

## Annex D: Update on Implementation of the Gender Policy

In 2020, the Gavi Board approved a new gender policy which sought to contribute to achievement of Gavi 5.0 by:

1. Identifying and addressing underlying gender-related barriers faced specifically by caregivers, adolescents, and health workers.
2. In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys.
3. Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programs and wellbeing

Since 2020, the Alliance has significantly advanced implementation of the gender policy, enhanced understanding of gender-related barriers to immunisation, particularly among zero-dose and under-immunized children, and improved the quality of gender-responsive programming. This has been a journey that has required continuous learning and iterative approaches, and has underscored that effective gender integration extends beyond frontline service delivery, requiring systemic policy reforms, inclusive leadership, and targeted interventions for caregivers, adolescents, and health workers. While many grant applications early in the strategic period did not address gender related barriers, this has steadily improved and from 2024, all Health Systems Strengthening (HSS) and Equity Accelerator Fund (EAF) grant applications have included gender-responsive activities. This progress has been further reinforced by the introduction of specialised Gender Technical Assistance (TA) in 2025 that has helped build country understanding and capacity, accelerated implementation, and strengthened evidence generation and learning. This paper summarises key achievements, challenges, and future goals in implementing the policy. It highlights the actions taken based on key learnings, as well as the steps initiated to embed and institutionalise those insights for sustained improvement.

### How has Gavi progressed in operationalising the Gender Policy?

#### *Country Applications*

Over the past four years, Gavi has seen a notable shift in the integration of gender considerations within country grant applications, all of which are now informed by gender analyses (94% in 2023 to 100% in 2024 and 2025) and include interventions aimed at removing barriers for caregivers adolescents, and health workers (88% in 2023 to 100% in 2024). Examples of Gavi-supported gender-responsive immunisation interventions have included:

- **Mobile strategies and gender-responsive planning**

Ethiopia: mobile outreach in conflict-affected areas, gender-responsive planning, capacity building for health workers, and integrated nutrition messaging.

- **Flexible vaccination schedules and outreach for caregivers**

Guinea, Nigeria: adapted outreach services for mothers and adolescent girls.

DRC, Liberia, Zimbabwe, Guinea: flexible vaccination schedules for female caregivers.

DRC: sessions organised at key congregation points.

- **Engaging men to support immunisation**

Nigeria: *Fathers for Good Health* initiative in high-burden zero-dose local government areas.

Zimbabwe, Ghana, The Gambia, Liberia: mobilisation of male immunisation champions.

- **Strengthening women-led and community-based organisations**

Nepal, DRC: engagement of women-led civil society organisations to address barriers.

Guinea-Bissau: empowerment of young girls and persons with disabilities, gender-sensitive communication, strengthening women-led associations, NGO partnerships to identify zero-dose children, and mobilisation of female nurse midwives.

- **Building a gender-responsive health workforce**

Benin, Rwanda, Liberia, Nepal, DRC, Nigeria: inclusive training initiatives to strengthen health workforce capacity.

Although Gavi is presently surpassing its strategic target measuring the proportion of applications addressing gender barriers, and steady improvements have been observed over time, the level, quality, and consistency of gender-responsive programming continues to differ notably between countries. Nonetheless, this highlights the need for continued support to strengthen the robustness and contextual relevance of gender integration in immunisation planning and implementation.

In addition, Integration of gender in National Immunisation Strategies continues to increase, with ongoing support from WHO. Of the 40 NIS finalised by Gavi-eligible countries since 2023, 28 (70%) have included gender considerations and incorporated strategies to address gender-related barriers to immunisation.

#### *Implementation: Gender TA Programme*

Building on lessons from previous years and acknowledging the gap in consistent, specialised support at the country level, Gavi, with the support of Gates Foundation, began deploying dedicated Gender TA in 2025. It now operates across 13 countries with 24 TAs onboarded, supported by partners including Ginger SOFRECO, UNICEF, IPE Global, and CHAI. Civil society engagement has been central, with more than 20 CSOs engaged to date, including ACAMS (CAR), ABEF (DRC), ChildFund (Gambia), Sentebale, Paballo, LNFOD, Mantsopa (Lesotho) and Slada (Sierra Leone). In northern Syria, UNICEF established a Gender Committee with 10 CSOs (Bahar NGO, IHSAN RD, Syria Immunization Group, IYD Relief, HIHFAD, NAS, Shafak, Binaa,

Tastakel, Hope Revival) to ensure integration of key considerations for women and girls in immunization programming.

The TA model embeds gender expertise directly within national EPI offices. This approach enables day-to-day integration of gender considerations into policy and programme discussions and grant implementation and monitoring. Embedded staff have proven critical in driving immediate and visible change in Gavi-supported countries and certainly many challenges still persist.

By being integrated within national systems, gender TA ensures that strategies are context-specific, aligned, and sustainable:

- Strengthening national coordination: Active participation in coordination mechanisms such as EPI and gender commissions and interdepartmental platforms has ensured gender priorities are mainstreamed into national immunisation and health planning.
- Contextual adaptation: Direct engagement with local civil society organisations and community actors allows TA to adapt approaches to the realities of each setting, enhancing relevance and ownership.
- Influencing decision-making: Presence at key technical meetings, such as EPI meetings and integration within national EPI calendars, has enabled gender perspectives to shape priorities, timelines, and resource allocation at the highest decision-making levels.
- Cross-sector integration: TA has supported the integration of gender considerations into broader national health frameworks, including mainstreaming gender across EPI workplans.
- Enhancing collaboration and efficiency: By fostering interdepartmental collaboration and linking gender work with existing systems, TA reduces fragmentation and strengthens institutional capacity for long-term change.

In sum, the added value of gender TA lies in shaping systems and processes, not just activities, embedding equity principles into decision-making, governance, and national strategies. These examples underscore the potential of embedding gender experts within immunisation teams. Although enrolment is ongoing, lessons from the initiative are already shaping Gavi's approach to gender integration. Key challenges remain, particularly the need for clearer gender metrics and standardised terminology to enable more consistent measurement and learning across contexts.

### *Measurement*

UNICEF continues to lead the Alliance in advancing gender-responsive monitoring through the piloting of a menu of indicators in Liberia, Mozambique and Kyrgyzstan. This work highlights the need for locally adapted and contextualized gender indicators and for defining criteria to assess feasibility of integration into existing national systems and platforms.

Learning will support the drafting of a global gender and immunisation measurement framework and inform the review of the IRC for Gavi 6.0 country applications.

Complementing these efforts, UNICEF published a Gender Analyses Synthesis Report and policy brief, consolidating findings from 24 countries and regional studies. The report highlights compounded barriers to HPV and routine vaccination and offers actionable recommendations for more targeted and gender-intentional immunisation strategies.

The scale up from pilot to more countries will be supported by the global measurement framework that will be developed next year.

### *Strengthening Institutional Capacity*

As a key innovation under Gavi 5.1, the GenderPro Course was built from the ground up with strategic focus area (SFA) funding to support the new programming approach. Initially launched as a 15-week instructor-led course, it is now transitioning into a self-paced, scalable format to ensure sustainability and broader accessibility beyond Phase 5.1. The revised model retains its six foundational modules, covering gender analysis, data use, program design, and monitoring, while embedding interactive exercises and streamlined guidance for the Action Learning Project. Hosting the course on platforms such as UNICEF Agora, WHO Academy, and Open WHO will significantly expand its reach and help institutionalise gender-responsive capacity across the Alliance.

In parallel, as part of the learning component under the Gender TA initiative, Gavi is convening a gender Community of Practice across 15 countries. Through a combination of virtual and in-person exchanges, this platform facilitates cross-country learning, identification of common gender barriers, and collaborative development of solutions and tools. This community is helping to strengthen collective capacity and embed gender-responsive approaches across immunisation programs.

### *HPV revitalisation programme*

The HPV revitalisation programme continues to advance gender-responsive strategies, with a strong focus on reaching adolescent girls who face gender-related barriers to vaccination. In Côte d'Ivoire, a multi-age cohort (MAC) campaign targeting girls aged 10–18 was successfully launched in April 2025, catching up older girls who may have been missed previously.

Innovative delivery models are being tested through the HPV Learning Agenda, including integration with adolescent health services for greater HPV vaccine uptake and improved adolescent health outcomes. Several projects have leveraged human-centered design (HCD) techniques with girls, caregivers, healthcare workers, teachers, and other stakeholders to develop adolescent service packages and approaches that meet their needs. These approaches aim to inform sustainable HPV

programming, including expanding access for out-of-school girls and those in underserved communities, aligning with Gavi's Gender Policy.

The HPV Learning Agenda is now fully operational, with 100% of the US\$ 16.24 million Strategic Focus Area funds committed across 10 projects in 14 countries. Notably, one project in Côte d'Ivoire and Nigeria is testing models that integrate cervical cancer screening for adult women with HPV vaccination for adolescent girls, offering a multi-generational lens to gender-responsive programming. In addition, a project co-funded with the Gates Foundation aims to improve HPV coverage measurement methods, including advancing tools for assessing equity and understanding the behavioral and social drivers (BeSD) of girls and their caregivers.

In addition, across 21 countries, UNICEF funded the HPV Plus initiative, a catalytic investment to accelerate HPV vaccination while expanding equitable access to adolescent health services for girls. By mid-2025, services such as gender-based violence prevention, and mental health and psychosocial support were integrated into vaccination platforms across 18 countries, directly benefiting an estimated one million girls. Bangladesh's outreach in slums targeted out-of-school girls, reaching over 200,000; while Ethiopia piloted outreach packages that served 30,000 nomadic girls in Afar Region. The HPV+ approach is empowering girls with both protection against cervical cancer and the knowledge and skills to make informed health decisions.

These collective efforts are expected to inform sustainable programming under Gavi 6.0 and contribute to more equitable vaccine delivery systems.

### **Continuing suitability of the Gender policy for Gavi 6.0**

Gavi's gender policy continues to provide a solid and adaptable foundation for the ambitions set forth in Gavi 6.0. The policy remains well-aligned with the evolving needs and challenges faced in advancing gender integration within immunisation programs.

Building on Gavi 5.0, the Alliance will maintain its strong focus on gender-responsive programming by supporting countries to identify and address gender-related barriers, while drawing on the capacity and technical assistance developed in Gavi 5.0 to ensure strategies are embedded across all levels. Subject to funding, the digital peer-to-peer platforms and the community of practice established during the previous phase will be sustained, to extend the policy's reach and impact.

The Alliance has built on the learning to date in developing its new Health Systems Strategy, which integrates gender and equity throughout programming. A notable enhancement is the introduction of a dedicated Human Resources for Health pillar to address structural barriers in the health workforce, particularly those faced by women frontline workers, including access to training, advancement, fair pay, and safe working conditions. Alongside these changes, communication and advocacy efforts will be strengthened to ensure gender-focused messaging is equitable, culturally relevant, and grounded in robust community engagement.

In summary, the current gender policy remains relevant and critical to enabling delivery of Gavi 6.0 and the Alliance will sustain key ongoing pillars of implementation while introducing targeted shifts that respond to lessons from Gavi 5.0. This balance allows the Alliance to sustain progress while adapting to new priorities, ensuring that equitable access to immunisation remains at the centre of Gavi 6.0.