

SUBJECT: ANNUAL REPORT ON IMPLEMENTATION OF THE GENDER POLICY

Agenda item: A

Category: For Information

Section A: Introduction

- This report is an update on progress made in 2018 on implementing Gavi's gender policy. It covers the programmatic, corporate, governance, communications and advocacy dimensions of Gavi's gender focused work.
- The goal of Gavi's gender policy is to 1) increase immunisation coverage by supporting countries overcome gender-related barriers to accessing immunisation services and 2) promote equal access and utilisation for all girls and boys, women and men to immunisation and related health services that respond to their different health needs.

Section B: Facts and Data

1. Gender Policy at a glance

- 1.1 Gavi has had a **Gender policy** since 2008. It was revised in 2013, at which point the Secretariat committed to conduct the next review and update of the policy in 2019, including an external evaluation.
- 1.2 The Secretariat has initiated the **external evaluation process** and the evaluator has been selected. The main objectives of the evaluation is to assess the strengths and weaknesses of the 2013 gender policy including the design, objectives, goals and theory of change. The evaluation will also assess the effectiveness and efficiency of Gavi's implementation and management of gender at the global and country level, through conducting country case studies and interviews.
- 1.3 Final recommendations from the evaluation are expected in early 2019. The evaluation will provide evidence-based findings which will inform the **update to the gender policy**. The outputs from the external evaluation will be shared with the Programme and Policy Committee (PPC) at its April 2019 meeting and a recommendation on an updated policy will be brought to the PPC and Board for decision in October and November 2019.

2. Gender and Gavi Programming

- 2.1 Gavi's **strategic framework** for 2016-2020 calls for an increasing focus on sustainable coverage and equity of immunisation and includes an indicator on **maternal education status** as a proxy for women's empowerment. This indicator tracks the differential level of coverage of third dose of diphtheria-

tetanus-pertussis (DTP3) containing vaccine among children of mothers with secondary education or higher and mothers with no education.

- 2.2 The **maternal education equity indicators** in 2017 showed no progress-remaining at 19%. This is largely due the scarcity of new data as the indicator is calculated using coverage surveys.
- 2.3 The 2018 WHO report *Explorations of inequality: Childhood Immunisation Inequality*, provided additional evidence that childhood immunisation demonstrated **no inequality by child sex**. The report focused on the 10 Gavi PEF Tier 1 countries, which account for approximately 70% of under-immunised children, and found that DTP3 coverage showed no difference between boys and girls – an impressive achievement given the significant gender disparities in most other health interventions and broader development programmes. The report found that inequalities were determined by gender-related barriers.
- 2.4 **Health System Strengthening (HSS) grants and Targeted Country Assistance (TCA)** are the primary mechanism for Gavi to address gender related barriers. The Secretariat has intensified efforts in 2017-2018 to strengthen gender in Gavi's processes, including updating the HSS and new vaccine support grant guidelines to better explain common gendered barriers and include examples of interventions and indicators to tackle them. A specific gender programming guidance document was developed and gender was highlighted as a key equity barrier to be addressed in the demand generation and data guidance documents. In addition, sessions have been organised with Gavi's country facing staff on understanding gender barriers. This is particularly important as countries are currently exploring additional investments to improve vaccination in the hardest to reach populations following the Board approved flexibility to increase a country's HSS ceiling by up to 25%¹ to advance coverage and equity.
- 2.5 **Internal analysis** of the 6² HSS proposals recommended for approval in 2017-2018 found a greater understanding of gendered barriers. In particular:
 - a) All 6 countries **understood the distinction** between gendered barriers and sex-discrepancies.

¹ The Board in June 2018 granted Gavi the flexibility to increase HSS ceiling for countries to advance vaccine coverage and equity.

² New HSS Grants were developed in 2017-18 for Comoros, Haiti, India, Sierra Leone, Solomon Islands and Zimbabwe

- b) Every country directly **identified barriers** that are defined as gendered when describing reasons for low immunisation coverage. A common demand side barrier was low female empowerment and decision making power, particularly in patriarchal societies. Access barriers including access to television, radio or mobile phones in India and Solomon Islands disadvantaged rural women as health messages were unable to be spread. Out of pocket costs such as paracetamol to manage the side effects of immunisation hindered mothers in Ghana from bringing their children to get immunised. In addition, mothers working in Haiti's urban areas lacked time to bring their children to get vaccinated. Low education and health awareness of mothers was identified as a key barrier by all countries. In Haiti for example, mothers lack specific knowledge about the vaccination schedule and diseases against which children are being vaccinated. Supply side gender barriers included limited skills of health workers in communicating with female caregivers. Haiti and Zimbabwe mentioned the negative experience of parents in the quality of service, including long waiting times, poor reception of health staff and non-availability of services on the day of visit.
- c) **Interventions to tackle gender barriers** were identified by each of the 6 countries and each allocated budget for funding some proposed interventions. Interventions include social mobilisation campaigns with local representatives and use of community mobilisers such as Accredited Social Health Activists (ASHA's) in India to increase the uptake and demand for immunisation. The Cité Soleil project in Haiti is extending vaccination hours and implementing weekend vaccination sessions to overcome the "social distance" between providers and mothers who are often busy with their daily work to attend immunisation hours.

2.6 Gavi has been working actively to integrate gender into key strategic focus areas (SFAs). Attention in 2018 has focussed on demand generation and data.

- a) **Demand Generation** provides an important programmatic entry point and platform for work to address social barriers to immunisation at community level. Recent data from India, Pakistan and Nigeria suggest that as many as two thirds of un- or under-immunised children may be due to demand related barriers, with gender emerging as a key underlying factor. Gender is an important driver in a number of private sector partnerships related to demand. Examples include Gavi's partnership with Girl Effect on girls' empowerment related to HPV³ and understanding the dynamics between maternal and paternal roles in the initiative to promote successful parenting in the Gavi-Unilever partnership on immunisation and handwashing in Uttar Pradesh. However, further work is needed to ensure that gender analysis, and gender disaggregated data are routinely used in demand generation interventions.

³ In Rwanda, Malawi and Ethiopia

- b) Of the 16 **Equity assessments**⁴ conducted from 2015-2017, 10 looked at gender related issues. Those equity assessments that explored determinants of socio-economic disparities⁵ were more informative and better geared for planning pro-equity strategies compared to assessments that focused only on districts with lower coverage. UNICEF is developing comprehensive guidelines for designing and implementing equity assessments as well as translating key recommendations of these assessments into action plans.
- 2.7 Gavi is also working to mainstream gender considerations through the **INFUSE** platform. The call for proposals explicitly requests innovations to tackle gender related barriers and a dedicated gender expert is working to integrate gender equality within the platform. This is through developing a series of training workshops and materials for the INFUSE community and providing tailored gender technical assistance to selected Pacesetters.
- 2.8 The Gavi Secretariat is collaborating with Alliance partners and stakeholders to exchange innovative ideas and best practices to strengthen coverage and equity. Through the **Equity Reference Group (ERG)**⁶, Gavi's DCEO is co-championing gender as a thematic area. UNICEF is leading the development of a paper on advancing gender equity in immunisation, which Gavi has actively contributed to. This has been through in-depth interviews with country facing staff, sharing latest data and other resources. Gavi has also contributed to an analysis of potential monitoring and evaluation indicators for context-specific pro-gender immunisation interventions. Key actionable recommendations to address demand side and supply side gender barriers have been discussed in the November 2018 ERG meeting including leveraging funding options (through Gavi's Health Systems Strengthening, Partners Engagement Framework Targeted Country Assistance and Demand Strategic Focus area) to provide support for demand strategies and ensuring immunisation service delivery and health systems strengthening efforts should be implemented in a gender sensitive way and use participatory processes with different groups of women and men.

3. Gender and Secretariat

- 3.1 Gavi's internal **Gender Working Group (GWG)** continued as the body within the Secretariat responsible for oversight and implementation of the Policy. In 2018, Gavi intensified its commitment to gender by bringing a strong gender lens to its strategy, policies, programmes, advocacy and communications. To enable more systematic and strategic engagement, the GWG was reconstituted. This group is now co-chaired by the MD of Country programmes and the MD of Public Engagement and Information services

⁴ Equity assessments are conducted by UNICEF to identify, quantify and localise under-vaccinated groups and communities within a country, and to inform the design and implementation of pro-equity strategies

⁵ Including socio-economic status, mother's education, gender-related issues, ethnicity, tribe, etc.

⁶ The ERG is a 'think-tank' that focuses on equity in immunisation and is convened by UNICEF and the Bill and Melinda Gates Foundation

and is composed of senior representatives from different teams across the Secretariat.

- 3.2 There is a **KPI** on gender as part of the Team Performance Management (TPM). This tracks the percentage of activities in the GWG workplan that is completed on time. As of the end of October 2018, 80% of activities were on track to be completed.
- 3.3 In 2018, the **Global Health 50/50 Report**⁷ named Gavi amongst the highest scorers in gender responsiveness and advancing gender equality. This report measured gender related policies of more than 140 organisations working in global health based on indicators such as the existence of a gender strategy for programmes, the collection of disaggregated data and the gender parity of senior management.
- 3.4 Following the shocking stories about sexual harassment in the international development sector earlier in 2018, Gavi has reviewed and updated its existing policies relating to **sexual harassment**, including the Code of Conduct and Respectful Workplace Policy. These policies now include an explicit prohibition on sexual exploitation and abuse. Additionally, Gavi has included a provision prohibiting sexual exploitation and abuse in its contracts with service providers and consultants. Gavi has collaborated with the Global Fund to select a suitable provider to deliver training to all employees on appropriate conduct in the workplace and the processes for employees to raise concerns. The training sessions will be rolled out at Gavi before the end of 2018⁸. Gavi will also develop guidelines for staff travelling to implementing countries, which will pay special attention to safeguarding standards.
- 3.5 This year, Gavi has been certified as an **Equal Salary gender employer** by the Equal Salary Foundation. This follows an intensive two phase process which included detailed data analysis to determine salary equity, and an audit of policies, processes and potential biases to evaluate the Secretariat's commitment to equal pay. This was through an online staff survey, focus group discussions with female staff, interviews with senior managers and the Executive team. Gavi is the first international not-for-profit organisation to commit to equal pay for men and women and obtain the Equal-Salary certification label.
- 3.6 **HR statistics on gender within the Secretariat:** Currently the Secretariat staff is 60% female, 40% male. Figure 1 shows the breakdown of gender across career levels. As seen, a disproportionate number of female staff occupy administrative categories (Level 1-2). There is greater gender parity in mid-career positions (levels 4-5) and full gender balance at the highest career steps (level 7-8). The Secretariat will continue to pay attention to gender equality, particularly at the Director level (level 6).

⁷ <https://globalhealth5050.org/report/>

⁸ <https://vimeo.com/293956705/08c15a31dc>

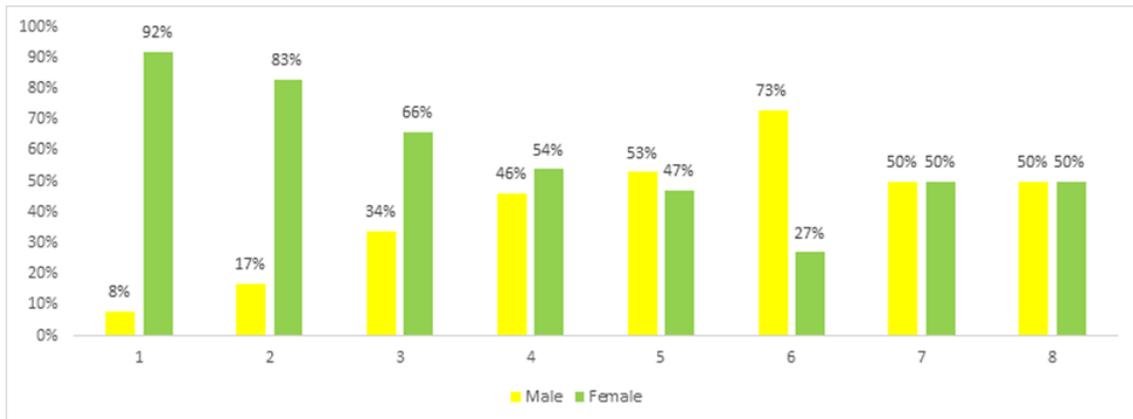


Figure 1: Gender distribution across Gavi career levels (as of 30 June 2018)

4. Gender and Board

- 4.1 Throughout 2018, the **Gavi Board** has been fully compliant with the guidelines that no more than 60% of either gender is represented on the Board. As of 1 November 2018, Board Members comprise 46% female, 54% male while Alternate Board members compromise 44% female and 56% male.
- 4.2 Gavi **Governance KPI's** on gender balance extends to all Board Committees, not just the Gavi Board as prescribed in the Gender Policy. The position as of 1 November 2018 on this KPI was 41% female, 59% male, representing compliance on aggregate across the Gavi Board and its Committees. There is a recognition that not all Committees are fully compliant but this remains an area of focus for the Governance committee.

5. Gender and Communications/Advocacy

- 5.1 Throughout 2018, Gavi further strengthened and sharpened its positioning on gender through a range of communication, strategic engagement and advocacy efforts. Gavi has engaged actively in a number of **key global health political and policy dialogues** to support a strong articulation of the role of gender and immunisation, as a key enabler to positive health, social and economic outcomes as well as the Sustainable Development Goals (SDG). This has included substantive, collaborative and sustained engagement in the development of the SDG3 Global Action Plan Phase 1 presented at the World Health Summit, the Primary Health Care (PHC) renewal agenda and the Global PHC Conference in Astana, Global Compact on Refugees as well as the Universal Health Coverage in Emergencies agenda, the High Level Meeting on Non Communicable Diseases (NCDs), WHO General Programme of Work and WHA resolution on cholera prevention and control. Work and engagement in these themes and processes has been aided by dedicated efforts to develop a strong evidence base of political, policy and programmatic content that highlights the intersections of gender, immunisation, health and the SDGs and the proactive role played by Gavi in understanding and addressing the gendered barriers to immunisation and other PHC services.

- 5.2 Gavi continues to engage strongly with the **Organisation of African First Ladies** against HIV/AIDS (OAFLA) for developing influential women champions and advancing the immunisation agenda at continental and national levels. This will be reflected in the close collaboration for the development of OAFLA's new four year strategic plan, which will highlight the role of the OAFLA platform at continental and national level to increase access of girls to immunisation and other essential health services.
- 5.3 The 2017 **Annual Progress Report**⁹, Gavi's flagship publication, included a page dedicated to the Gavi's efforts to help countries address gendered barriers to immunisation as a key means of improving immunisation coverage. In addition, specific communication for **International Women's Day** and the Day of the Girl Child included a web feature entitled "How breaking gender barriers can improve immunisation coverage" as well as a web gallery and social media cards portraying female vaccine heroes and blog pieces by the CEO and the Deputy CEO on the links between gender and immunisation¹⁰. The **Mid-Term Review (MTR) Report**, which will be published ahead of the MTR meeting in December, also features a section dedicated to the Alliance's efforts to support countries in addressing gender-related barriers and ensuring equitable access to immunisation.
- 5.4 In 2018, as part of the **International Gender Champions**¹¹, Gavi CEO committed to strengthen staff capacity on gender informed analysis, technical and communication aspects as well as ensuring that Gavi's engagement in global development and health policy dialogues has a strong gender articulation.
- 5.5 To guide Gavi staff as and when they communicate about gender issues, the Secretariat has reviewed and updated its **gender messaging framework**, which is currently being finalised.

6. Future direction

- 6.1 As part of Gavi's efforts to enhance engagement with gender, the following activities will be prioritised going forward:
- a) In the development of **Gavi's new strategy** (2021-2025), the challenge of equitable coverage will remain central. In particular, innovative approaches to remove gender barriers to immunisation will need to be explored and relevant gender metrics to track progress improved. In addition, through the Vaccine Investment Strategy, Gavi may support additional vaccines delivered through immunisation platforms with links to maternal health (Hepatitis B birth dose,

⁹ <https://www.gavi.org/progress-report/>

¹⁰ <https://www.gavi.org/library/news/gavi-features/2018/an-unacceptable-inequality-in-women-and-children-s-health/>; <https://www.gavi.org/library/news/gavi-features/2018/how-breaking-gender-barriers-can-increase-immunisation-coverage/>; <https://www.gavi.org/library/news/gavi-features/2018/why-girls-are-stronger-than-boys-but-need-more-protection/>

¹¹ This is a leadership network that brings together female and male decision workers to break down gender barriers. The leaders take the Gender Parity Pledge (which aims to strive for gender parity in all panel discussions in International Geneva). <https://genderchampions.com/champions/seth-berkley>

Respiratory Syncytial Virus maternal vaccine). These will also be further explored in the development of the new strategy.

- b) An update to **Gavi's gender policy** will capture opportunities for improvement including regarding Gavi's gender theory of change.
- c) Working to improve **country understanding** of gender related barriers, particularly through increased engagement with partners and continued staff sensitisation.