

Management Response

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External evaluation of the International Coordinating Group on Vaccine Provision (ICG) mechanism
WHO/WHE/IHM Support for Response (SFR)
http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1
2016/17; 2018/19
WHO/WHE/IHM Support for Response (SFR)

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:

- 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.:
 - o drafting terms of references for the establishment of a governance oversight committee of the ICG
 - o 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 http://www.who.int/csr/disease/icg/news-stories/en/
- 3. Timely communicated on deployment of vaccines request to countries
 - o http://www.who.int/csr/disease/icg/meningitis-dashboard/en/
 - o http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/
 - o http://www.who.int/csr/disease/icg/cholera-dashboard/en/
- 4. Published three annual meeting reports of the ICG stockpiles and made transparent relevant decisions
 - o http://www.who.int/csr/disease/icg/epidemic-meningitis-control-July-2017/en/
 - o http://www.who.int/csr/disease/icg/yellow-fever-may-2017/en/
 - o http://www.who.int/csr/disease/icg/cholera-July-2017/en/
- 5. Published an article on the performance of the ICG in 2016-2017 and country impact, http://www.who.int/wer/2018/wer9310/en/

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.

In progress

Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Draft terms of reference for the governance oversight committee	HQ/WHO/WHE/IHM	January 2018	Implemented	Stakeholders provided comments on the draft	Implemented	Approved by ICG GOC 4.9.2018
Inaugural meeting of the GOC	HQ/WHO/WHE/IHM	April 2018	In progress		Implemented	Meeting took place 4.9.2018

ICG accountability framework including development of roles and responsibilities, as well as key performance indicators for each step of the mechanism	HQ/WHO/WHE/IHM	June 2018	In progress	Development of accountability framework commissioned in Dec 2017	In progress	The draft accountability framework is finalized and will be endorsed by the GOC members at the next meeting.
Gavi continued to be observer of ICG decision- making process	HQ/WHO/WHE/IHM	Continues	In progress, until the Oversight Committee is fully functional		In progress	The decision whether Gavi should continue as observer will be determined at the next GOC meeting.

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	VHO welcomes the recommendations and mostly accepts them							
response	a. 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.							
Status	In progress							
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019		
Updating ICG online dashboards on country vaccine requests approval/rejection	HQ/WHO/WHE/IHM	Continues	In progress		In progress	The online dashboard is updated regularly by ICG secretariat staff.		
ICG secretariat attends biweekly meeting of the EYE secretariat and meeting of the GTFCC secretariat	HQ/WHO/WHE/IHM	Continues	In progress	Aligning with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns	In progress	ICG secretariat is also part of the Demand & Supply Working Group, part of EYE strategy, therefore participates in calls and faceto-face meetings.		
ICG secretariat attends visits and discussion with manufacturers together with UNICEF Supply Division and Gavi secretariat	HQ/WHO/WHE/IHM	Continues	In progress	Gavi roadshow to Brazil, 4-6 March 2018	In progress	ICG secretariat participates in: - Biweekly calls with oral cholera vaccine (OCV) manufacturers and Unicef Supply Division Biweekly calls on OCV demand & supply with Gavi secretariat, Unicef SD and WHO cholera team Annual EYE strategy (11-13 Sept 2018) and GTFCC (5-6 Dec 2018) meetings Visits to manufacturers: - Institute Pasteur Dakar roadshow, Senegal (14 Sept 2018) Sanofi (7.2.2019)		

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:
 - o 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.
 - o 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.

Management response		ids have dem	onstrated their ut	·		be developed to clarify the purpose and ingency funds should be reviewed	
	In progress	T=	T -	T -		-	
Key actions	Responsible Timeline Status Comments Status Comments						
			March 2018	March 2018	March 2019	March 2019	
ICG accountability framework	HQ/WHO/WHE/IHM	June 2018	In progress	Use of contingency funds reviewed as part of the accountability framework	Implemented	Use of contingency funds is part of accountability framework (Funding of Vaccines and Operational Costs)	

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 Secreta	riat and UNICEF Supp	ly Division sho	uld invest time	and resources in increasing their collaboration	and information	on-sharing, for example through quarterly
progress and ma	anagement meetings	outside of the	annual ICG med	etings.		
Management response	communica Gavi and other done	n timely commation, standard or highlighted t	unication made ized outputs ar hat this should	ly accepts them e recently by the ICG Secretariat and should be nd trust of stakeholders be done without further investment in activiti eady stretched too thin.	-	· ,
Status	Implemented and ir	n progress				
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Continue timely communication of ICG deployments through dashboards and webstories Regular call (at least quarterly) with UNICEF Supply Division on stockpile status and	HQ/WHO/WHE/IHM HQ/WHO/WHE/IHM	Continues	In progress	http://www.who.int/csr/disease/icg/news-stories/en/ http://www.who.int/csr/disease/icg/meningitis-dashboard/en/ http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ http://www.who.int/csr/disease/icg/cholera-dashboard/en/	In progress Implemented	https://www.who.int/csr/disease/icg/news-stories/en/ https://www.who.int/csr/disease/icg/meningitis-dashboard/en/ https://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ https://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ - Biweekly calls with oral cholera vaccine (OCV) manufacturers and Unicef Supply Division Biweekly calls on OCV demand & supply with Gavi secretariat, Unicef SD and WHO cholera team.
other issues Publish ICG performance in 2016 and 2017	HQ/WHO/WHE/IHM	March 2018	Implemented	http://www.who.int/wer/2018/wer9310/en/		
ICG annual meeting reports for 2017 published	HQ/WHO/WHE/IHM	December 2017	Implemented	http://www.who.int/csr/disease/icg/epidemic- meningitis-control-July-2017/en/ http://www.who.int/csr/disease/icg/yellow- fever-may-2017/en/ http://www.who.int/csr/disease/icg/cholera- July-2017/en/		

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								
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019			
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: - Meningitis: 18 Sept 2018: https://www.who.int/csr/disease/icg/epidemic-meningitis-control-September-2018/en/ - Yellow fever: 20 Sept 2018: https://www.who.int/csr/disease/icg/yellow-fever-september-2018/en/ - Cholera: 19 Sept 2018: https://www.who.int/csr/disease/icg/cholera-september-2018/en/			
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			