
| <b>Foundations and private donors</b> | \$156,828,577          | 3%          |
| <b>Total</b>                          | <b>\$4,775,846,407</b> | <b>100%</b> |

**Table 2 Total external funding for vaccine delivery for each case study country, in USD**

|                   | Nigeria              |             | Pakistan            |             | Zambia              |             |
|-------------------|----------------------|-------------|---------------------|-------------|---------------------|-------------|
|                   | Funding              | %           | Funding             | %           | Funding             | %           |
| <b>UNICEF</b>     | \$51,046,270         | 19%         | \$17,834,391        | 18%         | \$2,937,669         | 5%          |
| <b>Gavi</b>       | \$43,245,520         | 16%         | \$36,015,402        | 36%         | \$9,430,306         | 16%         |
| <b>World Bank</b> | \$76,000,000         | 28%         | \$6,200,000         | 6%          | \$11,800,000        | 20%         |
| <b>USAID</b>      | \$33,300,000         | 12%         | \$23,500,000        | 24%         | \$27,789,039        | 47%         |
| <b>WHO</b>        | \$25,400,589         | 9%          | \$12,397,437        | 13%         | \$0                 | 0%          |
| <b>Africa CDC</b> | \$25,134,062         | 9%          | \$0                 | 0%          | \$0                 | 0%          |
| <b>Other</b>      | \$20,518,262         | 7%          | \$3,142,948         | 3%          | \$6,878,464         | 12%         |
| <b>Total</b>      | <b>\$274,644,703</b> | <b>100%</b> | <b>\$99,090,178</b> | <b>100%</b> | <b>\$58,835,477</b> | <b>100%</b> |