

## Annex A: Draft Gavi 6.0 Health Systems Strategy

### Executive Summary

Gavi's **first-ever Health Systems (HS) Strategy** is designed to clarify both what the Alliance seeks to achieve through its support for health systems and how it intends to do so. The intent is to provide a **holistic framework for countries, partners, and the Secretariat** to guide programming, implementation and monitoring of Gavi's health systems investments.

**The goals of the Alliance's HS strategy for Gavi 6.0 are to increase the equity and sustainability of immunisation programmes** in service of the overall Alliance 6.0 strategy, in particular Strategic Goals 2 and 3 as well as 1. In doing so, it seeks to contribute to strengthening countries' overall health systems by taking a primary healthcare (PHC) approach (see box below for how this is being defined).

#### What are the primary opportunities for Gavi to take more of a PHC approach?

1. Support **co-delivery of immunisation** and other PHC services, especially as part of efforts to reach missed communities
2. Work with other health programmes to **deliver vaccines outside the EPI target age range** (e.g. antenatal, maternal and adolescent health programmes)
3. Support **coordinated planning, implementation, and management** of PHC strategies and joint investment in cross-cutting systems elements (e.g. supply chain, human resources for health health) with other Global

The HS Strategy introduces a new theory of change (ToC) to clarify how the Alliance will contribute to these goals. The theory of change has **six priority outcomes that reflect "persistent problems"** that will need to be overcome for countries and the Alliance to achieve the goals of Gavi 6.0. These will be addressed through investments in **six pillars** which align to WHO's health systems building blocks. The strategy identifies **'flagship interventions'** which the Alliance proposes to prioritise to address these persistent problems and achieve the TOC outcomes.

The strategy also introduces **five key shifts** to deliver on the strategy: more systematically differentiating its health systems investments by country context with the goal of achieving programmatic

sustainability at the point of transition; consolidating health systems programming and funding levers and holistic planning across the continuum of service delivery strategies; a more systematic approach to catalysing innovation; strengthening partnerships and collaboration on health systems across and beyond the Alliance; and more intentional measurement, monitoring and learning of health systems programming, including a more deliberate approach to support better data quality and use for decision making in country.

### Gavi 6.0 Health Systems Strategy

#### Context

**The Gavi 6.0 (2026-2030) strategy is the Alliance's most ambitious to date** aiming to help countries immunise over 500 million people, introduce a broader portfolio of

vaccines along the life-course, and extend routine immunisation programmes to reach and fully immunise zero-dose children and missed communities<sup>1</sup>. Achieving all of these goals requires strengthening of health systems, especially as countries grapple with post-COVID-19 recovery, increasing fragility and conflict, climate-related vulnerability, growing birth cohorts and economic pressures.

**Gavi's investments in health systems are critical to its mission to save lives and protect people's health by increasing equitable and sustainable use of vaccines.**

Recognising this, Gavi has significantly scaled up its funding for health systems strengthening (HSS) over time. Since introducing HSS support in 2006, its annual investments in health systems increased from US\$ 150 million in 2015 to over US\$ 380 million in 2020. This was a reflection of both the Alliance's growing focus on intra-country equity and the increasing size and complexity of the vaccine portfolio. While grant implementation was disrupted during COVID-19, it returned close to pre-pandemic levels from 2023. Over time, Gavi's HSS funding has been increasingly targeted towards supporting countries to achieve their immunisation goals, especially improving coverage and equity.

**The Alliance has developed this first ever Health Systems Strategy in recognition of the growing importance of health systems to Gavi's mission and Gavi's growing role in strengthening health systems.** It also recognises that Gavi's investments, while important, remain modest compared to domestic funding for health systems and that of some other donors and it is therefore critical to focus its efforts on catalytic, strategic investments that will have the greatest impact on its mission.

The strategy seeks to address five problem statements grounded in the learnings from Gavi 5.0/5.1 and previous periods as well as the priorities of the Gavi 6.0 Strategy.

1. **Inadequate understanding and alignment – at global, regional, and country levels** – on the purpose, comparative advantage and expected outcomes of Gavi's health systems investments. Stakeholders have differing views on what Gavi's investments should achieve, and there is limited consensus on how to prioritise within available funding, including the balance between routine support and catalytic or transformative investments. In Gavi 6.0, total funding for Gavi HS investments is expected to decline, while the overall portfolio of vaccines and size of the birth cohort will continue to increase and funding from other development partners is also being reduced, underscoring the importance of this strategy to help prioritise investments and maximise their impact. The strategy seeks to clarify the priority outcomes that the Alliance's investments are intended to achieve and the "**persistent problems**" which will need to be overcome to achieve those outcomes.
2. Lack of clarity on **how Gavi funding levers and Secretariat and Alliance capacities align to achieve health systems objectives**. The Alliance has many financial and non-financial levers (including capacities within and beyond immunisation teams of Alliance partners) to support and strengthen health

<sup>1</sup> For operational purposes, the Alliance defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis (DTP) containing vaccine or and under-immunised children as those who have not received all three doses. Missed communities are home to clusters of zero-dose and under-immunised children.

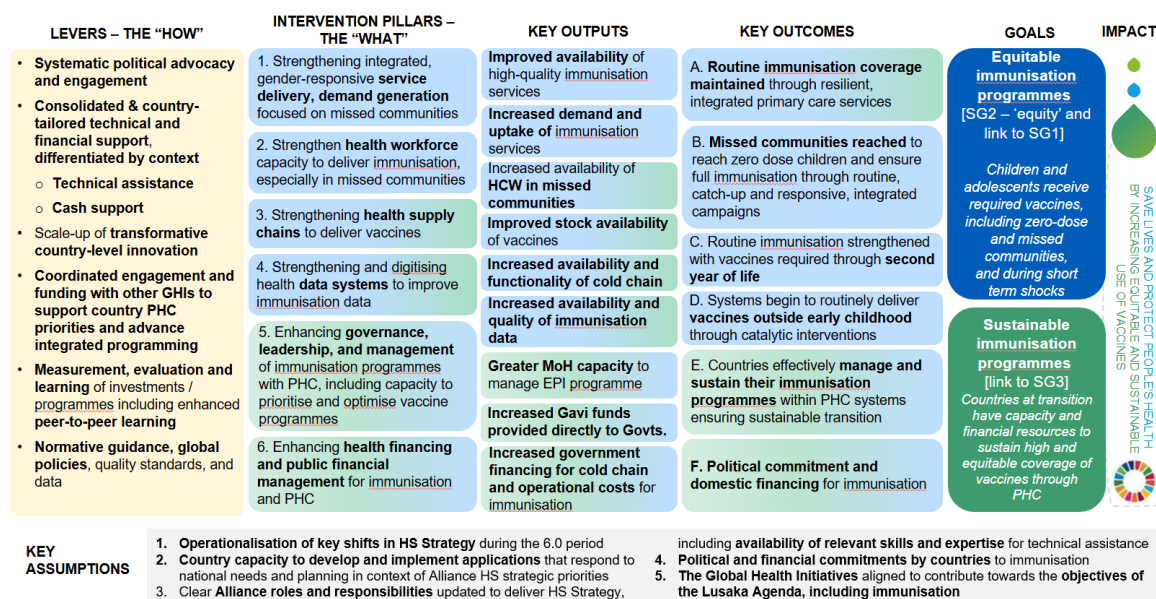
- systems but has lacked a clear approach for how these should work together to deliver intended outcomes.
3. **Overly complex processes and high transaction costs for countries.** Multiple funding levers with different eligibility, application, approval and monitoring processes create inefficiencies. Simplifying the model will help facilitate more efficient programming, shift focus from applications to implementation, and reduce the burden on countries.
  4. **Inadequate alignment of Gavi health systems investments with national plans and other programmes and partners.** There is an opportunity for Gavi to better align its investments with country plans (e.g. national immunisation strategies (NIS)) and other PHC programmes and partners to better support countries and increase efficiency in the spirit of the Lusaka Agenda.
  5. **Inadequate measurement, monitoring and learning of Gavi-supported health systems programming.** Measuring implementation and performance across diverse and complex systems is challenging, but the Alliance has lacked a clear approach for what to measure, how to do so, and how to invest in country data systems accordingly. This limits countries' ability to monitor and learn from their programmes – and the Alliance's ability to course correct and adapt support or demonstrate impact over time.

**This document sets out a Health System Strategy for the Alliance** that responds to these problem statements including by defining clear objectives, key pillars of support, the shifts that will be required to deliver the strategy and a cohesive approach to monitoring, evaluation and learning (MEL). It is an important part of implementing the Gavi 6.0 strategy and is also intended to shape the direction of the Alliance's approach to health systems beyond 2030, recognising that many elements of the Theory of Change and intended shifts will take more than five years to fully realise.

## Health Systems Strategy Theory of Change

**The HS Strategy Theory of Change (ToC)** (Figure 1) **articulates the Alliance's vision for its health systems investments**, outlining the intended goals, outcomes and outputs of Alliance support, the levers by which the Alliance seeks to achieve them (the "how"), and the intervention pillars (the "what") where Gavi will seek to focus its support. The ToC has been kept deliberately high-level so that it can be easily socialised across the Alliance and recognising that it is challenging to define common, detailed causal pathways across the 50+ countries the Alliance supports, and that changes in health systems can rarely be attributed to Gavi investments alone. The target outcomes and persistent problems to be addressed remain relevant, however, across most countries. As part of implementing the HS strategy, this high-level ToC will cascade into context-specific programming tailored by each country.

Figure 1: Theory of Change for Gavi 6.0 Health Systems Strategy



## Goals, key outcomes, outputs and “persistent problems” to address

In Gavi 6.0, the primary purpose of the Alliance’s health systems investments will be to increase the equity and sustainability of immunisation in service of the 6.0 strategy, in particular Strategic Goals (SGs) 2 (Strengthen Health Systems to Increase Equity in Immunisation) and 3 (Improve programmatic and financial sustainability of immunisation programmes) as well as SG1 (Introduce and scale up vaccines). The Theory of Change identifies six outcomes and nine outputs towards which the Alliance’s health systems investments will be targeted to achieve these goals and address the persistent problems which immunisation programmes face. While the Alliance will focus its investments on areas that most directly impact immunisation, it will seek to ensure these contribute to strengthening broader health systems through a PHC approach (as described above) enabled by closer collaboration with other development partners.

**Equity** is at the heart of the Alliance mission with a particular focus on reaching and fully immunising zero-dose children. This will remain a priority along with ensuring children, once reached, go on to be fully immunised through the second year of life, and an increased emphasis on avoiding backsliding of routine immunisation (the source of ~70% of the Alliance's impact in Gavi 6.0). The key outcomes and persistent problems that Gavi will prioritise in pursuit of its equity goal are:

- a) **Routine immunisation coverage maintained through resilient, integrated primary care services.** Pandemic-driven backsliding, from which many countries have not fully recovered, highlighted that maintaining coverage requires sustained attention and investment. This is especially vital in a context of growing fragility, with more countries facing political unrest, conflict and increasingly frequent and severe natural disasters as well as growing birth cohorts meaning that more children

need to be reached each year, simply to maintain coverage. Strengthening coverage is foundational to advancing equity and ensuring immunisation programme sustainability, and will be even more challenging given recent reductions in development assistance for health from other donors. Continued and intensified focus on improving efficiency in the use of resources will be required and new approaches may be needed, especially in fragile settings.

- b) **Missed communities reached to reach zero dose children and ensure full immunisation through routine, catch-up and responsive, integrated campaigns.** In most Gavi-eligible countries, over 10% of newborns remain zero-dose and many more are under-immunised. Zero-dose has remained a persistent problem with progress made in Gavi 4.0 subsequently reversed due to the

#### What do the terms *equity* and *gender* mean at Gavi?

**Equity:** Ensuring all children are reached with life-saving vaccines, regardless of where they live. In the context of the Health Systems Strategy this includes intensified focus on reaching and fully-immunising 'zero-dose' children in missed communities that have been consistently unreached by vaccination and other health services.

**Gender:** Women play a crucial role in ensuring that all children have access to life-saving vaccines. In many Gavi-supported countries, the majority of vaccinators and community health workers are women. They are also typically the primary caregivers responsible for bringing children for vaccination and other health services. While global vaccination coverage is generally equal between girls and boys, women often face barriers that can hinder their ability to seek or provide care for their children. These challenges include time constraints due to heavy domestic workloads, limited financial resources for transportation, and insufficient access to health information. In their professional roles, women may encounter additional difficulties in delivering vaccine services. These include societal expectations, unsafe working environments, irregular or inadequate pay, and high job demands — all of which can limit their effectiveness and well-being in the health workforce. Gavi supports countries to identify these obstacles and design programmes to overcome them, all with the goal of reaching more children with vaccines.

pandemic. These children often live in missed communities which are systematically underserved by health systems and face broader health and socio-economic deprivations. Gavi will prioritise targeted health systems investments to routinely reach these communities, leveraging a full and integrated set of service delivery strategies while strengthening PHC and advancing UHC, in alignment with the goals of *Immunization Agenda 2030*.

- c) **Routine immunisation strengthened to ensure full immunisation with vaccines required through the second year of life.** Drop-out remains a persistent problem with over 10% of children missing the first dose of measles vaccine despite having received a first dose of DTP-containing vaccine. The Alliance will support countries in adapting systems to routinely deliver vaccines and reduce drop-out through the second year of life, ensuring equitable protection for older children. The second year of life is particularly critical for measles control and to maximise the impact of malaria vaccines.
- d) **Systems to expand and strengthen routinely deliver vaccines outside early childhood.** Many countries continue to struggle with how to sustainably achieve high coverage with vaccines outside the traditional EPI age range (e.g. to deliver HPV vaccines to adolescents). The Alliance will support countries to expand immunisation beyond early childhood including building the capacity of health systems to catch up older children and routinely reaching adolescents with vaccines. Given funding constraints, the Board has recognised that the Alliance will play a more targeted and catalytic role here and encouraged the Alliance to seek opportunities to build on investments by other programmes where possible. Strengthening country capacity for vaccine programme optimisation and prioritisation (VPOP) will also be essential to ensure that health systems considerations inform prioritisation of vaccine introductions.

**The second goal is sustainability** seeking to ensure countries **have the capacity and financial resources to sustain high and equitable coverage of vaccines through PHC and respond to emerging shocks, and ultimately to do so independent of Gavi support.** Programmatic sustainability, in particular, has been a problem with some countries identifying critical programmatic capacity gaps (e.g. in procurement, budgeting, health financing and coordination capacity) after they have transitioned. The key outcomes and persistent problems that Gavi will prioritise are:

- e) **Countries effectively manage and sustain immunisation programmes within PHC.** Immunisation programmes are becoming increasingly complex to manage as countries introduce more vaccines along the life course, posing a challenge for often stretched Ministries and EPI teams and a risk to the sustainability of programmes. Building institutional capacity will be a key priority for the governance pillar of the health systems strategy and the Alliance will also introduce a differentiated framework for support, as outlined in Shift #1, to tailor its investments with a more deliberate focus on building institutional capacity as countries progress through the transition continuum. Since many institutional gaps extend beyond immunisation, collaboration with other programmes and partners will be essential to drive systemic improvement.

- f) **Political commitment and domestic financing for immunisation.** Many countries are approaching transition with critical financing and capacity gaps and continued reliance on the Alliance to perform or finance critical functions. Sustaining immunisation progress requires strong political commitment and capacity to finance and manage programmes independently. In particular, in a context of reduced resources, it will require continued prioritisation of health and immunisation in government budgets and high-level political focus to ensure robust prioritisation of investment and accountability for performance. The Alliance will ensure systematic political engagement in collaboration with other partners and work to ensure funding is on-budget and integrated into government systems. Through the differentiated approach and new policy, Gavi will also support countries to progressively reduce reliance on Gavi funding for operational costs as they approach transition.

Gavi funding is limited and will likely be lower in Gavi 6.0 than in previous periods, so **countries will need to make trade-offs in how they programme available funding against these outcomes, identifying a limited set of achievable priorities** based on their context. The differentiation framework described below is intended to serve as high-level guidance for countries (broadly weighting equity over sustainability for countries with lower coverage and rebalancing increasingly towards sustainability as coverage improves and countries approach transition). But a deliberate discussion will be needed with each country to align on their objectives and how to address the persistent problems they face, prioritise outcomes (e.g. whether to focus more on strengthening infant immunisation or scale-up services to adolescents) and identify the most impactful investments using Gavi resources to achieve those objectives.

### Six levers of influence

**Gavi has six primary levers to support counties in achieving these outcomes:**

- i. **Systematic political advocacy and engagement** – collectively, Alliance partners have a powerful voice and can help build sustained political will at both global and country level to strengthen immunisation and health systems. In Gavi 6.0, the Alliance will work more deliberately to shape and influence political will of key decision makers with a focus on policy actions that will advance the goals of the health systems strategy. This will be driven forward in a sub-set of countries via the Country Delivery Initiative, a new platform for the Alliance to agree clear and focused priorities with country leadership and partners. It will facilitate agreement on mutual commitments to deliver those priorities and regularly take stock of progress. The Alliance is also working to strengthen partnerships with other critical partners such as with Africa CDC, and intergovernmental policy making bodies such as ASEAN and the African Union Commission.
- ii. **Consolidated and country-tailored technical and financial support, differentiated by context** – Gavi is primarily a financing organisation and a significant investor in health systems in many of the countries it supports. The Alliance provides both financial and technical support adapted to the specific needs of each country. These help to strengthen routine immunisation and PHC, to fill gaps in the operational capacity of health systems and to enable other service delivery activities such as campaigns. As described further below, the

Alliance will seek to more systematically differentiate this support going forward, integrate funding levers and move towards a holistic grant application. Gavi will also work more closely with country stakeholders to ensure that investments are aligned to national health strategies and align PHC investments.

- iii. **Normative guidance, global policies, quality standards and tools** - The Alliance and countries rely on policies, normative guidance, standards, and tools developed by the World Health Organization (WHO) and UNICEF in particular. This includes WHO's prequalification of vaccines and equipment, programmatic and technical guidance including from the Strategic Advisory Group of Experts on Immunization, data collected through the electronic Joint Reporting Form, and annual WHO and UNICEF Estimates of Immunisation Coverage. The Alliance both relies on and supports development of these global goods.
- iv. **Scale up of transformative country-level innovation** - Gavi promotes and scales inclusive innovative solutions that can accelerate improvements in immunisation and health systems. New approaches, technologies and partnerships – including the dawn of the “intelligent age” – can transform how immunisation is delivered, improve efficiency and overcome persistent problems. The Alliance will seek to become more focused and deliberate in its efforts to test new approaches and scale up priority innovations as outlined in Shift #3 below.
- v. **Coordinated engagement and funding with other global health initiatives (GHIs) to support country PHC priorities** – the Alliance already collaborates closely with other development partners to coordinate support, co-fund programmes and ensure that immunisation activities contribute to broader PHC goals. As part of the Lusaka Agenda, Gavi is working to intensify collaboration with The Global Fund and Global Financing Facility in particular. As outlined below as part of Shift #4, the health systems strategy seeks to make this collaboration between GHIs more systematic and efficient to reduce transaction costs for countries, and align support to address cross-cutting health systems bottlenecks and scale-up integrated services along the life course. Gavi will also continue to look for opportunities to engage in pooled funding approaches and co-invest with other development partners where feasible.
- vi. **Measurement, evaluation and learning of investments / programmes including enhanced peer-to-peer learning** – Gavi will continue to invest in monitoring, evaluating and learning from its programmes and help countries to strengthen their systems to collect and use data. Recognising that measurement of health systems is inherently challenging, the health systems strategy includes a more deliberate approach to help countries enhance programme monitoring, understand implementation effectiveness, and scale-up peer-to-peer and adaptive learning as described further under Shift #5.

### **Gavi priority investments across six health systems pillars**

**To achieve the intended goals and outcomes, Gavi will invest across six key pillars spanning the health systems building blocks.** The six pillars are not mutually exclusive or in any particular order; Pillars 5 & 6 in particular are foundational enablers for all other pillars. Within each pillar, the Alliance has identified a set of

priority interventions which are most proximal to Gavi's overall objectives, where Gavi has greatest comparative advantage and potential for catalytic impact. These **include 'flagship interventions'** which are those expected to most directly address the persistent problems which inhibit achievement of the target outcomes. Some of these are already proven and can be scaled up already and others which are more early-stage with potential to be transformative, but where evidence is more nascent and which may need more tailored support (e.g., through the innovation scale-up fund as discussed under shift # 3). The expectation is that these activities within the six pillars will be the focus of Gavi's support during the period. However, countries will continue to programme and prioritise Alliance support themselves in alignment with national plans and priorities.

As noted above, while **Gavi will work with countries to prioritise investments based on their relevance to immunisation outcomes, it will seek to take a PHC approach** to ensure its funding helps strengthen the broader health system and avoid siloed approaches designed just for immunisation. However, the assumption is that major cross-cutting areas of health systems investment – such as construction and maintenance of health facility infrastructure, overall health workforce policies, recruitment, retention and management, and sector-wide budgeting and financial management – will be supported primarily by the government or other development partners. This assumption represents a growing risk given changes in the global health funding landscape and will need to be monitored closely.

### **Pillar 1: Service delivery and demand generation**

Strengthening service delivery and demand generation will be critical to achieve the first four outcomes in the theory of change and address persistent problems related to backsliding of coverage, reaching zero-dose children, reducing drop-out and reaching populations sustainably and equitably outside early childhood. Given Gavi's funding is limited and cannot address all service delivery and demand related needs **it will focus its investments on increasing the reach of services to zero dose children and missed communities and improving coverage through the second year of life touchpoint** (with catalytic investments outside early childhood where prioritised by countries). Through the differentiated approach described under Shift #1, the Alliance will seek to ensure that its support for service delivery becomes more sustainable, equitable and catalytic as countries move through the transition continuum. A 2024 review of 5.0 / 5.1 investments in a subset of countries showed that most go towards recurrent service delivery costs (health systems "support") rather than strengthening systems regardless of transition status or coverage level. As part of shift #2, the Alliance will also work to support countries to integrate planning and implementation of routine immunisation, campaigns and other service delivery strategies (e.g. periodic intensification of routine immunisation (PIRI)). And under shift #4, the Alliance will seek to work with countries to strengthen integration of immunisation services with other PHC programmes. These shifts require concerted efforts across the Alliance to help countries develop more context-appropriate, integrated service delivery strategies and scale-up government financing as described further below. The key outputs expected from these investments are i) improved availability of high-quality immunisation services, and ii) increased demand and uptake of immunisation.

### Pillar 1 flagship interventions:

- Strengthen community-led integrated microplanning to reach zero-dose and under-immunised children including older age groups where relevant (e.g. 2YL, adolescent) leveraging artificial intelligence and digital tools where appropriate.
- Extend and adapt service delivery strategies to better meet community needs (e.g. extended facility hours, outreach sites in non-traditional locations such as markets, expanded use of community health delivery systems, PIRI), including through systematic engagement of private sector providers and humanitarian partners
- Accelerate integration of immunisation and other PHC services at the last mile, prioritising zero-dose and missed communities

### Other critical interventions:

- Scale-up digitally enabled demand-generation and community engagement to encourage caregivers in missed communities and reduce drop-out
- Improve service quality to drive better experience at vaccination touchpoints and thereby reduce zero-dose and dropout rates and reinforce return visits
- Strengthen country capacity to collect, analyse, and use social and behavioral data to better target interventions

### Pillar 2: Human resources for health

**Improving the availability of skilled, motivated, remunerated and efficient health workforce** is critical for both equity and sustainability of immunisation. Health workforce needs in most countries are very significant and beyond the capacity of the Alliance alone to address. The Alliance's investments in health workforce will focus primarily on addressing gaps that limit the provision of services to zero-dose children and missed communities as well as strengthening capacity to deliver and manage immunisation services and broader advocacy to promote fair remuneration. Gavi will work closely with other partners and donors, including the World Bank and Global Fund, to ensure that its investments contribute to system-wide efforts to strengthen the health workforce including through continued engagement in multi-partner initiatives such as the Community Health Delivery Partnership. The key outputs from this pillar are: (i) Increased availability of healthcare workers in missed communities and (ii) increased capacity of health workers and community health workers to deliver and manage immunisation services.

### Pillar 2 flagship interventions:

- Support targeted recruitment, distribution and retention strategies to fill gaps in health workforce availability in missed communities, guided by national policies and clear transition plans
- Work with countries to define the scope of community health workers in immunisation and equip them with competencies and referral structures for integrated services
- Engage political leaders, in partnership with other development partners, to advocate for remuneration of health workers

Other critical interventions:

- Scale-up usage of effective training using competency-based, digital and blended learning approaches
- Support countries to develop an integrated healthworker training plan for immunisation (and ideally PHC)
- Enable enhanced performance and accountability, leveraging supportive supervision, digital technologies, and data-driven feedback loops

### Pillar 3: Supply chain

**Strengthening health supply chains to deliver vaccines** will remain critical both for equity (to ensure vaccines are reliably available when and where they are needed) and sustainability (to safeguard the multi-billion-dollar investment that the Alliance and countries make each year in vaccines). Gavi has a particular role in strengthening cold chains given the specific needs of vaccines and in 6.0 will particularly focus on the persistent problem of improving cold chain maintenance. Progress in Gavi 5.0/5.1 on improving stock visibility also highlighted that significant work is needed to reduce vaccine stockouts in country supply chains. Gavi's supply chain investments can also help mitigate the impact of immunisation on climate change by deploying more solar equipment and enhancing waste management practices and technologies – the two primary drivers of immunisation programmes' climate emissions. The key expected outputs from Gavi investments are i) improved stock availability of vaccines, and ii) increased availability and functionality of cold chain equipment.<sup>2</sup>

#### Pillar 3 flagship interventions:

- Scale-up supply chain data visibility and equip users for data-driven decision making at all levels of the supply chain including by scale up of electronic logistics management information systems (eLMIS)
- Expand, extend, and replace cold chain and critical immunisation supply chain infrastructure supporting PHC, particularly at the last mile
- Enhance CCE functionality through strengthened maintenance systems and practices and robust digitally-enabled performance / temperature monitoring

Other critical interventions:

- Support coordination, governance and performance management of the supply chain through functional technical working groups
- Optimise country supply chain design and distribution systems, prioritising the last mile including through new delivery technologies and partnerships

### Pillar 4: Data and digitally enabled information systems

**Ensuring that robust, real-time data is available and used at all levels of the health system is critical for strong planning, implementation and monitoring of**

<sup>2</sup> To complement the Health Systems Strategy, the Alliance is developing a new Immunisation Supply Chain Strategy for 2026-2030 updating the strategy that guided the Alliance's supply chain work in Gavi 5.0 / 5.1.

**programmes** and for all the outcomes in the theory of change. While data has been a major area of Gavi health systems investment historically, there remain major gaps in countries' capacity to collect and use data. The Alliance will work with countries to more systematically use Gavi support to improve availability, quality and use of data to plan, manage and monitor their programmes (see Shift #5 in the next section for more details). This will include further scale-up of new technologies building on the Alliance's [Digital Health Information Strategy](#) in alignment with global standards and guidelines and national digital health strategies. The key expected output from Gavi investments is to improve availability, quality and use of data for immunisation.

#### **Pillar 4 flagship interventions:**

- Strengthen and sustain digitally-enabled national data systems (e.g. DHIS2, eLMIS) to improve collection, measurement, and enhance use of data for immunisation, especially at service delivery level
- Support innovative measurement approaches such as Rapid Cycle Monitoring (RCM) and periodic cost-effective surveys to fill data gaps, further drive analytical capacity at all levels and support implementation monitoring
- Scale proven digital tools, including testing AI-driven analytics in national HMIS to improve data visualisation, triangulation, analytical capability and data quality

#### **Other critical interventions:**

- Strengthen sub-national data analytics and capacity to generate timely and quality data for periodic data-driven performance reviews and decision making
- Foster peer to peer and adaptive learning activities by investing, facilitating and encouraging national, sub-national and cross-country learning

Vaccine-preventable disease surveillance is also a critical tool for programme design, data triangulation, prioritisation, and implementation, and an area in need of greater investment, particularly as recent reductions in donor funding have significantly impacted programmes with large surveillance investments such as the Global Polio Eradication Initiative (GPEI)<sup>3</sup> and the Measles and Rubella Partnership. However, it has not been a high priority for countries in the use of their Gavi funding (beyond efforts to introduce new rapid diagnostic tools and scale-up digital surveillance) and the Gavi Board chose not to allocate additional resources to this area in Gavi 6.0. Given its importance, the Alliance will seek to help countries to identify resources from other sources but this is a potential risk for immunisation programmes if unsuccessful.

#### **Pillar 5: Governance, leadership, and management**

**There is a strong correlation between the strength of governance, leadership and management and the performance of immunisation programmes.** Gaps in governance and management capacity are a persistent problem and have long been identified as a high risk in Gavi's Risk & Assurance report. Many countries still rely on structures that are grounded in the original design of the expanded programme on immunisation from 1974, which aimed to protect children against six childhood illnesses. Today, countries are managing a much more complex portfolio of vaccines

<sup>3</sup> Today much of the vaccine-preventable disease surveillance ecosystem is dependent on funding from GPEI

along the life-course and much larger budgets while dealing with a greater variety of product and delivery choices, new challenges (e.g. climate change, fragility) and many opportunities for innovation. In this context, many EPI programmes face gaps in their capacity to plan and prioritise, manage increasingly complex programmes with growing levels of integration with other health and non-health sectors, and to ensure robust financial and programme management. At the same time, Inter-Agency Coordination Committees (ICCs), which are the primary governance mechanism for immunisation in many countries, often have limited functionality and are often siloed. This strategy seeks to invest more systematically in building governance and management capacity through an updated approach to Gavi's Leadership and Management Capacity work and a new approach to strengthen VPOP<sup>4</sup>. The expected output from this pillar is 'Greater MoH capacity to manage immunisation programmes'.

### **Pillar 5 flagship interventions:**

- Support countries to vision and redesign immunisation management at national and sub-national levels, ensuring optimal structure, competencies and staffing
- Support countries to make data-driven decisions to prioritise and optimise vaccine portfolios and immunisation programmes including through strengthening national immunisation technical advisory groups (NITAGs)
- Support and strengthen government-led bodies to oversee and coordinate across immunisation and PHC, ensuring alignment between MOH, MOF, and facilitating greater collaboration amongst donors and partners

### **Other critical interventions:**

- Strengthen government capacity for planning, monitoring and performance management of immunisation at national and subnational levels

## **Pillar 6: Health Financing**

**Strengthening health financing is critical for sustainability of immunisation** and also contributes to equity (lack of operational funding is often a critical barrier to reaching missed communities). This requires increased predictability and availability of funding for immunisation and PHC by strengthening forecasting, planning and execution of budgets; and strengthened public financial management to ensure funding is well-managed, available when and where it is required, and fiduciary risks are managed. Neither goal can be achieved through immunisation-specific approaches alone, and both require close collaboration with other programmes and partners. This pillar will be particularly critical for the differentiation approach described under shift #1 below, by increasing domestic investment in recurrent costs as countries moves towards transition. The key outputs of this pillar are: i) increased Gavi funds provided directly to governments (i.e. channeled through government systems), and ii) increased government financing for operational costs for immunisation and for CCE.

<sup>4</sup> Programme optimisation entails assessing and improving vaccine products, presentations, or schedules to ensure they are the most effective and efficient options available (e.g. by switching vaccine product, adjusting schedules, or changing how vaccines are delivered). Prioritisation involves identifying and ranking vaccines based on factors such as epidemiological data, public health goals, vaccine availability and value for money.

### Pillar 6 priorities:

- Strengthen domestic resource mobilisation by enhancing budgeting, forecasting and advocacy at national and subnational levels
- Strengthen public financial management, and use of country systems for Gavi funding, to improve grant execution and programme implementation as well as joint Programme Management Units with Global Fund as appropriate
- Enhance flow of funds and utilisation at the frontlines, and reduce opportunities for misuse, through use of digital payments and mobile money

### Other critical interventions:

- Strengthen efficiency of health financing by prioritising vaccine investments, integrating health funding and scaling proven results-based financing approaches
- Support transition planning for sustained vaccine financing, ensuring immunisation funding is incorporated into national budgets, in coordination with other donors in the health sector in line with Lusaka Agenda

### Key Shifts to Deliver the Strategy

**A key assumption of the TOC is that the Alliance makes a number of shifts in its ways of working across partners and countries.**

#### **Shift #1: Differentiated approach to health systems investments, with the ultimate goal of ensuring programmatic sustainability**

**The Alliance has increasingly worked with countries to tailor its support to their context.** However it has lacked a systematic approach to define how Gavi support should evolve as countries move along the performance and transition continuum, and a well-defined “end goal” at the time of transition. In Gavi 5.0 / 5.1, over 40% of Gavi funding was used for operational support and less than 30% was for activities to strengthen systems (the remaining ~30% is for capital investment, especially cold chain equipment, that could be considered support or strengthening). These ratios do not significantly differ regardless of countries’ income or performance level, except for fragile contexts (where ~80% of investments are for support). The focus on zero-dose children may have further reinforced short-term coverage improvements over addressing institutional capacity gaps.

**From Gavi 6.0, the Alliance will leverage a differentiation framework** (illustrated in Figure 2 below) **to guide countries in designing and adjusting Gavi support** based on their context including immunisation programme performance (using coverage as a proxy) and income level (segmented by Gavi transition status). It recognises that with finite resources, it will be important to prioritise objectives and tailor use of Gavi support based on context. For example, improving coverage and equity in countries with lower performance should be a greater focus than in countries approaching transition, where sustainability considerations will be more essential (and approaches to improve equity may be very different in low and high coverage countries). It also recognises that countries with lower income levels will rely more on Gavi funding to pay for recurrent operational costs, but Gavi’s funding for recurrent

costs should decline as countries approach transition, with greater emphasis on investing in institutional capacity.

Figure 2: High level framework for differentiated approach

	Initial Self-financing			Preparatory Transition			Accelerated Transition
	Low Performing	Medium Performing	High Performing	Low Performing	Medium Performing	High Performing	[High, medium, or low performing]
Primary objective	equity						sustainability
Approach	Focus on broad coverage improvement across key geographies	Sustain coverage improvement and prevent backsliding, with increasing focus on targeting ZD and missed communities	Highly tailored programming targeted at zero dose and missed communities	Systems strengthening with focus on broad coverage improvement across key geographies	Systems strengthening to improve coverage and prevent backsliding, with increasing focus on targeting ZD communities	Systems strengthening to sustain high performance and prepare for Gavi transition	For high performing, strengthen core capacities of the NIP necessary for transition (e.g. budgeting, management, procurement, LMC)  For low performing, additional support as per ELTRACO Shift E
Support parameters/conditionalities	Fragile/conflict settings (within reach of Government programmes) <ul style="list-style-type: none"><li>• <b>Objective and approach:</b> use every opportunity to immunise children, being responsive to dynamic context and support basic functioning of the National Immunisation Programme (NIP) (e.g., supporting vaccine distribution)</li><li>• <b>Parameters:</b> high appetite to support recurrent costs in general, but considerations for transition status need to be considered, especially in AT countries</li></ul>						
	more operational			more catalytic			
	Differentiated <b>technical assistance</b> , with clear transfer of capacity and plans to sunset post-transition <b>Alignment and pooling of funds</b> with other development partners						

**The differentiation framework recognises that a tailored approach is needed for fragile settings**, regardless of income or coverage level (represented by the yellow box in figure 2). This is articulated through a dedicated Fragile and Humanitarian (F&H) approach in Gavi 6.0, which will guide Gavi's engagement in these settings. The approach, whose theory of change has been developed in close coordination with that of the HS strategy, includes six key shifts, many of which are relevant to Gavi's health systems work. These include tailored and flexible health systems support with

A number of activities are under way or planned to institutionalise this shift:

- The revised health systems & immunisation (HSIS) policy will more heavily weight GNI per capita in the allocation formula, limit Gavi funding for recurrent costs as countries approach transition and enhance cold chain joint investment.
- Revisions to the Eligibility, Transition, and Co-financing (ELTRACO) policy will offer additional support for countries with low-coverage at the point of transition.
- The F&H approach is being finalised and will be mainstreamed into Gavi's guidance and processes for fragile settings.
- Differentiation will be mainstreamed into Gavi's updated Programme Funding Guidelines which will be published before the end of 2025.
- Differentiation is also being mainstreamed into the redesign of the partnerships model to pivot technical assistance over time from filling gaps towards building institutional capacities to sustain programme performance.
- Systematic change management with countries and partners is planned to socialise the key shifts in Gavi 6.0. This will be critical to ensure that Alliance support does evolve as envisioned in the differentiation framework.

*Note: As these are time-specific, this text may be removed from the final Strategy.*

more agility to respond to emergencies and dynamic contexts, more intentional collaboration with humanitarian partners and mechanisms, more flexibility around the schedule and age range for immunisation, and a higher risk appetite for programming.

## **Shift #2: Consolidation of health systems programming and holistic planning across the continuum of service delivery strategies**

Through its grant management reform efforts, **Gavi is simplifying its funding architecture to increase efficiency, flexibility, and reduce transaction costs for countries.** This includes consolidating multiple cash funding levers related to health systems into one envelope, introducing a single holistic application for Gavi support covering the five year Gavi strategy period, aligning country and Gavi grant cycles, institutionalising a use it or lose it approach, and exploring countries applying for Gavi support based on their NIS where sufficiently robust. This should significantly streamline programming of Gavi grants for countries, enable greater focus on grant implementation and monitoring (vs. applications) and increase efficiency of investments and reduce duplication across activities (e.g., between routine immunisation activities and campaigns). At the same time, this will require country capacity and Alliance technical support to make strategic investment and programming decisions across the range of potential service delivery activities bringing together planning processes that have historically been siloed.

One key goal of consolidation is to enable more integrated and synergistic programming across routine immunisation, campaigns and complementary service

A number of activities are under way or planned to institutionalise this shift:

- The updated HSIS policy will combine seven cash funding levers and a portion of targeted country assistance into a single HSIS grant. To protect investments in critical areas, it includes guardrail for funding of preventive measles/measles-rubella campaigns, cold chain equipment, and civil society organisations (CSOs)
- The Secretariat is integrating its Vaccine and Programme Funding Guidelines to enable more integrated planning across all forms of support, and move towards a portfolio-based, rather than vaccine-specific, approach to country engagement.
- The new Gavi application guidelines, to be published before the end of 2025, will include the toolkit for the single holistic application
- As part of a comprehensive grant management reform programme, the Secretariat is piloting consolidated grant applications, including portfolio prioritisation and using NIS as the basis for applications, in Mozambique and Guinea-Bissau to inform scale-up of this approach in Gavi 6.0.
- The Secretariat has also launched work with a sub-group of the health systems technical advisory group to review Gavi's funding model for campaigns to determine the appropriate level of support given 6.0 shifts and budget limitations and to identify approaches to strengthen campaign quality and integration. This builds on the work of the Health Campaign Effectiveness Coalition, which seeks to improve collaboration, learning and knowledge exchange between partners.

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delivery strategies such as PIRI. Campaigns will remain essential, especially where health systems are weaker, and the Alliance will support countries to improve their impact and efficiency through smarter design, more integrated planning to reduce duplication of activities with the aim of reducing costs and the burden on the health workforce and improved monitoring, evaluation and learning. Fully operationalising this approach will require more integrated support from partners including improved measurement of campaigns, timely reporting on outcomes and ensuring outbreak and campaign data is used to inform RI programming (see Annex B for more details).

### Shift #3: More deliberate approach to catalyse innovation

Innovation has the potential to transform health systems. **In 2022, the Gavi Board approved Gavi's Innovation<sup>5</sup> Approach** that defined Gavi's role with a focus on scaling up proven innovations as well as a 'gap-filling' role for innovations needing proof of concept or adaptation at country level. The Alliance has demonstrated its capacity to scale innovations including through deployment of more than 75,000 units of innovative cold chain technology since 2017, integration of immunisation into DHIS2 in over 40 countries and ongoing scale-up of eLMIS in nearly 25 working closely with other development partners. These innovations have now been mainstreamed into the health systems strategy flagship interventions. Despite these notable successes, other areas of innovation, including many sourced through the Gavi INFUSE program and private sector partnerships, have remained at pilot stage. In Gavi 6.0, the Alliance will take a more intentional approach to identify and scale-up other high-priority innovations that can contribute to the goals of equity and sustainability, meet country needs and are in line with national plans (e.g. leveraging Artificial Intelligence for micro-planning, leveraging digital training tools, exploring use of infant biometrics).

A number of activities are under way or planned to institutionalise this shift:

- The identified persistent problems are intended to guide areas where innovation is needed and the flagship interventions in the health systems strategy highlight areas where proven innovations can be scaled. These will be mainstreamed into the Programme Funding Guidelines to guide country investments.
- The new partnership model for Gavi 6.0 proposes dedicated funding to support learning and testing of new programmatic approaches and innovations.
- The Secretariat is exploring a new Innovation Scale Up Fund to help scale proven, under-capitalised process and technology-enabled innovations that can help address identified persistent problems. It would provide a mix of funding, technical support and complementary investments leveraging Alliance core capacities in market shaping and innovative financing to derisk the scaling of innovations. The design of the Fund is in progress, and decisions on its design and potential launch will be made by the end of 2025.

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<sup>5</sup> The approach defined innovation as 'new products, practices and services that unlock more efficient and effective ways to accelerate countries' immunisation objectives with Gavi's mission'.

#### **Shift #4: Strengthened partnerships and collaboration on health systems across and beyond the Alliance**

**The health systems strategy has significant implications for how Alliance partners work together.** The key shifts will need to be owned by all partners and mainstreamed into Alliance guidance, ways of working and support to countries. This includes more systematic engagement of non-immunisation teams to promote a stronger PHC approach and ensure Gavi's investments are aligned to national health sector plans, and more joined up and strategic support to countries to design consolidated applications. There are also notable opportunities to strengthen collaboration with GPEI, particularly in reaching zero-dose children and better aligning programming in key geographies.

**The Alliance will also need to strengthen collaboration and partnership with other agencies beyond the Alliance to enable more efficient and agile support to countries in line with the Lusaka Agenda and deliver on its 6.0 goals with constrained resources.** Building on progress to date, the Alliance will seek to develop more coordinated programming approaches with other global health institutions, facilitate more coordinated planning at country level and pool funding with other partners, including the multilateral development banks, where the enabling environment exists (i.e. where well-managed mechanisms exist and are well-aligned

A number of activities are under way or planned to institutionalise this shift:

- The new partnerships model for Gavi 6.0 embeds support for strategic planning and coordination across immunisation and other programmes as a foundational function of partners with a robust Alliance Accountability Framework
- The updated HSIS policy extends the 10% guardrail for CSOs to all cash support and TCA to continue to deepen their engagement in Gavi-funded programmes.
- The F&H approach proposes greater engagement in the humanitarian cluster to mainstream immunisation in humanitarian settings and more systematic efforts to leverage humanitarian actors to deliver immunisation.
- The Secretariat is co-leading a workstream with Global Fund and Global Financing Facility as part of the Lusaka Agenda to systematise collaboration in health systems and has prioritised a number of areas for deeper collaboration.
- The Secretariat has launched work with a number of multilateral development banks to explore mechanisms to institutionalise collaboration.
- The Secretariat has launched work with a number of multilateral development banks to explore mechanisms to further institutionalise collaboration
- Work is ongoing to strengthen systematic data sharing across Alliance partners and countries to improve performance, including through the new grant management system and a dedicated data exchange project with UNICEF.
- The Secretariat is enhancing engagement in cross-partner initiatives such as the Community Health Delivery Partnership and Inter-Agency Supply Chain group.

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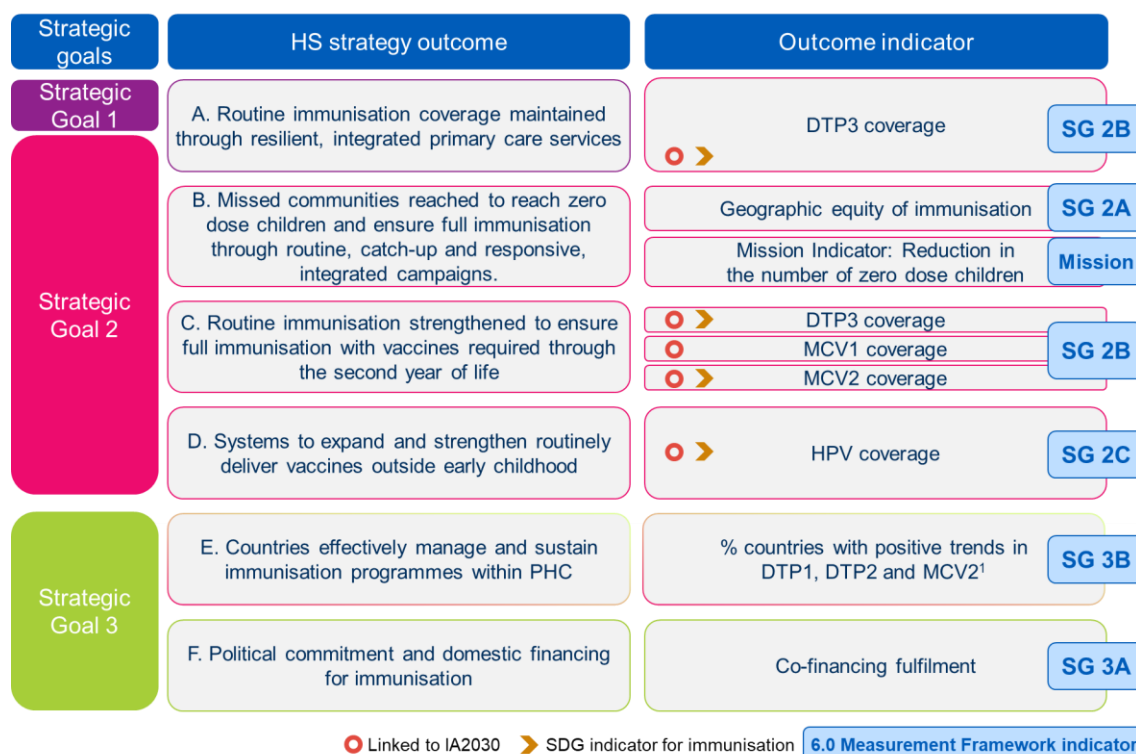
to the Alliance's strategic goals). The Alliance will also seek to more actively engage other health and non-health programmes to identify opportunities for coordination and integration, and to leverage the capacity of non-traditional partners especially in efforts to reach zero-dose and missed communities and scale-up new vaccines beyond infancy. As discussed further under Shift #5, the Alliance is also committed to aligning health systems metrics and data collection approaches wherever possible.

### **Shift #5: Intentional measurement, monitoring and learning**

Like many other health funders and institutions, the Alliance has faced challenges in measuring the performance and impact of its investments in health systems. The health systems strategy seeks to address this through a more deliberate approach to measurement, monitoring and learning as part of the overall redesign of MEL for Gavi 6.0. The approach is designed with dual objectives of **enabling countries to collect and utilise data more effectively to drive stronger implementation of their programmes** and to enable the Alliance to better understand progress and impact of its health systems investments at country and portfolio level. It is structured along a logical results chain which is mapped to the theory of change. A key shift from Gavi 5.0 / 5.1 will be greater focus on measuring processes (e.g. grant and financial implementation) and key outputs in the theory of change as well as input and outcomes, which are already systematically tracked. This will be complemented by a set of targeted learning activities that assess programme implementation fidelity, intensity, and progress toward measurable outcomes.

Figures 3 and 4 include an initial set of outcome and output indicators based on cross-Alliance consultations and drawing on existing indicator frameworks. The outcome indicators are those being proposed to the Board as Gavi 6.0 strategy indicators. **The final outcome and output indicators will feed into the Gavi 6.0 Execution framework** and will be included in the country MEL frameworks being developed for Gavi 6.0. Indicators have been prioritised based on their utility to countries, availability and proximity to Gavi investments and, wherever possible, are aligned to the core HSS metrics being developed by WHO as part of the Lusaka Agenda.







*Figure 3: Preliminary set of outcome indicators*



<sup>1</sup> – measured among countries in Preparatory and Accelerated Transition to keep consistent with Health Systems allocation formula and Shift E of the ELTRACO policy

Routinely monitoring a limited set of output indicators will be critical to better understand the impact of Gavi-supported programming on key health system pillars across its portfolio. However, there are **significant limitations in the availability of standardised, robust indicators** across countries and data quality is highly variable, especially as the Alliance will seek to utilise existing data reporting systems given the Board's direction that Alliance monitoring should not add significant transaction costs for countries. Strengthening country systems to collect this data will be a priority for Gavi's investments. At the outset of Gavi 6.0, however, it is expected that portfolio-level reporting on these outputs may need to be more qualitative given data limitations.

Figure 4: Preliminary set of output indicators

HS strategy pillar	HS strategy output	Output indicator	Data Source
 #1: Service delivery, demand generation	Improved availability of high-quality immunisation services	% health facilities offering RI as part of integrated package of health services +	eJRF
		Number of immunisation sessions conducted – by delivery strategy	eJRF
		% coverage achieved for preventive campaigns - TBD	TBD
 #2: Human resources for health	Increased demand and uptake of immunisation services	% parents / caregivers who want their child to get all recommended vaccines ★	BeSD / other similar surveys
	Increased availability of healthcare workers in missed communities	Indicator under development	TBD
 #3: Supply chain	Improved stock availability of vaccines	Stockout rate of DTP and MCV at district level +	Thrive 360
	Increased availability and functionality of cold chain	% of functional Performance, Quality and Safety (PQS) Cold Chain Equipment in country +	eJRF
 #4: Data and digital	Increased availability and quality of immunisation data	Indicator under development	TBD
 #5: Governance	Greater MoH capacity to manage EPI programme	Indicator under development	TBD
 #6: Health financing	Increased Gavi funds provided directly to governments	Gavi cash grant funds flowing through government systems	Gavi Financial Reporting
	Increased co-financing for operational costs for immunisation and CCEOP	% of Gavi health systems funding in PT / AT countries that is used for recurrent costs <sup>1</sup>	Gavi Financial Reporting

★ Measured at sub-national level + Aligned with WHO common set of Health Systems metrics

[Link to SG2](#)

[Link to SG3](#)

<sup>1</sup> – measured among countries in Preparatory and Accelerated Transition to keep consistent with Health Systems allocation formula and Shift E of the ELTRACO policy

Given limitations in the availability of critical output indicators, the Alliance is **exploring supporting supplementary data collection activities** (e.g. rapid cycle monitoring, targeted surveys) in a subset of countries. This would provide countries more regular, higher quality data to enable countries and the Alliance to better monitor programming and course correct rapidly. This would likely be best implemented centrally, which would reduce transaction costs for countries, ensure a consistent, high-quality and innovative approach and drive efficiency in procurement and through partnering with other organisations conducting similar activities across countries. This would require dedicated funding to be allocated as part of the Gavi 6.0 partnership model workstream.

**The monitoring and measurement approach will be complemented by robust learning at global, regional, country, and subnational level** including through peer-to-peer learning, annual data reviews, adaptive learning, knowledge-sharing forums and collaborative problem-solving. This structured yet flexible learning approach is aligned with IA2030 and the Lusaka Agenda, leveraging existing health systems metrics to ensure that Gavi's investments contribute to sustainable, system-wide improvements. The learning approach will also include an assessment of the HS Strategy as part of the mid-term review of Gavi 6.0 which could feed into an update and course correction on the strategy.

A number of activities are under way or planned to institutionalise this shift:

- Development of the Gavi 6.0 MEL approach including identification of Gavi 6.0 outcome indicators through the 6.0 Measurement Framework workstream
- Design of an integrated country grant performance framework and monitoring and review processes, to be supported by the new Grant Management System
- Work with the Global Financing Facility and WHO HeRAMS to test joint investments in rapid cycle monitoring
- Establishment of a Data and Information Hub in the Secretariat for performance monitoring and follow-up
- Strengthened Alliance leadership engagement and advocacy (through Country Delivery Initiative and other advocacy partnerships) with political leaders to agree on mutual commitments and advocacy with countries, especially to reach repeatedly missed communities
- Systematic monitoring with clear accountabilities through the Gavi 6.0 Execution Framework

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