Annex D: Update on implementation of the Gavi Gender Policy

Section 1: Having a gender lens is central to Gavi 5.0/5.1

Gavi's 5.0/5.1 Strategy recognises that overcoming gender-related barriers is essential to reach zero-dose and under immunised children. Gender-focused is a principle of the Strategy and Strategic Goal 2 includes a specific objective to identify and address gender-related barriers as part of strengthening health systems to increase equity in immunisation.

The overall objective of the Gavi Gender Policy is to identify and overcome gender related barriers to reach zero-dose and under immunised children, individuals, and communities with the full range of vaccines. This encompasses the following objectives:

1. Focusing primarily on 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; and
3. Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programmes and wellbeing.

The Policy provides the framework and principles for Gavi's programmatic engagement on gender, including through support for vaccines, health systems, and technical assistance. It is underpinned by a theory of change that highlights six key areas for action: understand, advocate, identify, reach, learn, and partner.

Section 2: How has Gavi progressed in operationalising the Gender Policy?

Over the past four years, there has been improvement in applications, many of which are now designed based on gender analyses and focus, at a minimum, on removing barriers for caregivers. While Gavi is exceeding its targets for the gender-related strategy indicator - which measures the percentage of applications addressing gender-related barriers - the robustness, detail, and quality of these applications and gender-responsive programming still vary significantly across countries.

The priorities in 2024 to operationalise the Gender Policy were: i) Increase understanding of Gavi stakeholders on how gender norms/responsibilities impact the effectiveness of immunisation programming and build the skills and capacity to effectively respond; ii) Invest in measurement in order to better track progress against core gender indicators; and iii) Scale up country level gender technical expertise to support the design, implementation and monitoring of robust gender responsive and transformative immunisation programming.

Progress on the first priority to build the capacity across the Alliance, including government and partners, to identify and address gender related barriers:

In 2024, Alliance partners developed and disseminated several new technical guidance materials on gender or integrated gender into broader technical documents.

Examples include WHO's National Immunisation Strategy (NIS) guidance and Situation Analysis workbook, the Expanded Programme on Immunisation (EPI) Review tools (inclusive of gender questions and checklist); and the UNICEF Gender Responsive Health Worker Work Environment. In addition, gender specific sessions are now part of regional EPI planning meetings.

The Alliance has continued to scale-up training and capacity-building activities including the following:

- Since January 2023, over 250 individuals participated in bespoke training courses on gender and immunisation developed with Gavi support. In post-course evaluations, participants self-reported that they were using a gender lens in the development of Gavi applications and were able to identify gender barriers that hindered immunisation uptake. In 2024, to ensure maximum attendance, Gavi updated the two courses based on results of previous course evaluations and availability of new case studies.
- Since 2023, 1,718 participants attended the WHO-led webinar series *Why Gender Matters: IA2030* based on the joint WHO, UNICEF and Gavi guidance document. The webinar aimed to improve awareness and understanding of how gender-related barriers impact immunisation. Participants reported through the post-webinar evaluation that one of the most useful webinars was *How to make community engagement and social mobilisation gender responsive and transformative.*
- UNICEF led a training course for 50 participants in the East Asia and Pacific region on gender programming and developed a training package which will be used at country level. Moving forward, the Alliance will ensure that the newly trained experts and gender champions from all capacity building initiative are actively engaged in Gavi-supported programmes.
- Furthermore, in response to the Independent Review Committee's (IRC) recommendations and lessons learned from 2022 and 2023, the gender analysis framework and guidance tool are being revised to help countries develop more detailed recommendations that can be easily implemented.

Progress on the second priority to improve measurement to better track progress against core gender indicators:

To measure performance at country level, UNICEF has led the Alliance in drafting standardised gender indicators that are currently being tested in São Tomé and Príncipe and Guinea Bissau and are being tested in Liberia and Mozambique in as of this quarter. The main challenge in identifying the indicators has been finding reliable and consistent data sources. Efforts in this area will continue in 2025 and it is anticipated that this work will lead to improved monitoring and better understanding of the impact of gender programming. The research and testing will also provide the necessary evidence to support advocacy for a gender indicator to be included in the Joint Reporting Form on Immunisation.

As part of efforts of improved measurements, the comprehensive Behaviour and Social Driver (BeSD) survey is being conducted in multiple countries. This survey includes measuring gender barriers, and all the data is disaggregated by sex.

Gavi Secretariat has piloted the use of a gender marker in Health Systems Strengthening (HSS) and Equity Accelerator Fund (EAF) applications. The marker provides data on the planned investments, the investment areas in which gender programming is mainstreamed, and provides an estimate of the budget allocated for programming that is addressing gender related barriers. This is a step forward in being able to measure commitment and will be a baseline in which to compare Gavi 6.0 investments.

Gavi 5.1 is the first strategy period that includes a gender related strategic indicator; measured by the percentage of countries addressing gender related barriers. This is measured by the HSS/EAF applications reviewed and approved by the IRC that include interventions to address gender related barriers. This indicator is useful in understanding intention however it does not measure implementation. Moving ahead, the Alliance aims to standardise its approaches and tools for gathering implementation progress information, evaluating existing sources and mechanisms, and minimising any additional reporting burden on countries.

Progress on the third priority to scale-up country level gender technical expertise:

Steps were taken to put in place dedicated Gender Technical Assistance (TA) at country level to support design, implementation, monitoring, and reporting. Through Targeted Country Assistance (TCA) and with support from the Bill & Melinda Gates Foundation, Gender TA will be deployed to fifteen countries prioritised based on their position in the grant cycle, progress in developing the National Immunisation Strategy (NIS), and the interest expressed by Expanded Programme for Immunisation (EPI) offices. This TA is already in place in some of these countries and should be deployed to all countries by the first half of 2025.

New partners with strong gender expertise have been identified through the deployment of the above Gender TA as well as new HPV programming. For example, 19 partners have been pre-selected through the HPV programme to potentially provide TA to 41 eligible countries. Five of these partners are locally led Civil Society Organisations (CSOs) who are working with Gavi for the first time. In the selection process, Gavi placed significant emphasis on expertise in addressing gender-related barriers to HPV immunisation, particularly those encountered by caregivers, adolescents, and health workers. This focus on gender mainstreaming in adolescent programming was a key criterion in evaluating proposals from potential partners.

In addition to the above and with the aim of enhancing implementation and monitoring, WHO has worked to integrate gender into NISs. Of the 31 NISs finalised in Gavi-eligible countries in 2023 and 2024, 20 (65 percent) have included gender considerations and incorporated strategies to address gender-related barriers to immunisation, to varying degrees. This includes specifying gender equity within the coverage and equity priorities, targets and strategies; commitments to conduct gender

assessments to identify barriers and develop strategies to address them; considerations for improving gender parity in leadership roles and improving working conditions for female health workers; commitment to improve gender data indicators including sex-disaggregation of coverage and other data; and expanding multisectoral collaboration to better reach all populations.

Section 3: How are Gavi grants demonstrating the shift to gender responsive programming?

There has been significant progress on **objective 1 of the Gender Policy** in integrating programming to address gender-related barriers with the vast majority of Health System Strengthening (HSS) and Equity Accelerator Fund (EAF) grants being informed by a gender analysis and including interventions to address gender-related barriers. Of the six countries with approved HSS/EAF applications in 2024 (until July 2024), all were designed based on an identification of gender-related barriers (five applications informed by a robust gender analysis and one with a rapid gender assessment). This is an improvement since the last PPC update where it was reported that, of the 25 countries with newly approved HSS/EAF applications from 2021 until June 2023, only 23 percent had a robust gender analysis, 65 percent had some identification of gender-related barriers and 12 percent had no gender analysis.

All 2024 HSS/EAF applications included **interventions to address barriers faced by caregivers** (an increase from 88 percent reported in 2023). Common gender responsive approaches include changing the time of immunisation sessions to be more convenient for female caregivers (The Gambia) and shifting the location of immunisation clinics to spaces where women congregate (The Gambia, Zimbabwe), using trusted faith organisations to effectively reach marginalised mothers (Zimbabwe). Less common are gender transformative interventions designed to foster collaborative decision making within households (Liberia, Zimbabwe) and develop self-assertion, communication skills, and collective advocacy among women (Liberia).

One significant gap is that **few HSS/EAF applications (only two) have interventions to address barriers faced by young mothers**. To address this gap, more attention is being made during application design and pre-screening to ensure that countries include interventions to reach adolescent mothers (where appropriate). There has, however, been significant progress in strengthening **gender-related programming for adolescents as part of the human papillomavirus (HPV) programme** including investing in innovative approaches to reach adolescent girls who do not attend school (frequently due to gender-related barriers). Approaches include collaborating with community leaders to identify and address barriers to vaccination, developing tailored communication strategies to reach marginalised girls and address misinformation, and engaging new community and youth platforms in microplanning, communication, and vaccine delivery. HPV grants are additionally supporting the integration of HPV vaccine into broader adolescent health and education services, creating the opportunity to expand the reach of the HPV vaccine and other activities intended to empower adolescent girls. For example, São Tomé and Príncipe is leveraging family

planning clinics and other reproductive health services to raise awareness of the importance of HPV vaccination.

Four of the six countries with approved HSS/EAF applications (66 percent) included **interventions to address the gender related barriers of health workers,** a similar level to 2023. Examples of gender responsive opportunities include offering training scholarships for women staff in traditionally male dominated fields (Benin). Cross cutting approaches that support both caregivers and health workers include developing more “convivial spaces” (Benin) and increasing female safety by improving restrooms (The Gambia). Going forward, Gavi is enhancing its collaboration with countries and partners, including the Community Health Delivery Partnership, to advocate for **health workers to be appropriately compensated and have a safe and healthy working environment.** Advocacy for fair remuneration of health workers has been prioritised by Gavi's new Chief Executive Officer (CEO) as part of her 180-day action plan.

As some countries have begun **implementing gender interventions, there are examples from which the Alliance can learn.** Papua New Guinea (PNG) and Democratic Republic of Congo (DRC) have taken the first year of implementation to develop a detailed gender and immunisation strategy and plan with performance indicators. With Gavi HSS funds, the Ghana Health Service's EPI has introduced a multi-pronged, gender-responsive strategy to overcome barriers, focusing on reducing time and physical constraints of caregivers, engaging female leaders, involving men as supportive partners, and enhancing healthcare workers' training. A review of implementation found that efforts, such as use of container clinics and preschool interventions, show promise, but expanding these initiatives requires additional resources and strong partner support.

Objective 2 of the Gender Policy, which focuses on ‘addressing gaps between boys and girls in areas where they exist,’ has received less attention. Most HSS/EAF applications report no significant differences in coverage rates. While this is typically the case at national level, this may hide inequities among specific communities, but countries do not all collect sex-disaggregated data to measure this. Based on the Board's guidance not to overburden countries with additional data requests, the Alliance is exploring different ways to address this gap.

Some progress has been made towards Objective 3 of the Policy. Gavi is supporting research to better understand how women’s leadership and roles in decision making, impacts health outcomes including immunisation related outcomes across Sub Saharan Africa. In addition, Gavi is testing approaches to remove discriminatory practices and policies and develop women's leadership in the immunisation workforce in Benin. Lessons from these efforts will inform scale-up of future programming to strengthen women’s and girls’ full and equal participation in decision-making.

Section 4: What are the challenges in gender related programme implementation and how are they being addressed?

The Alliance continues to face three primary challenges to operationalise the Gender Policy:

- **Collective understanding of gender-related programming in immunisation:** Across the Alliance, there remain different understandings and expectations of gender programming and its relevance to health and immunisation outcomes, including the perception that gender-related programming is not inclusive of social and cultural norms. Moreover, the gender related programming guidance and expertise that does exist is not cascading in an accessible way to countries and from national to sub-national levels. This gap affects the consistency and clarity of messages, across levels of the Alliance including government. Addressing this challenge will remain a priority in 2025 (see below) and going forward, governments and local CSOs will be actively engaged to help shape context-appropriate language and programming guidance;

- **Limited visibility of implementation and monitoring:** Due to a weak monitoring process and data of gender-related programming at country level, there is limited ability to monitor results of programming, collect learning, and to course correct where needed. Efforts described above to identify appropriate process and performance indicators as well as having more TA at country level will provide increased visibility of programming as well as support for implementation. This work is part of the Alliance focus to identify ways of better supporting implementation and monitoring; and

- **Few immunisation specialists with a background in gender mainstreaming**: It has been a challenge to bring gender expertise into the immunisation space, both for government and partners. Though it is taking time, partners like UNICEF have started to build the skills of their officers and systematically organise gender expertise to support application design, and expanded partners are also hiring more gender experts. There are some good examples of EPI offices in countries such as Papua New Guinea and Guinea that are working closely with the Department of Gender Equality in the Ministry of Health to have that expertise, however this is not the norm. The Alliance will continue to document and disseminate lessons in building gender capacity and bringing in gender expertise in EPI teams and with Alliance partners. There is currently limited resourcing through the Partners' Engagement Framework (PEF) for gender expertise. Having dedicated Gender TA at country level will help respond to this challenge and this will be an important area of consideration as PEF is redesigned for Gavi 6.0.

Section 5: What are the priorities for 2025?

The Alliance's priorities for the coming year are to maintain and build on 2024 priority areas to accelerate programming in the last year of Gavi 5.1 while also relooking at Gavi guidelines, funding and partnerships as we prepare for 6.0. Key priorities include:

Continuing to enhance partner and country understanding and capacity on gender: As countries advance in programme implementation, the Alliance will continue building evidence on both effective and ineffective gender responsive approaches. Efforts will continue to build the Alliance's capacity to design, implement and monitor gender related programming including through continued scale-up of existing training programmes. These will be complemented with an integrated Community of Practice (CoP) which will bring together global and country-level stakeholders from partners and government to facilitate peer to peer learning. There will be a deliberate effort to engage country partners, women-led organisations and country-level gender champions to shape and engage with the CoP.

Continuing to support implementation and monitoring of gender-related zero-dose programming: Efforts will also focus testing gender-related indicators (at both process and programme levels) and rolling out the BeSD survey across multiple countries. At country level, effort will be made to coordinate dedicated Gender TA from Alliance partners to support implementation and to be able to course correct in a timely manner.

Strengthen partnerships to support countries: In the spirit of the Lusaka Agenda, the Alliance will work more deliberately to strengthen partnerships with other partners outside the Alliance such as The Global Fund and the Global Financing Facility to collaborate on initiatives at global level (guidance, performance indicators) and country level (training, joint gender analyses).

Preparing to operationalise the Gavi 6.0 Strategy: The Alliance will take stock of progress in Gavi 5.1 to inform the approach to operationalise Gavi 6.0. This will include consultations with countries to understand how to create a shared understanding of gender terminology, gender-related programming, and performance metrics. The Alliance will work to ensure gender considerations and programming are reflected in critical tools for Gavi 6.0 including the revised Programme Funding Guidelines (PFGs), policies and application materials. As mentioned above, gender resourcing will also be a focus in the redesign of the PEF.