SUBJECT:	**ACCELERATING EFFORTS TO REACH ZERO-DOSE CHILDREN AND MISSED COMMUNITIES IN GAVI 5.0**
Agenda item:	05b
Category:	For Decision

Section A: Executive Summary

Context

The Alliance has made **equity the organising principle of Gavi 5.0**, with an acute focus on reaching zero-dose and under-immunised[1] children with immunisation. This is also a key priority for the global community Immunization Agenda 2030, which was endorsed by the World Health Assembly in May 2020. Despite a 50% increase in the number of children being reached by routine immunisation since 2000, 10.6 million children still receive no routine vaccines each year in Gavi-supported countries. Without action, this would mean that over 50 million more children would be missed by 2025. These children are disproportionately clustered in marginalised communities which are typically among the poorest, with less access to health and other government services and far worse health outcomes. Two thirds of zero-dose children live in households which are below the poverty line and **50% of deaths from vaccine-preventable diseases in Gavi-supported countries occur among zero-dose children**, **although they account for only 13% of children**. These communities are also often politically marginalised, face systemic economic, social and cultural disadvantages and are home to acute gender disparities. These are precisely the communities which must be prioritised to achieve the vision of the Sustainable Development Goals to leave no one behind.

At its September meeting, t**he Board reaffirmed that the Alliance's focus on equity is more important than ever** in the context of the COVID-19 pandemic, which has exacerbated existing inequities and increased the number of zero-dose and under-immunised children. The Board **endorsed the need to provide additional Health Systems Strengthening (HSS) support to countries to accelerate progress on equity** and asked that the Programme & Policy Committee (PPC) review and recommend the appropriate level of investment. The Secretariat presented a set of options and trade-offs to the PPC in October. There was clear agreement among PPC members that additional investments will be needed to accelerate and sustain progress on reaching zero-dose and under-immunised children and missed communities in the context of COVID-19. Having considered potential options, **the PPC recommended to increase the level of HSS support by US$ 500 million to US$ 1.7 billion and funding to partners**

[1] Zero-dose children are defined for operational purposes as those not receiving a first dose of diphtheria-tetanus-pertussis (DTP) containing vaccine; under-immunised are those not receiving a full course of three doses of DTP-containing vaccine.

under the Partners' Engagement Framework (PEF) by US$128 million. The PPC recognised uncertainty around whether these resources would be sufficient and requested that the Secretariat closely monitor progress and regularly report back to the PPC and Board. The PPC also made a set of recommendations, which are listed in Annex B. These include defining a comprehensive theory of change for how the Alliance will sustainably reach zero-dose and under-immunised children and missed communities, clarifying how this will be operationalised and creating a cross-Alliance group at working level to support operationalisation. These are addressed further in this paper.

Section B: Facts and Data

1. The PPC welcomed the Alliance's emerging framework for reaching zero-dose children and missed communities and asked for more clarity on the theory of change and approach to operationalisation

1.1 In planning for Gavi 5.0, the Alliance will build on the 2016-2020 strategy's coverage and equity agenda, which has already catalysed progress in reaching zero-dose and under-immunised children and missed communities. **Gavi-supported countries reduced the number of zero-dose children by 14% between 2015 and 2019** (if this pace of progress had continued in 2020, this would have equated to an 18% reduction during Gavi 4.0), following five years of stagnation in Gavi 3.0. This contrasts with a ~30% increase in the rest of the world during the same period.

1.2 The PPC paper described in depth the approach that the Alliance plans to use to sustainably reach zero-dose and under-immunised children, grounded in the identify-reach-monitor-measure-advocate (IRMMA) framework (see Section 4 of the PPC paper in Annex C, which also highlights examples and lessons we can build on from Gavi 4.0). The PPC recognised the relevance of this framework and requested that the Alliance develop a theory of change for how all its levers will come together to accelerate progress on equity, and articulate how it will be operationalised. The draft theory of change is provided in Annex A (the Alliance will continue to refine this theory of change over time based on lessons learned from operationalisation). **Key shifts reflected in the theory of change** include:

a) **Equity mainstreamed into all Gavi levers:** The Alliance's focus on equity will be integrated into all of its tools and processes including advocacy, HSS grants and technical support. The Secretariat will use its voice and convening power to advocate for equity and a focus on missed communities with governments and other development partners. The revised HSS allocation formula approved by the Board in December 2019 makes equity a critical criteria in how funding is allocated, and the Secretariat plans to ringfence a share of countries' HSS support for efforts to reach zero-dose and under-immunised children and missed communities. PEF targeted country assistance (TCA) will be allocated using the same principles, providing countries with more transparency on how their TCA allocation is determined and ensuring resources are targeted towards countries with the greatest equity challenges. The

Board will also be reviewing the Fragility, Emergencies, Refugees policy in 2021, which will be an opportunity to ensure that is also well-aligned to the equity agenda.

b) **Systematic approach to programming support to sustainably reach zero-dose and under-immunised children and missed communities:** In Gavi 4.0, the Alliance began working with countries to programme its support for coverage and equity. Building on lessons from this period, the Alliance has developed the IRMMA framework to ensure a more systematic approach to programming Alliance support to reach zero-dose and under-immunised children. This includes more integrated efforts to address supply and demand-side barriers and, in particular, a much stronger focus on identifying and addressing socio-economic, cultural, gender and other barriers. The Secretariat is developing materials to help countries utilise the IRMMA framework to programme Gavi support. This is being tested in countries undertaking full portfolio planning and will be refined based on lessons learned and country and partner feedback. WHO is leading an exercise, with the Secretariat and UNICEF, to map existing tools against the IRMMA framework to help guide countries to available resources at each step, and to identify potential gaps.

c) **Integrated theory of change to align all Gavi support to each country to sustainably reach zero-dose and under-immunised children:** Through the redesign of its portfolio management processes, the Alliance will work with governments and partners to ensure that all its support is aligned to a single theory of change for each country, with an associated workplan, budget and monitoring and learning framework. This will ensure that all Alliance support – including advocacy, vaccines, health systems and immunisation strengthening (HSIS) grants, TCA and innovation – is part of a well-defined programming approach to sustainably reach zero-dose and under-immunised children and missed communities, and that this support is mutually complimentary and coherent. The theory of change will be dynamic with a more systematic approach to reviewing progress and learning regularly, and more flexibility to adapt and reprogramme support as required. The new portfolio management processes will be rolled out from early 2021 in a phased manner (see Doc 05a for details).

d) **Differentiated models of country engagement:** Historically, the Alliance had a single engagement model for all countries with similar processes, levels of engagement and risk appetite. While we already began to differentiate our engagement in Gavi 4.0 – with PEF support focused on Tier 1 countries with the most under-immunised children, and Tier 2 countries with greatest fragility challenges – many Alliance processes remain the same for all countries. As part of the redesign of portfolio management described above, the Secretariat plans to introduce lighter requirements and processes and reduce Secretariat engagement in countries which are stronger or lower risk, enabling more intensive focus and support to countries with the most zero-dose

children, greatest challenges and highest risks. The Alliance will also work with countries to differentiate its support in different types of countries and sub-national contexts. Zero-dose children are clustered in urban slums, conflict settings, remote rural areas and mobile populations, and each of these will require a different approach. While Annex B illustrates the Alliance's theory of change to sustainably reach zero-dose and under-immunised children and missed communities, this will need to be tailored to the specific context and needs of each country.

e) **Systematic engagement of new partners:** To accelerate progress in reaching zero-dose and under-immunised children, the Alliance will need to work with new partners building on progress in Gavi 4.0 (the Alliance now works with over 50 expanded and private sector partners). In particular, it will be critical to enhance engagement with civil society and community organisations to support them to advocate for the needs of missed communities, strengthen demand for immunisation, ensure services meet the needs of communities and deliver services to communities that may be beyond the reach of governments. The Secretariat is working with the CSO Steering Committee to develop a more ambitious civil society and community engagement approach, which is consistent with the IRMMA framework. The PPC endorsed the proposed vision for collaboration and asked that a comprehensive approach be brought to the PPC and Board in mid-2021. Given that over 50% of zero-dose children are in countries classified as fragile under the Fragility, Emergencies, Refugees (FER) policy, the Alliance will also strengthen engagement with humanitarian organisations who have the capabilities to operate in those settings. Gavi recently signed memoranda of understanding with the International Federation of the Red Cross, the International Rescue Committee, and the International Organisation for Migration (IOM) to facilitate closer work together. We are exploring similar agreements with several other organisations. The Alliance will also work to deepen its engagement with other financing institutions (e.g. Global Fund, Global Financing Facility, World Bank) to highlight the relevance of zero-dose children as a marker for missed communities and ensure that financing is available to reach them with a range of primary healthcare interventions in addition to immunisation. We will harness key platforms for this including the Sustainable Financing Accelerator of the *Global Action Plan for Healthy Lives and Wellbeing for All*, which Gavi co-leads with the Global Fund and World Bank, and the Partnership for Maternal, Newborn and Child Health.

1.3 The PPC asked that the Secretariat and partners convene a **cross-Alliance group at working level to help coordinate operationalisation of the equity agenda** (noting that this should not duplicate existing Alliance bodies). The Secretariat, WHO and UNICEF have agreed on the terms of reference for this group focused on refining programmatic approaches to sustainably reach zero-dose and under-immunised children and missed communities, ensuring systematic communication and change management across the Alliance (at global, regional and country level), and facilitating cross-Alliance innovation and learning. A small core group has

already met to begin coordinating this work and will engage the full set of Alliance partners over the coming months as operationalisation moves forward. The Alliance Coordination Team has reviewed the terms of reference of this group and has made this work a standing agenda item to monitor progress and provide guidance as required.

1.4 While the theory of change reflects many lessons from Gavi 4.0, the Alliance must also acknowledge that we do not have all the answers for how to reach communities who have been systematically missed for generations. Recognising this, the PPC emphasised the importance of developing a **robust learning agenda** to rapidly understand what works (and should be scaled up), what does not work and where the gaps are in our approach. The Secretariat is leading a consultative process to establish a set of Learning Priorities, around which monitoring, evaluation and other learning activities will be coordinated (See Doc 01g, Annex E). Establishing a set of priorities from the outset, and managing these throughout the strategy period, will enable more coordinated and targeted learning across the Alliance, and enable deployment of the appropriate tools to generate and synthesise evidence. This will also allow for more innovative methods (e.g. prospective evaluation, implementation research) including Learning Hubs, which the Secretariat will establish through local partnerships in a subset of countries. These will supplement routine monitoring by going deeper to understand factors influencing implementation and performance of approaches to reach zero-dose and under-immunised children and missed communities. More details are provided in Doc 01g, Appendix 2.

2. The PPC recommended that the Board increase HSS by US$ 500 million and funding to partners under PEF by ~US$ 128 million to accelerate progress on equity

2.1 At its September 2020 meeting, **the Board endorsed the need for additional resources to accelerate progress on equity** in the context of COVID-19 and the Alliance's successful replenishment, and asked the PPC to consider the appropriate approach and level of resourcing. The PPC considered a range of options (see paragraphs 3.3-3.6 of the PPC paper in Annex C) and **recommended that the Board approve a US$ 500 million increase in HSS** over the current forecast (~US$ 300 million/19% increase over Gavi 4.0) and a **US$ 128 million increase in funding to partners under the PEF** (US$ 168 million/24% increase over Gavi 4.0 – see details in Figure 5). The PPC noted the recommended increases would maintain HSS at 16% and funding to partners under PEF at 8% of the overall financial resources available for 2021-25 (US$ 10.4 billion), in line with Gavi 4.0 levels.

a) **HSS:** The PPC recognised that there is limited data on the cost of sustainably reaching zero-dose children and missed communities, and these costs will likely vary significantly by country and context. However, the data which is available (e.g. from Gavi support for coverage and equity proposals and urban strategies during this strategic period) suggests that the cost to reach each zero-dose child can be three to four

times higher than those who are already being immunised. The Secretariat indicated that increasing HSS by US$ 500 million balances providing additional resourcing to accelerate progress with the absorption capacity of countries. Recognising uncertainty over the resources required, the PPC emphasised that the Secretariat should closely monitor utilisation of this support and report back to the PPC and Board if any adjustments are needed, as well as seeking to improve estimates of the cost of sustainably reaching zero-dose children as part of the Gavi 5.0 learning agenda.

b) **PEF:** The PPC recognised the many demands on partners' capacity and that the proposed increase in the PEF budget would only be sufficient to flatline PEF funding for TCA at the 2020 level (since this has scaled up over the course of Gavi 4.0). The PPC therefore recommended that the PEF MT continue to oversee the allocation of PEF funding across funding streams (foundational support, strategic focus areas and targeted country assistance), provide input on how this funding should be allocated over time and monitor whether the proposed funding is adequate. The PPC also acknowledged that the Alliance is providing additional support to partners to prepare for COVID-19 vaccine introduction, on top of the core allocation, as part of the US$ 150 million approved by the Board in September[2]. More details are available in Doc 02b.

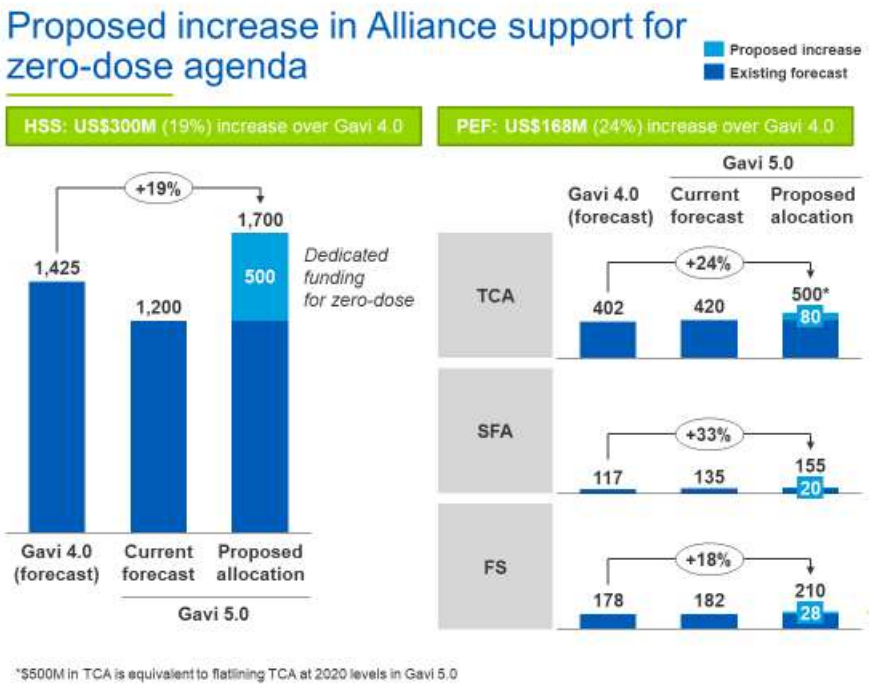

Figure 1

2.2 **Nigeria and India** – the two countries with the most zero-dose children globally – would not be eligible for this additional funding as both have

[2] US$ 60 million has been allocated for technical assistance. In addition, a share of the up to US$ 30 million which the Board may approve for delivery support to India is likely to be allocated for technical assistance.

special strategies with Board-approved envelopes [3]. The Alliance is developing a partnership strategy for India for Gavi 5.0 that will include targeted support to reach zero-dose children, building on progress in reducing the number by ~40% since 2015, for review by the Board in 2021.

2.3 However, the PPC questioned how the Alliance will support Nigeria to accelerate progress on equity. The Secretariat indicated that the Board-approved strategy for Nigeria includes US$ 260 million of HSS for 2018-2028. A significant amount of this has already been programmed towards low coverage States with emerging data suggesting the country is beginning to make progress in improving equitable coverage. In collaboration with the Government, the Alliance will seek to adjust this support towards reaching zero-dose children and explore frontloading resources that were planned for the outer years of the ten-year period if required (subject to positive performance against Nigeria's Accountability Framework). The Board could then consider if additional resources are required in the coming years. An alternative option would be to already commit additional resources for Nigeria on top of the proposed US$500 million envelope. However, given competing investment priorities, the Secretariat would not recommend that option while significant resources remain available to be programmed within Nigeria's existing envelope.

2.4 The PPC also recommended that the Board approve US$ 25 million in bridge funding for 2021 for fiduciary risk assurance and financial management capacity building. These areas will be even more important in Gavi 5.0 as the Alliance scales up partnerships with local partners and increases its funding at sub-national levels, where financial management capacity may be weaker. The Secretariat is developing a strategic approach to these areas for Gavi 5.0, which it will bring to the Board in 2021. The PPC recognised that bridge funding will be needed in the interim, pending approval of this new approach and the requisite resources.

Section C: Actions requested of the Board

The Gavi Programme and Policy Committee, recognising:

1. The importance of equity and urgency of making available additional support to countries to maintain, restore and strengthen immunisation and reach zero-dose and under-immunised children;

2. The dynamic nature of the current COVID-19 pandemic and the increased risk of outbreaks and spike in child deaths;

3. The need for further work across the Alliance to operationalise the approach to reach zero-dose children, bringing together all the levers of Gavi support including HSS and PEF;

[3] Papua New Guinea would also be not be eligible for additional funding as it also has a Board-approved strategy with an increased allocation of support, which is likely the maximum which the country would be able to absorb.

4. Uncertainty around the cost of reaching zero-dose children and missed communities, and hence the need for flexibility in the Alliance's approach and investments; and

5. The need for further discussion at the PEF Management Team on how PEF funding will be allocated in Gavi 5.0, noting the increased needs of WHO and UNICEF at global and regional levels in the context of Covid-19 and the importance of deepening subnational engagement with context appropriate partnerships, especially in fragile countries and to support the equity agenda.

Identified a number of areas (outlined in Annex B to the meeting decisions) upon which the Secretariat should provide further clarification in the December 2020 Board paper.

The PPC also underscored the need for flexibility and asked the Secretariat to monitor implementation of the following decision and report back to the PPC on operationalisation of this decisions and any adjustments in resources or approach that might be required over the course of Gavi 5.0.

The Gavi Alliance Programme and Policy Committee subsequently **recommends** to the Gavi Alliance Board that it:

a) **Approve** and additional US$ 500 million in health system strengthening (HSS) for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities. This amount is in addition to the US$ 1.2 billion in HSS included in the forecast presented and previously approved by the Board at its July 2020 meeting;

b) **Approve** an increase in Partners' Engagement Framework (PEF) spending of US$128 million to support efforts to reach zero-dose children and missed communities. This amount is in addition to the funding amounts included in the forecast presented and previously approved by the Board at its July 2020 meeting; and

c) **Approve** US$ 25 million in bridge funding for 2021 for fiduciary risk assurance and financial management capacity building, noting that a full strategy and associated funding request will be brought to the May 2021 PPC meeting.

Annexes

Annex A: Theory of change for reaching zero-dose and under-immunised children and missed communities

Annex B: Areas highlighted by the PPC to be further addressed in the Board paper and / or during operationalisation

Annex C: Doc 03b to October 2020 PPC *Accelerating Efforts To Reach Zero-Dose Children and Missed Communities in Gavi 5*