TOR MMGH Consulting GmbH for
Support to the World Health Organization (WHO), Department of Immunizations, Vaccines and Biologicals (IVB) in the Evaluation of the Strategic Advisory Group of Experts (SAGE) on Immunisation

1. Executive Summary

MMGH Consulting GmbH proposes to assist the WHO / IVB in evaluating SAGE's current scope, objectives, working mechanisms and processes. The evaluation will assess the relevance, effectiveness and quality of the work and deliverables of the advisory group, to assure that it continues to provide high quality strategic advice in all areas of the evolving immunization and global health agenda. The evaluation will focus on SAGE as the key advisory body on immunization policy and strategy, taking into account the roles and functions of other advisory bodies relevant to immunization and biologicals in contributing to its objectives.

The evaluation will include the following major elements: (a) analysis of SAGE agenda, recommendations and decisions, including dissemination and reach or influence; (b) review of the appropriateness of the present SAGE TOR and specific working processes; (c) insight gathering from WHO and external stakeholders and technical experts; (d) establishment and facilitation of an Independent Evaluation Advisory Group (IEAG) overseeing the process; (e) appraisal of findings and development of recommendations with active participation of major stakeholders.

The evaluation will be conducted in 5 phases, with deliverables as follows:

- Phase One – Initial online survey and preparation and facilitation of SAGE Workshop. Deliverable: SAGE retreat summary report.
- Phase Two – Planning and set up of the evaluation. Deliverable: Detailed evaluation manual.
- Phase Three – Evaluation in collaboration with the SAGE Secretariat, Director of IVB and the IAEG. Deliverable: Interim progress report.
- Phase Four – Analysis of the findings and development of recommendations and preparation of SAGE discussion. Deliverable: Draft evaluation report.
- Phase Five – Finalisation of the evaluation report and dissemination. Deliverable: Final evaluation report and action plan.

The evaluation process will be focused on the definition of clear and actionable recommendations that can leverage strengths and address any shortcomings of the advisory group.

For this project MMGH draws upon the extensive experience of its associates and partners in policy making, policy implementation, strategy formulation and process reengineering, in particular in the field of immunisation. For conducting the evaluation, the MMGH team offers its consolidated knowledge of WHO and of all key global immunisation stakeholders, their strategies, needs and modus operandi.

2. Company Information

2.1. Corporate information

2.1.1. Company mission statement

MMGH is a Limited Liability Company registered in Zurich, Switzerland with the company number: CHE-242.406.952

Founded in 2017, MMGH is a consulting and advisory group assisting clients in translating scientific evidence, data and knowledge into strategies and activities with a direct impact on people's health. MMGH's focus and expertise are primarily centred on infectious and communicable diseases, maternal, neonatal, child and adolescent health.

2.1.2. Service commitment to customers and measurements used

Leveraging the extensive experience and relations of its associates, and its network of partners at the global, regional and country level, MMGH partners with clients in:

- Defining global health policies and strategies based on solid evidence.
- Designing and implementing health interventions that are effective in generating high impact in countries.
- Supporting all phases of development of vaccines against important neglected and epidemic-prone diseases.
- Enhancing access to vaccines through the assessment of market forces and the design of sound procurement approaches.
- Designing and performing epidemiological studies and operational research in infectious disease control.
- Facilitating meetings, conferences and workshops in the field of global health.

MMGH works with several clients active in global health among them, the World Health Organisation (Headquarters and Regional Offices); Gavi, the Vaccine Alliance; the Bill & Melinda Gates Foundation; and the Global Task Force on Cholera Control.

2.1.3. Accreditations

MMGH partners account for more than 80 years of experience in a variety of settings relevant to global health: UN agencies, universities, hospitals, implementation partners, funding agencies, vaccine manufacturers and biotech companies.

2.1.4. Organization structure

MMGH is a consulting agency formed by four partners sharing project workload and benefits. MMGH also regularly draws upon the support of four individual consultants and two partner agencies (Routes to Results and Linksbridge), with whom continuous working relationships have been established.

2.1.5. Geographical presence

Through its partners and network of consultants, MMGH is present in a number of countries in Europe, the Americas, Asia and Africa: Switzerland, Germany, United States, Great Britain, Turkey, India and South Africa.

2.1.6. Audited financial statements for the past (3) three years

The company MMGH Consulting GmbH was incorporated in May 2017. According to the Swiss corporate law the first completed financial statement will be due in 2019 covering the first 19 months of operations. Based on internal records, the company has generated a turnover of approximately 350k CHF during 2017.

2.2. Legal Information

2.2.1. History of Bankruptcy

None

2.2.2. Pending major lawsuits and litigations in excess of USD 100,000 at risk

None

2.2.3. Pending Criminal/Civil lawsuits

None

3. Experience and Reference Contact Information

3.1. Relevant Contractual relationships

3.1.1. Relevant Contractual projects (with other UN agencies or Contractors)

MMGH has supported the following clients:

- WHO Headquarters and Regional Offices
- The Bill & Melinda Gates Foundation
- Gavi, the Vaccine Alliance
- Global Task Force on Cholera Control
- IS Global (subcontractor of PATH)

3.2. Relevant Project Names

3.2.1. Project Description

The following four projects are relevant for this RFP and demonstrate the ability of MMGH to satisfactorily perform the work in accordance with the RFP requirements:

a. **Revision of the Terms of reference of WHO's Immunization Practices Advisory Committee (IPAC)**
   Assistance to the WHO IPAC secretariat in revising the committee's TOR. MMGH supported the secretariat and chair of IPAC in aligning the functions of the committee with the new WHO HQ structure and work plan as well as with those of other WHO global immunization advisory groups, based on information collected by MMGH in a series of in-depth stakeholder interviews and moderated discussions.

b. **Assessment of the Oral Cholera Vaccine (OCV) working group of the Global Task Force for Cholera Control (GTFCC)**
   Support to the WHO Infectious Hazard Management (IHM) team in assessing the functioning of the OCV working group of the GTFCC. MMGH performed stakeholder interviews and prepared a White Paper that summarized successes and areas for improvement contributing to the redesign of the WG processes.

c. **Mid-Term review of the Regional Strategic Plan for Immunization for the African Region**
   Support to the WHO Regional Office for Africa in performing the mid-term review of the Regional Strategic Plan for Immunization 2014-2020. MMGH conducted an extensive desk review, facilitated a face-to-face session of an external review panel at AFRO HQ, summarized and consolidated the review findings, and assisted the panel in the development of recommendations and with the presentation of a final evaluation report to the Regional Immunization Technical Advisory Group.

d. **Mid-Term review of the European Vaccine Action Plan**
   Support to the WHO Regional Office for Europe (ongoing) in performing the review of the European Vaccine Action Plan. MMGH conducts desk-reviews, performs in-depth interviews with stakeholders, identifies areas of improvement and intervention, discusses the findings with WHO EURO and partners, and drafts a consolidated report.

3.2.2. Status

The above projects have been completed and implemented with the following outcomes:

a. Revised Terms of Reference approved and implemented

b. Recommendation for the new TOR for the Working Group and revised processes approved by the OCV Working Group. Implementation ongoing under oversight of the GTFCC
c. Report and recommendations endorsed by the Regional Immunisation Advisory Group (RITAG) with ongoing implementation.
d. Contract awarded and project in early phase of implementation.

3.2.3. Reason for relevance

a. The assessment of IPAC included the review of the interactions and alignments between the different WHO immunization and related advisory committees, including SAGE. Many of the findings of last year's in-depth interactions with global immunization stakeholders and IPAC members in this area are considered still relevant today while the overall process of evaluating the scope of work, TOR and internal processes is similar to the present RFP.
b. The GTFCC and the OCV WG are multi-stakeholder coordination mechanisms in charge of providing policy and operational guidance to countries and partners with respect to the implementation of cholera control measures in different settings. While the scope is smaller, internal dynamics as well as external impact and relevance mirror the SAGE processes.
c. The project is an assessment of regional and country plans and operations supported by WHO and major immunization partners, including a critical review of procedures and processes in the field of immunisation and the involvement of diverse stakeholders.
d. As per d. In all of these assessments and evaluations, the requirements for successful analysis, including a good understanding of political, organizational and scientific matters as well as an in-depth knowledge of partners and organisations involved, are similar to those of the present project.

3.2.4. Roles and responsibilities (list and clearly identify the roles and responsibilities for each participating organization)

3.2.4.1. Client's Role and Responsibility: Inputs from beneficiary

a. In the IPAC evaluation, the IPAC Secretariat and chair of IPAC provided overall direction and continuous feedback to the review and TOR updating process. A dedicated IPAC meeting and several phone conferences allowed for provision of further input by its members to the draft TOR.
b. The GTFCC Secretariat provided guidance on the project goals as well as background on the strategy the OCV WG was meant to support. It indicated the key stakeholders to interview in the process. Once recommendations were drafted, the secretariat provided input to ensure that a final version was aligned with the overall strategic directions.
c. The AFRO Office provided input on the goals of the process and immediate feedback on the deliverables. It installed the Independent Review Committee and organised a one-week face-to-face meeting in which input and insights from the major WHO AFRO focal points and committee members were collected and discussed. It provided comments to the draft report and took on the report dissemination.
d. The EURO office provided input and direction on the project's goal as well as ongoing feedback on the evaluation process.

3.2.4.2. Contractor's Role and Responsibility: role in project

a. In the IPAC project, MMGH performed internal and external stakeholders interviews and prepared draft updated Terms of Reference. MMGH ensured alignment of the TOR with those of other WHO immunization advisory groups included SAGE. Following feedback from

the IPAC members and chair, and external partners, MMGH finalised the ToR and facilitated endorsement by the Director WHO IVB.

b. MMGH performed a situational analysis of the OCV WG processes and interviewed the key stakeholders to collect their views on strengths, weaknesses and opportunities for improvement. After completion of the first phase, MMGH assembled a set of recommendations for process redesign with the goal of improving the functioning of the working group and updating the TOR. MMGH presented the recommendation and facilitated the discussion at the OCV WG meeting.
c. MMGH performed extensive data and desk review of the past and present performance of the immunisation systems of the countries in the region. Based on this work and on the input of regional immunization focal points and partners, MMGH prepared and facilitated a week-long meeting of the Independent Review Committee that resulted in the identification of root-causes of bottlenecks and corrective actions. Following agreement with the AFRO Secretariat and with the committee chair, MMGH prepared and edited the full Mid-Term Evaluation Report which was presented to the RITAG. Finally, MMGH completed the final version of the report taking into account additional comments and input received from the RITAG.
d. MMGH will take on a role similar to the one performed as part of the AFRO RSPI evaluation.

4. Proposal Background

The SAGE Terms of Reference (February 2016) state that "SAGE is the principal advisory group to WHO for vaccines and immunization. The group is charged with advising WHO on overall global vaccination policies and strategies, ranging from vaccines and technologies, research and development, to delivery of vaccination and its linkages with other health interventions. SAGE's remit extends to the control of all vaccine-preventable diseases as part of an integrated, people-centred platform of disease prevention that spans the human life-course and in the context of health systems strengthening." [1]

SAGE advises the WHO Director-General specifically on:

1. the adequacy of progress towards the achievement of the goals of control of vaccine-preventable diseases worldwide such as those laid out in the Decade of Vaccines' Global Vaccine Action Plan 2011-2020.
2. major issues and challenges to be addressed with respect to achieving the disease control goals, including those to achieving and sustaining high and equitable vaccination coverage;
3. the immunization programmes response to current public health priorities;
4. major general policies, goals and targets including those related to vaccine research and development;
5. the adequacy of WHO's strategic plan and priority activities consistent with its mandate and considering the comparative advantages and the respective roles of partner organizations;
6. the engagement of WHO in partnerships that will enhance achievement of global immunization goals." [2]

[1] http://www.who.int/immunization/sage/Full_SAGE_TORs.pdf?ua=1

[2] http://www.who.int/immunization/policy/WHO_vaccine_development_policy.pdf?ua=1 (June 2017)]; http://www.who.int/immunization/sage/Guidelines_development_recommendations.pdf?ua=1 (Jan 2017)

SAGE was last evaluated in 2008. Since then, the scope and expectations for normative and strategic guidance by SAGE has expanded considerably in light of the changing goals and objectives in global immunization. In parallel, SAGE has made important adaptations to its functions and processes. The group is widely recognized as a blueprint for other WHO advisory bodies and highly influential with a number of different stakeholders, some of whom use the SAGE recommendations to frame their own organizational policies and strategies.

It was decided in early 2018 that WHO conducts an evaluation of SAGE aimed at appraising SAGE's priorities and at identifying areas where SAGE processes may require improvements. This is to ensure that SAGE remains in condition to fulfil its mission into the next decade.

5. Approach / Methodology

5.1. Scope and objective of the evaluation

The overall objective of the evaluation is to assess current SAGE scope of work and objectives, working mechanisms and processes in terms of their relevance, effectiveness and quality to assure that SAGE continues to provide high quality strategic advice in all areas of the evolving immunization and global health agenda. The evaluation will focus on SAGE as the key advisory body on immunization policy and strategy.

Other WHO advisory bodies relevant to immunization will be included in this evaluation to the extent of allowing review of the interactions and alignments between SAGE and these committees and of their respective roles and functions as contributing to the SAGE objectives. The following WHO-affiliated advisory bodies will be taken into account in this context:

- Immunization Practices Advisory Committee (IPAC)
- Immunization and Vaccines Related Implementation Research Advisory Committee (IVIR-AC)
- Product Development for Vaccines Advisory Committee (PDVAC)
- Programmatic Suitability for Prequalification Standing Committee (PSPQ-SC)
- Expert Committee on Biological Standardization (ECBS)
- Global Advisory Committee on Vaccine Safety (GACVS)
- Regional Immunization Technical Advisory Groups (RITAGs).

5.2. Anticipated outputs of the evaluation

The evaluation will assist in allowing achievement of the following outcomes:

- Enhanced effectiveness of SAGE as a global advisory group and as influencer of the evolving global immunization agenda.
- Optimized working links and relationships with other advisory groups within WHO, regional committees and other global health organizations and partners.
- Updated scope, objectives and working mechanisms of SAGE to ensure these are aligned with the needs of the longer-term global immunization priorities.
- Effective dissemination of SAGE and WHO recommendations to the wider public health community.

5.3. Proposed evaluation approach

The evaluation will include the following major elements:

1. Descriptive analysis of SAGE agenda items, recommendations and position papers (timing and scope), decisions on cross-cutting issues, including dissemination and reach or influence on initiatives, partners, and countries (including web statistics on relevant downloads and hits).

2. Review of the appropriateness of the present SAGE TOR, guidance documents and specific working processes including those of the SAGE working groups aimed at identifying areas where SAGE processes may require improvements.
3. A broad-based online survey including WHO and external stakeholders.
4. In-depth interviews with a select group of key stakeholders and technical experts.
5. Overall supervision and guidance of the evaluation process by an Independent Evaluation Advisory Group (IEAG).
6. Joint appraisal of findings and development of recommendations during an Action Lab with participation of major stakeholders.

5.4. Proposed evaluation tools

The following pre-tested evaluation instruments will be adapted for use in the SAGE evaluation:

- SIVAC tool for the evaluation of NITAGs.
- US ACIP adapted questionnaire and interview guide.
- WHO IPAC evaluation and interview template.
- Revised earlier SAGE evaluation processes and tools.

The final adapted tools will include questions related to the following areas:

1. The process for the formulation of policy recommendations, including their usefulness and relevance to the needs of key stakeholders, particularly the regional and national advisory groups on immunization and other global organizations dealing with immunization.
2. Present approaches for the dissemination of SAGE outputs (policies, recommendations and other information) to the global immunization community, including country ministries of health and NITAGs, WHO Regions and RITAGs, major partners (UNICEF, Gavi, CDC, others), donors and other stakeholders, including manufacturers, global health initiatives, Non-Governmental Organizations, Civil Society Organizations, Medical Associations, academia and other. This will include an assessment of use of appropriate communications tools.
3. The alignment with and responsiveness to recent developments within and beyond the immunization field, such as the imminent need to update the Global Vaccine Action Plan as well as the renewed emphasis on Universal Health Coverage, Health Security, and the increasing importance of non-communicable diseases.
4. The role that SAGE should play in a likely future scenario where immunisation policies and services will be more integrated with other health services.

5.5. Proposed scoping questions

In view of the above scope and anticipated outputs of the evaluation, a number of scoping questions are suggested as a first step to steer the evaluation process. These questions will subsequently help to construct a full evaluation process and will include the following:

1. Relevance and strategic position of SAGE:
    - Do the SAGE terms of reference of February 2016 and overall objectives meet the current and emerging needs of the immunization agenda?
    - Are the priorities of SAGE and relative emphasis of its workplan appropriate?
    - Is SAGE making the best use of existing resources, including the use of other WHO advisory bodies?
    - Are the relative roles and responsibilities of SAGE and the other WHO global advisory groups on immunization sufficiently clear?
    - Do SAGE and other committees have a coordinated and longer-term prioritization process for agenda items?

- Are the linkages between SAGE and RITAG's adequate and well-functioning in both directions?
- Are the linkages to partners and other immunisation stakeholders adequate?
- To what degree is SAGE meeting the expectations of key stakeholders and do stakeholders influence or affect the independence of SAGE (e.g., agenda, prioritization process, policy formulation, etc.)

2. Usability of SAGE recommendation and advice
   - What is the reach and influence of SAGE recommendations with various stakeholders (see tentative list under 7.4. above)?
   - Are all of these stakeholders reached?
   - Is the format and presentation of SAGE and subsequent WHO recommendations appropriate?
   - Can dissemination and communication be improved?
3. SAGE and SAGE working group processes:
   - Do the composition and expertise of SAGE members meet the needs of SAGE?
   - Are all technical dimensions in scope for SAGE work adequately represented?
   - Are SAGE working groups adequate in terms of composition, format and scope of work?
   - Can the format of plenary meetings and other group interactions be improved in terms of timing, duration and content/agenda?
   - Are the evidence review processes appropriate?
   - Are the working mechanisms adapted to the scope of work?
   - Are review processes adequate for topics that are not product-specific recommendations, e.g. for crosscutting issues?
   - Is WHO SAGE Secretariat support to and coordination of SAGE adequate?

6. Timeline

The project will unfold over a 14 months period starting in April 2018 and finishing in June 2019. Evaluation activities will be organised in five phases, as follows:

6.1. Phase One – Survey and SAGE Workshop

6.1.1. Survey and preparation of workshop - April 2018

- Conduct initial analytics of SAGE work done during 2010 to 2017:
  - Perform a rapid descriptive review of the topics which were covered during SAGE sessions as well as those of the other immunization advisory groups.
- Prepare and facilitate a WHO SAGE stakeholder retreat on 19 April 2018 to inform key areas of interest for the full evaluation
  - Facilitate engagement of SAGE members and other stakeholders in the retreat preparation and activities;
  - Finalize high level scoping questions (see above) for further analysis during the evaluation and discussion at the retreat - in close collaboration with SAGE Secretariat and IVB WG and SAGE members;
  - Confirm retreat participants including SAGE members, WHO Regional Immunization Advisers, RITAG chairs, chairs of the other WHO immunization advisory committees and WHO staff who serve on secretariats for those committees.

- Develop draft retreat objectives and agenda, materials and desired outputs.
- Review findings from the initial analytics of past SAGE work.
- Perform initial survey with select retreat participants.
- Develop presentations, structure and approach to run the retreat.

6.1.2. SAGE Retreat - 19th April 2018

- Hold a retreat immediately following the SAGE session. The main aim of this retreat will be the clarification of the scope of the SAGE review in view of the needs of SAGE members and of the evolving immunization agenda, and the agreement on the evaluation process including the main evaluation questions.
- Proposed elements of the retreat agenda are as follows:
    - Brief presentation on the history of SAGE with information on other WHO immunization advisory committees (their roles and relationships to SAGE), including outcomes of past evaluation of SAGE and subsequent evolution;
    - Rationale for why an evaluation should be conducted now and what outcomes are being sought;
    - Initial overview of global/regional/country and stakeholder requests and concerns (in comparison to a decade ago) and including future needs. This will be further developed following the retreat through in-depth interviews with selected stakeholders.
    - Identify members of the Independent Evaluation Advisory Group (IEAG) to ensure wide acceptance of evaluation results with major stakeholders (and to avoid the possible of a mere inside-looking review);
    - Review of the proposed evaluation elements (see list above);
    - Review of the proposed scoping questions;
    - Identification of the stakeholders for the online survey and for the selected phone interviews.
    - Agreement on timeline and next steps.

6.2. Phase Two – Planning and Assessment Set Up

6.2.1. Project Planning and Setup - May 2018

- Collate retreat deliberations and conclusions in a report summarizing key recommendation as part of a full-fledged evaluation plan for the period June 2018 to June 2019 and including appropriate adapted evaluation tools.
- Perform a further in-depth review of existing guidance documents, terms of references, additional related reports.

6.2.2. IAEG Meeting - June 2018

- Prepare and facilitate first IEAG meeting to review and revise the evaluation plan and to launch the evaluation.

6.3. Phase Three – Evaluation

6.3.1. Evaluation process - June to December 2018

- Develop and carry out, in collaboration with the SAGE secretariat, Director of IVB and under supervision of the IAEG, the full evaluation according to the agreed evaluation plan with the following key elements:
    - Consultations with SAGE members and other key stakeholders;

- Detailed quantitative analysis of SAGE agenda items, recommendations and position papers (timing and scope), and decisions on cross-cutting issues.
- Dissemination, reach and influence of SAGE decisions and recommendations on initiatives, partners, and countries.
- Online survey including respondents within WHO and with external stakeholders.
- In-depth interviews with a selected group of key stakeholders and technical experts.
- Development of a draft summary presentations.

- Conduct at least three IEAG TC or VC sessions to review progress of evaluation and to obtain relevant advice and guidance.

6.3.2. Analysis of findings - January 2019

- Conduct an initial analysis of the main findings of the full evaluation.
- Develop a draft presentation of the evaluation including a summary narrative report of the main findings.
- Present and moderate a facilitated discussion of the draft evaluation presentation with the IAEG.
- Revise the presentation and develop a draft evaluation report.

6.4. Phase Four – Development of recommendations for SAGE discussion

6.4.1. Discussion of findings and Action Lab work shop - February 2019

- Present and discuss the draft evaluation report within WHO and with SAGE members.
- Conduct a facilitated solution-oriented workshop (Action Lab) for the joint development of recommendations with members of the WHO Secretariat, SAGE and the IAEG and other stakeholders, as deemed appropriate.

6.4.2. Draft evaluation report - March 2019

- Finalize the draft evaluation report based on all input received.
- Prepare presentation and discussion at the SAGE session in April 2019.

6.4.3. SAGE discussion - April 2019

- SAGE session: Report back on evaluation results and recommendations.

6.5. Phase Five – Finalisation of the Evaluation Report and Dissemination

6.5.1. Finalisation of the Evaluation Report – May to June 2019

- Finalize report based on SAGE feedback.
- Disseminate findings to SAGE, the SAGE Secretariat, IVB departments, the wider WHO and interested partners.
- Develop lessons learnt for future evaluations of SAGE and of similar advisory bodies.

6.5.2. Dissemination – post June 2019

- Prepare a detailed communication plan for dissemination of the report and selected findings.

7. Deliverables

The following deliverables are foreseen:

- Phase One: SAGE Retreat Summary Report – May 2018: Findings from the April retreat will be summarized into a report outlining the key evaluation questions put forth by the SAGE members.
- Phase Two: Evaluation Manual – June 2018: A full evaluation approach including timelines covering all elements of the evaluation process and reviewed by the IEAG will be submitted.

- Phase Three: Interim Progress Report (ppt presentation) - September and December 2018: An update will be provided to the SAGE Secretariat and the Director IVB on progress of the evaluation and on preliminary findings.
- Phase Four: Draft Evaluation Report – March 2019: A draft evaluation report and presentation in preparation of the relevant discussion at SAGE (in April 2019) will be prepared.
- Phase Five: Final Evaluation Report – June 2019: A final report outlining the main findings of the evaluation and lessons learnt for improvement and for future evaluations of SAGE and of other advisory committees will be submitted.

8. MMGH Role

8.1. MMGH tasks in the evaluation process

MMGH will perform the following tasks:

- Further developing the draft evaluation plan in close collaboration with the SAGE Secretariat and the Director IVB.
- Proposing a selection of external stakeholders[3] and reaching out to those relevant by clearly communicating the goals and scope of the evaluation and the request for their input.
- Proposing membership of a high-level 5 to 7-member Independent Evaluation Advisory Group (IEAG) and preparing and facilitating a first face-to-face meeting of the IAEG in Q2 2018.
- Performing an initial survey and phone interviews with selected April 2018 retreat participants to agree on main elements of the SAGE evaluation.
- Preparing and facilitating the 19th April 2018 retreat following the SAGE session.
- Preparing and adapting appropriate evaluation tools (based on ACIP, SIVAC and similar tools).
- Performing the evaluation of SAGE under supervision of the IEAG and facilitating regular TC/VC with IEAG members during the evaluation process according the below timeline. This will include:
    - Finalizing and further adapting the evaluation tools;
    - Completing the assessments by interacting with all identified stakeholders;
    - Summarizing the evaluation results;
    - Preparing interim reports (ppt) for discussion with the IAEG and the SAGE Secretariat.
- Preparing and facilitating a second f-2-f meeting of the IEAG in JQ1 2019.
- Preparing and facilitating a workshop (Action Lab) with key stakeholders in Feb 2019 to arrive at joint conclusions and recommendations to the WHO DG, based on the evaluation findings.
- Finalizing the review based on the outcomes of the Action Lab.
- Preparing a ppt presentation and discussion agenda for the SAGE session in April 2019.
- Preparing and submitting a final evaluation report by June 2019.

[3] Survey and retreat should include: SAGE members, WHO Regional Immunization Advisors, RITAG chairs, Selected external stakeholders and partner representatives, WHO SAGE Secretariat staff, senior staff of WHO IVB and EMP departments.