

**External Evaluation of the International Coordinating Group on Vaccine Provision (ICG) mechanism**

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*Terms of Reference*

*Bid Reference RFP 2017-WHE/IHM/ING/004*

## Context and Background to the ICG<sup>1</sup> External Evaluation

Where they exist, vaccines are a cornerstone of response to disease outbreaks. To ensure that vaccines are available for outbreak response, particularly in situations of limited vaccine supplies, a core international mechanism was established 20 years ago to manage and deploy global vaccine stockpiles for yellow fever, meningitis and cholera to countries facing epidemics. This mechanism, known as the International Coordinating Group on Vaccine Provision (ICG) is a technical body made up of four core members, Medecins Sans Frontiers (MSF), International Federation of the Red Cross (IFRC), United Nations Children's Fund (UNICEF) and World Health Organization (WHO) and extended partners. WHO manages the stockpiles through the ICG Secretariat. The ICG's mandate is to assure the equitable access, as well as the rapid and timely delivery of the relevant vaccines during disease outbreaks. The ICG also manages the global emergency vaccine stockpiles.

(Disease control programmes for yellow fever, meningitis and cholera also have programme management groups to oversee and manage their own specific stockpiles; they are referred to as ICGs. Such individual disease control programmes usually use a variety of interventions including vaccination to prevent and control the disease).

Emergency vaccine stockpiles can be accessed by ANY country facing an epidemic ANYWHERE in the world, as long as the country's request fulfils ICG's criteria for release of vaccine stocks. Requests are evaluated taking into account the epidemiological situation, vaccination strategy, pre-existing stocks in the country and operational aspects of the epidemic response. Once a request is received, the ICG secretariat at WHO circulates the request to the 4 core partners: MSF, the IFRC, UNICEF and WHO for review and assessment. Following a rapid consultation and evaluation process, the decision to release vaccines and other supplies is communicated to the requesting country within 48 hours, once all necessary information has been provided. If approved, UNICEF's offices in Copenhagen procures vaccines and injection materials and organizes delivery of vaccines to the country, ideally within 10 days. (See figure 1 below on the ICG process for responding to emergency vaccine requests). Once shipped and delivered, the technical and logistic aspects of distribution are beyond the responsibility of the ICG.

The increasing number of vaccine stockpiles managed by the ICG, the increased number of stakeholders involved in outbreak response and the shortage of or limited vaccine supply have in turn made the management of the emergency stockpiles increasingly more complex. With these changes and evolutions in mind, discussions are underway to adapt and strengthen the ICG mechanism to operate more effectively, efficiently and with more transparency.

### Recent Developments to ICG Governance

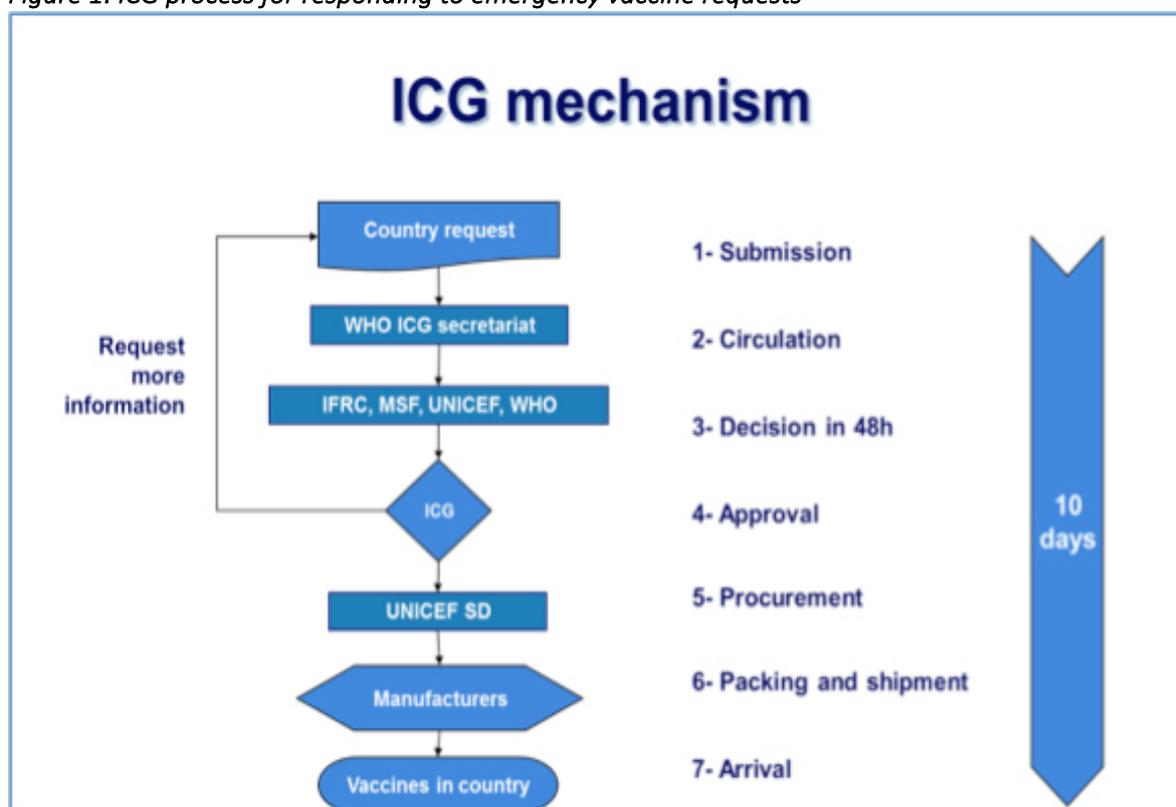
Stakeholders have highlighted the need to review and evaluate the functioning of the ICG and ICG mechanism (including its governance, forecasting, procurement, stockpiling, and funding arrangements) with a particular focus on operational decision-making on the release of vaccine stockpiles during epidemics. The transparency of decision-making by the ICG has recurrently been raised as an area that deserves systematic review and scrutiny. In recent consultations with stakeholders, it was thought that the distinction between strategic decision making (the link between routine and emergency immunization, market-shaping, etc.) and operational decision-

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<sup>1</sup> References to the ICG in this document relate to the overall coordinating mechanism or framework, while disease-specific stockpiles for meningitis, yellow fever, and cholera are referred to as ICGs.

making by the ICG (e.g. decisions on approval of stockpile deployment in disease outbreaks requiring evidence-based and technical expertise) needs to be made clearer.

Figure 1: ICG process for responding to emergency vaccine requests



## Evaluation Purpose and Objectives

Discussions about the need for evaluating the ICG mechanism began in 2015 and in 2016, the ICG members decided to commission an external, independent evaluation. In preparation, a detailed review of the ICG mechanism and activities over the past 10 years (2006 to 2016) was completed in 2016 by the ICG Secretariat on behalf of the ICG's 4 core members, and is publicly available on the WHO website ***Review of the International Coordinating Group on Vaccine Provision (2006-2016), October 2016.***

- ❖ The main purpose of this independent, external evaluation is to inform decisions aimed at improving ICG's governance, its mechanism related to the management and accessibility of disease-specific, emergency stockpiles and their composition, the transparency of decision-making processes as well as ICG internal and external communication.

Its main objectives are:

- ❖ To highlight the strengths and weaknesses of ICG's governance; effectiveness, efficiency, and transparency of ICG decision-making; funding; and management
- ❖ To develop actionable options and recommendations for improving the working of the ICG and ICG mechanism.

## Scope and Focus

The ICG external evaluation will cover the period from 2006 to date. It will assess ICG's activities in relation to each of the ICG vaccine stockpiles (meningitis, yellow fever and cholera) as well as the overarching ICG governance, mechanism and processes – including communication and transparency.

With the exception of a possible visit to the UNICEF SD procurement offices based in Copenhagen, travel needs will be minimal. The vast majority of SC and ICG members are based in Geneva and/or can be easily accessed either for face-to-face meetings or virtually via electronic mechanisms.

Interviews should be conducted with representatives of both internal and external stakeholders, including high level executives and/or boards members. To a large degree, this would mean the SC members (since membership includes representatives of both, including 2-3 beneficiary countries) the ICG Secretariat and key staff of the UNICEF SD.

## Evaluation Criteria

It is standard WHO policy for evaluations to use the five core evaluation criteria recommended by the OECD's Development Assistance Committee <sup>2</sup> (DAC) as and wherever appropriate. These are as follows:

- ❖ **Relevance:** The extent to which the objectives of an intervention are consistent with and useful to the needs of beneficiaries, country needs, global priorities and the policies of partner organizations and donors. *Retrospectively, questions related to relevance may be used to evaluate whether the objectives of an intervention or its design are still appropriate given changed circumstances.*
- ❖ **Effectiveness (or efficacy):** Effectiveness measures the extent to which the intervention has attained its objectives. It is also used as an aggregate measure of (or judgement about) the merit of worth of an activity – i.e. the extent to which a programme has achieved, or is expected to achieve, its major relevant objectives and have a positive institutional impact.
- ❖ **Efficiency:** Measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.
- ❖ **Sustainability:** the likelihood of continued long-term benefits, and the resilience to risk of net benefit flows over time
- ❖ **Equity:** Mainly used to refer to equal access for all population groups to a service without any discrimination.

Also, for the purposes of this evaluation, transparency should be applied as another criterion.

**Transparency:** Transparency, in a business or governance context, refers to honesty and openness. Transparency and accountability are generally considered the two main pillars of good corporate governance. The implication of transparency is that an organization's actions should be open to open scrutiny.

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<sup>2</sup> The *DAC Principles for the Evaluation of Development Assistance*, OECD (1991), *Glossary of Terms Used in Evaluation*, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the *Glossary of Evaluation and Results Based Management (RBM) Terms*, OECD (2000).

## Key Evaluation Questions

There are four main evaluation questions that should guide the evaluation and these are listed below. Each includes a limited number of sub-questions. However, we anticipate that the main evaluation questions and sub-questions will be further developed by the evaluation team during the inception phase, after its initial desk research and information gathering exercise. The final questions and sub-questions will then be detailed in an evaluation matrix as part of the inception report.

It is recognised that the final evaluation questions will reflect the constraints of time, data availability and budget.

### **Q1. On Governance**

**To what degree does the current governance structure of the ICG support its effective, efficient and transparent functioning? How relevant is it to meet today's demands?**

To what extent are the roles and responsibilities of the ICG clearly defined and agreed by key stakeholders? Are they fit for purpose?

To what extent do ICG 4 core member organisations manage, oversee, and are accountable for joint decisions by the ICG?

How effectively has the ICG evolved over the two decades to meet its objectives in an increasingly complex environment, including engagement of new and emerging stakeholders?

How well does the ICGs' governance structure compare with current good practice? What are the strengths and weaknesses of current arrangements?

What role does ICG play, and could it play in the future, vis-à-vis broader disease control strategies (e.g. how does the ICG mechanism for yellow fever fit in with the new global strategy on eliminating yellow fever epidemics – EYE strategy)?

### **Q2. On the ICG Mechanism and Processes**

**How well do the ICG processes respond to the emergency outbreaks of yellow fever, meningitis and cholera? Where might improvements be made?**

In which ways are current arrangements still adequate, efficient and fit for purpose? What could enhance its processes?

To what extent are recipient countries satisfied with ICG response to emergency vaccine requests?

How adequate are existing vaccine stockpile composition and forecasting tools?

What factors are most influential in ensuring an effective, efficient and equitable response to emergency outbreaks of the 3 core diseases managed by the ICG?

How adequate, effective and efficient are the current mechanisms and processes between ICG emergency response and the individual ICGs' stockpiles being managed? Where and what kind of improvements should be made?

How fit for purpose are current procurement strategies to ensure that stockpile size and composition are adequate to respond to outbreaks?

To what degree are stakeholders acting according to their designated roles and responsibilities for forecasting and managing stockpiles? To what extent are those roles and responsibilities relevant and adequate to current demands?

How flexible is the overall governance mechanism to accommodate new vaccine stockpiles, such as for the Ebola vaccine?

### Q3. On Funding

**What are the strengths and weaknesses of current funding arrangements so as to assure sufficient and sustainable financial support of the ICG mechanism?**

To what degree are current funding mechanisms fit for purpose?

How well are funds being tracked?

How adequate are the current mechanisms for forecasting the financial needs for procurement?

What mix of funding sources could be envisaged to improve current funding? What are the strengths and weaknesses of possible alternatives?

### Q4. On Transparency and Communication

**How well informed are ICG partners and stakeholders on the ICG mechanism and its response to emergency outbreaks? Where and how could improvements be made?**

What is the quality and adequacy of the real-time data on stockpiles, procurement and delivery status available to the ICG and stakeholders? What could be done to improve the status quo?

How well do ICG partners and stakeholders, particularly recipient countries, consider they are informed about the decision-making process governing the ICG's response to emergency disease outbreaks? How and where could improvements be made?

## Evaluation Approach, Methodology and Methods

The evaluation **will adopt a participatory approach** to evaluate the past and current situation with a view to scoping the global mechanisms that are required now and in the future for global emergency stockpiles. A participatory approach has been shown to increase the engagement of stakeholders' interest and ownership of the evaluation results. As such, members of the evaluation's Steering Committee (SC) include representatives from a range of partners and stakeholders. In addition to acting as key informants during the evaluation process, SC members will also be consulted at different stages of the process such as the drafting stages of the terms of reference, inception note and evaluation report, and will have the opportunity to provide comments. However, since the evaluation is designed *as an independent and objective exercise*, in effect, the SC will serve an advisory role.

Individual knowledge experts can be called upon to support the evaluation team. Such individuals will provide subject knowledge input and guidance and may therefore include subject specialists external to the ICG. The SC members will provide the evaluation team with the names and details of such experts.

The innovation and creativity of the evaluation team in proposing its design is to be encouraged. Whilst the team is free to choose the methods most appropriate to responding to the evaluation questions a combination of qualitative and quantitative methods (mixed methods) is expected.

The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and by using mixed methods to ensure that the data is analysed through a variety of means (triangulation).

Evaluators should follow the principles set forth in the WHO **Evaluation Practice Handbook**, and the United Nations Evaluation Group (UNEG) **norms and standards for evaluations and ethical guidelines**.

## Procedure

The evaluation team responding to the Call for Tender will propose a study design to include the following:

- ❖ A review and possible refinement of the evaluation objectives and questions in order to build on the initial ideas and identify their priorities and feasibility.
- ❖ The data to be collected to respond to each of the key evaluation questions
- ❖ Details of the approach and methodology proposed
- ❖ A work schedule to illustrate the data collection process, timeline and deliverables

Interviews with the selected finalists will be arranged face-to-face or virtually.

The initial evaluation design will then be further developed by the contracted evaluation team within two weeks after contract start date, and presented in the form of *an Inception Report*. This will be based on an initial review of the available data and the results of consultations with key internal and external partners and stakeholders. (See section 3.8, page 48 in the *WHO Evaluation Handbook* for further guidance). It will also include the number and type of ad hoc subject expert groups that should be nominated by the SC to support the evaluation team.

## Data Sources Available

The evaluation team will have full access to the relevant data sources which include:

- ❖ Documents relating to the history, mission, aims and objectives, guiding principles and ToRs of the ICG and ICG vaccine stockpiles.
- ❖ Previous studies on the functioning of the ICG mechanism and its stockpiles
- ❖ Reports of annual meetings of ICG vaccine stockpile stakeholders
- ❖ ICG records (covering requests, response times, decisions, deployment timelines)
- ❖ Relevant global disease control strategies, e.g. EYE strategy
- ❖ Relevant partner documentations (e.g. GAVI Board meeting records relevant to ICG)

## Work Schedule

Milestones	Timeline	Tasks and deliverables
1. Evaluation put to tender to various individual firms and on various websites	8 May, 2017	Expressions of interest received within 1 week after posting on websites
2. Deadline for receipt of Evaluation proposals at WHO HQ	29 May, 2017	Evaluation Proposals in response to Call for Tender
3. Interview of selected finalists	02 June, 2017	Evaluation team contracted (allowing 2 weeks from preparation to conclusion of WHO contract process)
4. Contract signed	16 June, 2017	
5. Kick-off meeting	21 June, 2017 (teleconference if Face to face meeting is difficult)	
6. Delivery of Inception Report to SC members	3 July, 2017	Draft of inception report (.pdf) delivered to members of SC
7. Presentation of Inception Report to SC followed by discussion	7 July, 2017	Presentation of Inception Report (.ppt) to SC

8. Written feedback to service provider 5 days after presentation	12 July, 2017	
9. Final version of Inception Report delivered to SC members	17 July, 2017	
10. Data collection and analysis	22 June – 4 September, 2017	Interviews with key players - with subject experts, SC members and beneficiary country representatives
11. Reporting – 1 <sup>st</sup> draft report with tentative recommendations delivered to SC members	15 September, 2017	Delivery to EMG of 1 <sup>st</sup> draft evaluation report, without Executive Summary (40 pages max) in .pdf format
12. Presentation and Discussion with SC	25 September, 2017	Presentation of draft evaluation report – methodology and key findings (.ppt format)
13. Written feedback on report from SC to evaluation team	6 October, 2017	Evaluation team makes revisions as necessary and re-draft re-submitted to SC within 10 days
14. Final version of report delivered and signed-off by SC members	16 October, 2017	Report in Final Version with Executive Summary (.pdf format) agreed and signed off by SC
15. Production of Management response by SC members	16 October, 2017	Management response to the evaluation
16. High level discussion of evaluation findings and recommendations – by Executive Committee nominated by WHO (ICG core members plus key stakeholders)	Within 2 weeks after Report and Management Response delivered	
17. Strategic / Action Plan produced for follow-up actions	Within 2 weeks after high-level committee's planning meeting	Production of Strategic Action Plan of follow up actions by High-level Committee

## Budget

The budget should fall within industry standards for this scope of work, should be all inclusive, and should account for the fast-track nature of the work, including running parts of the evaluation in parallel tracks to meet the relatively short timeframe.

## Follow-up and Valorisation of Evaluation Results (Evaluation audiences, users and means of enhancing use)

*The main audiences* for receiving the evaluation results are members of the evaluation SC, the ICG and its Secretariat, GAVI, donors, beneficiaries (national and local governments as well as in-country stakeholders) other stakeholders (e.g. “extended” partners such as technical experts, operational organisations, vaccine manufacturers and donors.

A post-evaluation meeting will be convened with *high-level participation of decision-makers* from WHO, MSF, IFRC, UNICEF, GAVI and other stakeholders identified by the SC. The aim is to discuss the evaluation findings, the options outlined for improving the mechanism and for taking decisions on how to implement agreed decisions. The output of this post-evaluation high-level meeting will be an implementation plan agreed by the key stakeholders, elaborating agreed actions, responsibilities, timeline and reporting mechanisms to monitor implementation progress.

As with all WHO evaluations, the ICG evaluation will be publicly available on the WHO website and reported through WHO and ICG's Annual Evaluation Reports. The post-evaluation high-level meeting report will also be made public, disseminated to all stakeholders proactively and within 2 weeks of the conclusion of the meeting. It will be used to monitor implementation of commitments made at the meeting. Progress against this plan will be communicated to key stakeholders by WHO on a quarterly basis.

## Roles and Responsibilities

The **commissioner** of this evaluation is the WHO as the legal entity.

In view of the complexity of the ICG, an ad hoc *Steering Committee* has been established to help steer and oversee the evaluation.

- However, decisions regarding the strategy and actions to be taken based on the evaluation recommendations will be taken by a post-evaluation, high-level committee nominated by the SC members. Members will include executives / Board members from the ICG core member organisations, GAVI and other key stakeholders identified during the valuation process by the SC.

### *Commissioner Responsibilities:*

- Establish an ad hoc evaluation Steering Committee to oversee the evaluation
- Allocate the financial and human resources needed to support the evaluation
- Nominate and establishing a project team to draft the evaluation's Terms of Reference and Request for Proposal and assure the coordination and management of the evaluation project., and
- Nominate and establish an evaluation management group to assure the technical competence, independence and impartiality of the external evaluation.
- Nominate and establish high-level post-evaluation Committee to decide upon future directions for the ICG, the ICG mechanism and disease-specific ICGs as well as the relevant stakeholders to take the process forward.
- Communicate with key stakeholders, monitor and manage the progress of the evaluation as well as the post-evaluation actions and reporting.

### *Evaluation Steering Committee (SC) Role and Responsibilities*

**Composition:** The SC includes representatives of ICG core member and have nominate(d) and agree(d) upon additional SC members drawn from Member States, multilateral partners (e.g. GAVI), donor agencies and foundations (DFID/ECHO/BMGF), and multi-partner vaccine manufacturer associations representing manufactures from the public and private sectors. .

**Role:** The Steering Committee's role is twofold:

1. To help shape the evaluation so that it provides an evidence-based analysis of the ICG's past performance in terms of its governance, processes and mechanism as well as that of the disease-specific ICGs. It ensures that the principles of independence, credibility and utility are applied.

2. To digest evaluation findings and recommendations / scenarios and produce a management response suggesting changes aimed at improving both the ICG mechanism and disease-specific ICGs.

### **Responsibilities:**

#### ***Planning:***

- Define the overall evaluation framework; the evaluation purpose, focus and scope, and deliverables
- Agree on lead questions the evaluation needs to address
- Approve the evaluation's Terms of Reference (ToR) and Request for Proposals (RfP)
- Consider and endorse the EMG's selection of Evaluation Service provider

#### ***During the Evaluation Process:***

- Endorse the Inception Report and detailed work schedule
- Provide suggestions to the service provider on key stakeholders to be consulted/interviewed in the process
- Respond to questions addressed to SC by evaluation service provider, other evaluation actors or stakeholders (ideally within 48h)
- Facilitate evaluation service provider's access to documents, data and key stakeholders
- Oversee progress and timelines
- Suggest individual knowledge experts to support the evaluation service providers as needed

#### ***On Production of Draft Report:***

- Receive and discuss draft evaluation report
- Sign off on final version of evaluation report

#### ***Post Evaluation:***

##### **Production of management response and dissemination strategy**

- Agree on the composition of the post-evaluation high-level committee and nominate if needed additional implementation stakeholders (in addition to the 4 ICG members and GAVI)
- Produce Management Response to the evaluation results
- Present recommendations to the post Evaluation high-level committee on future directions for the ICG mechanism and disease-specific ICGs and suggest relevant stakeholders to take the process forward
- Draft a communication strategy to present to the Post Evaluation Executive Committee aimed at informing a wide stakeholder and partner audience on the evaluation and management response

#### ***Evaluation Management Group (EMG)***

**Composition:** the group is made up of evaluation experts emanating from ICG member organizations and 2-3 core partner organizations; the EMG is supported by an external, independent evaluation specialist, who can also function as secretary to this group.

**Role:** The EMG will ensure the application of the highest evaluation standards, ethical principles and practices and will provide specialist inputs to this end

### **Responsibilities:**

#### ***Planning***

- Refine, as necessary, the lead evaluation questions as formulated by the SC and Evaluation Project Team (EPT) to ensure their relevance and evaluability
- Assess the evaluation's ToR and RfP in terms of clarity, feasibility, cohesion and completeness and, where needed, formulate improvements
- Refine sections of the ToR and RfP that describe the EMG's expectations towards the service provider as and where needed
- Endorse the evaluation reporting requirements, timeframe and deliverables proposed in the ToR
- Endorse technical evaluation criteria proposed by the SC and EPT
- Contribute to the description of management arrangements for the evaluation as part of the ToR and RfP
- Help EPT to profile the evaluation service provider
  - Develop qualification and skill profile of the evaluation service provider's team
  - Provide the EPT with a list of suitable websites, evaluation consultancies, universities on/to which the ToR and RFP can be posted
  - Provide EPT with an evaluation/scoring grid to assess evaluation offers/proposals to the Call for Tender
  - Evaluate offers received through the RFP for technical and methodological soundness, and for practicality to deliver within required timeframe
  - Determine which bidders met technical threshold and proceed to assessment of financial proposal
  - Determine short list of evaluation service providers for interview
  - Participate in the interview and final selection of evaluation team by contributing with evaluation expertise
  - Participate in the "Kick-off" meeting to clarify technical issues, timeframe and next steps

***During the Evaluation:***

- Provide supervision and guidance to the evaluation service provider on technical and methodological aspects
- Schedule and receive regular updates from the evaluators and, where needed, provide feedback

***On Production of Draft Reports:***

- Review draft inception and evaluation reports for compliance with deliverables and evaluation principles and standards, and provide written feedback (via EPT)
- Assure coherence of analysis, conclusions and, where provided, preliminary scenarios and/or recommendations
- Assess the technical and methodological soundness of the 1<sup>st</sup> draft of the inception and evaluation reports and, wherever needed, provide written feedback to evaluation team on where and how these aspects need to be improved (via EPT)
- Provide EPT and SC with written feedback on technical and methodological aspects of re-drafted reports
- Brief EPT and SC on evaluation technical and methodological aspects and draw their attention to decision-making needs

***Evaluation Project Team (EPT)***

**Composition:** the team is composed of WHO staff who are familiar with the subject matter being evaluated but are independent of the ICG and/or its Secretariat. The EPT will be supported by an independent, external evaluation specialist for liaison between the EPT and EMG and the EPT and SC.

**Role:** The evaluation project team will ensure overall coordination and the day to day management of the evaluation. The team will be accountable for managing the evaluation process on behalf of the commissioning agency.

## Responsibilities:

- Assure organizational aspects of the evaluation:
  - Liaising and organizing meetings (face-to-face and virtual) for all groups
  - Upon request, supporting the work of the SC, e.g.
    - Drafting support (e.g. of key documents such as Management Response)
    - Documentation of SC work (e.g. meeting notes)
    - Collating and reporting feedback on reports between SC, ECG and evaluators
  - Supporting the work of the EMG
    - Drafting support
    - Documentation of EMG work (e.g. meeting notes)
    - Collating and reporting feedback on reports between EMG and evaluators
- Develop and produce first draft of Evaluation ToR and RfP in consultation with SC and EMG and re-drafts to produce final versions
  - Post ToR and RfP on relevant evaluator websites and collate responses to deliver to EMG for assessment and selection of finalists
- Supports the evaluation team selection process (e.g. financial evaluation of offers, interview arrangements etc.) and process the selected team's contract
- Coordinate with EMG and SC to organise briefings of the selected evaluation team
- Provide evaluation team with administrative and logistic support, and processes payments
- Keep records and documentation of the evaluation process for external audiences; and disseminate evaluation updates on the WHO website
- Assure the dissemination of key documents to relevant partners and stakeholders (evaluation proposals, reports, management responses, strategic plan etc.)

## *Evaluation Team profile*

The evaluation will be conducted by engaging an institution. Bidders are invited to provide team profiles which they believe represent the best fit for purpose. Qualifications and credentials are outlined below. However, ideal candidate teams will bring first-hand knowledge of UN policies and programmes and a balance of strong leadership in the areas of: management and oversight of complex multi-country evaluations; strong skills in evaluation design and methodologies and their practical, real world application; expert knowledge and extensive experience in strengthening health systems in a range of country contexts; and junior and/or mid-level staff with experience in the areas of data collection both qualitative and quantitative, data handling and management and analytical methods. Ideally, the team will be balanced in terms of gender and geographic origin. The team must have the expertise, and sufficient capacity to run this evaluation in a short time frame and be able to work on different evaluation aspects in parallel to meet the shortest possible deadline.

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## TEAM LEADER CREDENTIALS

- Strong team leadership and management track record (of at least 10 years) and commitment to delivering timely and high-quality evaluation reports;
- Extensive evaluation expertise (at least 10 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods;
- Background in public health including sound knowledge of policy and system aspects; familiarity with international decision-making in public health, multi-stakeholder initiatives, vaccine forecasting, procurement and distribution an advantage;

- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluation;
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form;
- Language proficiency: Fluency in English is mandatory.

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#### SENIOR TEAM MEMBER CREDENTIALS:

- Extensive experience (of at least 10 years) in evaluation and/or policy research using mixed-methods;
- Extensive experience (of at least 10 years) in designing, planning, implementing, monitoring or evaluating health systems, programs or initiatives, especially in emergency settings
- In-depth understanding of current issues in emergency vaccine priorities and programs and of partner landscape including existing investment modalities;
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team.
- Hands-on experience in collecting and analyzing quantitative and qualitative data;
- Knowledge of the UN's human rights, gender equality and equity agendas and application in evaluation;
- Commitment and willingness to work in a challenging environment and ability to produce quality work within tight timeframe and with under limited guidance and supervision;
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form;
- Language proficiency: Fluency in English is mandatory.

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#### JUNIOR / MID-LEVEL TEAM MEMBERS CREDENTIALS:

- At least 3 years of progressively responsible experience in both qualitative and quantitative data analysis;
- Experience in supporting senior evaluators in ensuring use of consistent interview protocols, templates for recording and reporting on interviews, standard report formats and a comparative table of findings;
- Familiarity with health systems strengthening issues an advantage.
- At least 3 years of experience in knowledge management for evaluation, information technology and data management;
- Expertise in handling collaborate teamwork software, online surveys, document repositories, bibliography software and databases.
- Commitment to handling back-office support and logistics as needed.