Management Response

<table>
<thead>
<tr>
<th>Evaluation Title</th>
<th>External evaluation of the International Coordinating Group on Vaccine Provision (ICG) mechanism</th>
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</thead>
<tbody>
<tr>
<td>Commissioning Unit</td>
<td>WHO/WHE/IHM Support for Response (SFR)</td>
</tr>
<tr>
<td>Link to the evaluation</td>
<td><a href="http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1">http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1</a></td>
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<tr>
<td>Evaluation Plan</td>
<td>2016/17; 2018/19</td>
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<tr>
<td>Unit Responsible for providing the management response</td>
<td>WHO/WHE/IHM Support for Response (SFR)</td>
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Overall Management Response:
WHO acknowledges the high quality of the evaluation, its strong and transparent process. Following the inception of the external evaluation report, WHO took the following actions:

1. Organized a high level meeting on the evaluation of the International Coordinating Group on Vaccine Provision (ICG) on 17 October 2017 (http://www.who.int/mediacentre/events/2017/icg-vaccine/en/). The aim of the meeting was to reach agreement with stakeholders on the necessary actions on the recommendations, incl.:
   - drafting terms of references for the establishment of a governance oversight committee of the ICG
   - commissioning the development of an accountability and performance framework for the ICG mechanism
2. Managed 9 ICG requests for yellow fever, meningitis and cholera vaccines since October 2017, and communicated them:
3. Timely communicated on deployment of vaccines request to countries:
4. Published three annual meeting reports of the ICG stockpiles and made transparent relevant decisions:

WHO continues to implement the recommendations of the external evaluation report as detailed on the following pages.

Management Response Status: In progress
Date: 15 March 2019
**Recommendations and Action Plan**

### Recommendation 1

#### Governance:

1. **More clarity is needed on which actors and stakeholders are responsible for what part of the ICG mechanism, in particular on who is responsible for the decision-making, forecasting, procurement and deployment of the vaccines and which organisations are key contributors to these parts.**

2. **Key performance indicators should be developed or existing ones adapted for each specific portion of the flow chart for which the ICG Secretariat, the Gavi Secretariat and UNICEF Supply Division are responsible.**

3. **The decision-making role of the ICG has to function independently and no additional level of endorsement is needed as this would negatively impact on timeliness and independence. However, options could be explored to make the decision-making bodies more formally accountable to the respective global disease control initiatives through the establishment of an oversight body (see below), to review the composition of each of the three ICGs, and to adopt a stronger communication plan to clearly communicate the decisions made.**

Review the composition of each of the three decision-making bodies to make sure that the participating organisations can provide the most relevant technical and field expertise for the respective diseases.

#### Management response

WHO welcomes the recommendation and fully accepts them

a. Establish an oversight committee for the whole ICG mechanism for emergency vaccination including procurement, market shaping, review of request, allocation, deployment and implementation, and provide strategic orientations for the global use of scarce or limited vaccines. Gavi will continue to be observer of the ICG emergency operational decision making process until the Oversight Committee is fully functional. The procedures recently developed to increase transparency of the emergency decision making process (dashboard, real time information on countries’ requests and decision sheets) are useful and should continue.

b. Develop a clear description of the roles and responsibilities of each stakeholder contributing to the process (e.g. market shaping, request submission, decision-making, financing, forecasting, procurement, deployment and campaign implementation) including the role of Gavi and UNICEF Supply Division and other stakeholders.

c. Develop an accountability framework with Key Performance Indicators (KPIs) of each stakeholder involved in the ICG mechanism.

WHO Secretariat to take the lead in making proposals for the above, and involve key stakeholders.

### Status

<table>
<thead>
<tr>
<th>Key actions</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Status March 2018</th>
<th>Comments March 2018</th>
<th>Status March 2019</th>
<th>Comments March 2019</th>
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</thead>
<tbody>
<tr>
<td>Draft terms of reference for the governance oversight committee</td>
<td>HQ/WHO/WHE/IHM</td>
<td>January 2018</td>
<td>Implemented</td>
<td>Stakeholders provided comments on the draft</td>
<td>Implemented</td>
<td>Approved by ICG GOC 4.9.2018</td>
</tr>
<tr>
<td>Inaugural meeting of the GOC</td>
<td>HQ/WHO/WHE/IHM</td>
<td>April 2018</td>
<td>In progress</td>
<td>Implemented</td>
<td>Meeting took place 4.9.2018</td>
<td></td>
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<tr>
<td>ICG accountability framework including development of roles and responsibilities, as well as key performance indicators for each step of the mechanism</td>
<td>HQ/WHO/WHE/IHM</td>
<td>June 2018</td>
<td>In progress</td>
<td>Development of accountability framework commissioned in Dec 2017</td>
<td>In progress</td>
<td>The draft accountability framework is finalized and will be endorsed by the GOC members at the next meeting.</td>
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<tr>
<td>Gavi continued to be observer of ICG decision-making process</td>
<td>HQ/WHO/WHE/IHM</td>
<td>Continues</td>
<td>In progress, until the Oversight Committee is fully functional</td>
<td>In progress</td>
<td>The decision whether Gavi should continue as observer will be determined at the next GOC meeting.</td>
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**Recommendation 2**

**Mechanisms and processes**

4. There is a need for a clear definition of roles and responsibilities among key actors in the ICG network, primarily the ICG Secretariat, UNICEF Supply Division and the Gavi Secretariat.

5. Once the roles and responsibilities of the ICG Secretariat are well defined, it requires a set of functional SOPs to cover the functions for which it can be held to account.

6. Similarly, once the roles and responsibilities of UNICEF Supply Division are well defined, functional SOPs should be developed to standardize the process for vaccine procurement for each stockpile.

7. The role and responsibilities of the country governments should also be formalised; promptness of the submission, resolving issues around licensing and customs, and ensuring an effective implementation of the campaign with adequate reporting.

8. In order to address the dissatisfaction by country stakeholders on the transparency of the decisions and in particular the criteria used, the evaluation team recommends to also share a more standard response with the countries on how the criteria were applied during the decision-making.

9. The evaluation team also recommends to more formally involve UNICEF Supply Division during the decision-making process in order to ensure the decisions take the context of the global stockpile situation and production capacity better into account. This involvement can remain separate from the actual decision-making discussion.

10. WHO needs to step up to its mandate and develop a global strategy for meningitis control and a mechanism to implement it.

11. The Gavi Alliance is an ideal partnership to improve the present and future availability of different meningitis serotype vaccines. To increase the timely and reliable availability of the meningitis vaccines in the short term we recommend to transfer the risk of wastage from the manufacturers to the international health community.

**Management response**

WHO welcomes the recommendations and mostly accepts them

- The operational decision-making by the ICG members, supported by the ICG Secretariat, on the allocation of vaccines has worked efficiently during the period of review and this mechanism should be continued. Independent decision-making is essential for (i) the equitable allocation of limited stockpiles of vaccines and (ii) assessing the merit of requests from a public health perspective.
b. The vaccine emergency stockpile management should be aligned with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns.

c. Countries are partners in the process, and implementations of campaigns are country responsibility. Need to define country role in an accountability framework.

Securing a sustainable vaccine supply market requires long-term commitment and partners must review how we can support market shaping, especially in case of epidemiologic and technologic transition.

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<tr>
<td>Key actions</td>
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<tr>
<td>Updating ICG online dashboards on country vaccine requests approval/rejection</td>
<td>HQ/WHO/WHE/IHM</td>
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<tr>
<td>ICG secretariat attends biweekly meeting of the EYE secretariat and meeting of the GTFCC secretariat</td>
<td>HQ/WHO/WHE/IHM</td>
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<tr>
<td>ICG secretariat attends visits and discussion with manufacturers together with UNICEF Supply Division and Gavi secretariat</td>
<td>HQ/WHO/WHE/IHM</td>
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### Recommendation 3

#### Funding

12. Gavi funding of the vaccine stockpiles has had a positive effect on stabilising the availability of vaccines for outbreak responses and is widely supported. It should therefore be maintained.

13. The need for a back-up mechanism to pre-finance urgent vaccine needs is also widely acknowledged. The recommendation is to create an ICG contingency fund:
   - By either using the balance of the current revolving funds with an annual call for replenishment, or through pre-financing any future contingency needs from the WHO Contingency Fund for Emergencies.
   - The conditions under which the contingency fund can be used should be clearly spelled out in SOPs in order to avoid confusion amongst stakeholders on its purpose and use. A decision should also be made whether these funds can be used to pre-finance operational costs for non-Gavi supported countries. Standardised, robust and enforceable reporting requirements should be established, and implemented by the ICG Secretariat which should be held accountable by the proposed oversight body. This will require additional investments either for technical support to the countries or in terms of human resources for the ICG Secretariat.

<table>
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<tr>
<th>Management response</th>
<th>WHO welcomes the recommendations and mostly accepts them</th>
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<tr>
<td>ICG contingency funds have demonstrated their utility, in particular for non-Gavi eligible countries. SOPs will be developed to clarify the purpose and use of contingency funds and the relationship with other Gavi funding mechanisms, and the use of such contingency funds should be reviewed periodically.</td>
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<tr>
<td>In progress</td>
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#### Key actions

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<th>Status March 2019</th>
<th>Comments March 2019</th>
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</thead>
<tbody>
<tr>
<td>ICG accountabilty framework</td>
<td>HQ/WHO/WHE/IHM</td>
<td>June 2018</td>
<td>In progress</td>
<td>Use of contingency funds reviewed as part of the accountability framework</td>
<td>Implemented</td>
<td>Use of contingency funds is part of accountability framework (Funding of Vaccines and Operational Costs)</td>
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### Recommendation 4

#### Communication and transparency

14. An assessment of the different information needs should be carried out, answering the question: who needs what kind of information at which stage of the process?

15. Based on the outcome of the assessment a communication plan should be developed, outlining the information needs of all stakeholders with specific channels and instruments to support their role in the process for outbreak controls, as well as allowing them to fully meet their own accountability requirements.

16. Recruit staff for the ICG Secretariat responsible for the implementation of this communication plan. While there is a need for a specialist to communicate technical information to a well-informed audience, the evaluation team also recommends considering a communications specialist capable of providing often sensitive messages to a broader audience that may be technically less informed.

17. The implementation of the communication plan should also involve the definition and development of an appropriate platform for internal information-sharing between the different involved stakeholders. In addition, a similar platform could be developed for public information about the rationing of scarce vaccines.

18. Gavi should also define more clearly how it communicates with the ICG members, with the ICG Secretariat and with the countries on its engagement with the ICG. There is an identified need to communicate clearly and consistently to countries the fact that Gavi is funding the three stockpiles and that all countries can access these but that non-Gavi supported countries should reimburse Gavi for the vaccines used and finance the operational costs themselves.
The ICG Secretariat and UNICEF Supply Division should invest time and resources in increasing their collaboration and information-sharing, for example through quarterly progress and management meetings outside of the annual ICG meetings.

**Management response**

WHO welcomes the recommendation and partially accepts them

a. Progress on timely communication made recently by the ICG Secretariat and should be further strengthened to ensure regularity of communication, standardized outputs and trust of stakeholders

Gavi and other donor highlighted that this should be done without further investment in activities or human resources of the ICG Secretariat, while the ICG Secretariat cautioned that the Secretariat was already stretched too thin.

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<tr>
<td>Regular call (at least quarterly) with UNICEF Supply Division on stockpile status and other issues</td>
<td>HQ/WHO/WHE/IHM</td>
<td>Implemented</td>
<td>Implemented</td>
<td></td>
<td>Implemented</td>
<td>- Biweekly calls with oral cholera vaccine (OCV) manufacturers and Unicef Supply Division. - Biweekly calls on OCV demand &amp; supply with Gavi secretariat, Unicef SD and WHO cholera team.</td>
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Recommendation 5

Future role
19. The sharing of information and collaboration between the EYE and the YF ICG should be formalised.
20. At the next annual meeting of the YF ICG, the collaboration and information sharing between ICG and EYE should be a subject of a joint review.
21. More formal and regular sharing of information with the GTFCC on the deployment and use of OCV in both emergency and non-emergency settings could improve knowledge management and overcome current hurdles in terms of licensing and importation of the vaccine.

All vaccine requests for OCV and YF should be submitted to the respective global disease control mechanisms that will triage the requests and forward to the respective mechanism (ICG for emergency response, Gavi Secretariat for routine immunization and EYE or GTFCC secretariat for Special Immunization Activity (SIA). Given the lack of a global disease control initiative for meningitis, the requests for emergency vaccines will have to continue to be sent directly to the ICG Secretariat.

Management response
WHO welcomes the recommendations and accepts them

Regular review of the ICG mechanism beyond the oversight. Partners committed to holding regular stakeholder meetings in the future.

Status
In progress

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<th>Status March 2018</th>
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</table>
| Organize annual ICG meeting and discuss with EYE and GTFCC secretariat | HQ/WHO/WHE/IHM | September 2018 | In progress | Implemented | Annual ICG meeting took place in September 2018, as follows:
| Biannual ICG partners meetings to review implementation of external evaluation report | HQ/WHO/WHE/IHM | October 2019 | Not initiated | Not initiated | |
| Publish external evaluation report and recommendations | HQ/WHO/WHE/IHM | March 2018 | In progress | Implemented | The evaluation report was published online in October 2017: https://www.who.int/docs/default-source/documents/evaluation/external-evaluation-vaccine-group.pdf?sfvrsn=c197d7e4_2 |