

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

Cross-Alliance approach needed to operationalise the equity agenda: The Secretariat and partners will create a cross-Alliance working team (and which does not duplicate the work of existing bodies) to further operationalise the approach to reach zero-dose children and missed communities

The proposed amounts of additional investment may not be sufficient: Currently, there is limited data on the additional costs of reaching zero-dose children which can be very high in certain contexts. Recognising this, the PPC underlined the importance of remaining flexible. The Secretariat would report back to the PPC and Board periodically on the progress and impact of this funding, and whether any adjustment is needed to the amount

The Alliance to ensure integration of the core HSS, additional HSS being allocated for equity and TCA to implement the equity agenda: Equity is the organising principle for all Alliance support to countries and the Board paper will reflect how all these levers come together at country level to support progress on equity including how redesigned portfolio management processes would help countries plan all Gavi support in an integrated way as part of full portfolio planning. As described in PPC Doc 03a, each country will develop a theory of change to identify the outcomes it seeks to achieve, the activities that will be needed to achieve this and how the full set of Gavi support will be used for this. Countries will have a single budget and workplan which will include all Gavi support.

Partners should be capacitated to deliver on Gavi 5.0 while responding to COVID-19: The PEF MT will engage on how best to allocate the proposed PEF resources in Gavi 5.0, noting the heightened current resource requirements in the context of COVID and the need to keep the PEF forecast flexible. The PEF MT can recommend to the Board an adjustment to the overall PEF envelope in future years if this is deemed necessary.

Countries to be provided with more transparency on the support they receive through PEF: Allocation of TCA funding will be linked to the HSS allocation formula in Gavi 5.0, providing more transparency to countries on how countries' TCA funding levels are determined relative to their HSS allocation. The principle of countries setting the objectives and priorities for TA, and choosing appropriate partners, will remain intact in Gavi 5.0. As part of changes to portfolio management processes, multi-year approvals of TCA will be implemented so both countries and partners have more predictability of funding levels.

The Alliance to work with other partners within and beyond the health space to jointly invest in reaching zero-dose children and missed communities as an entry point to strengthen PHC: The Alliance has expanded the number of partners it works with very significantly in Gavi 4.0 including partners within and outside the health space. With the focus on missed communities, the Alliance will seek to work systematically with other development financing institutions to ensure they also prioritise these communities for delivery of other PHC services, and to expand partnerships with other actors outside the health space who have a comparative advantage in identifying and reaching missed communities (e.g. the Secretariat is currently working to develop framework agreements with multiple humanitarian organisations to facilitate

partnerships in conflict settings). This is also a key element of the new portfolio management processes in Gavi 5.0.

Communities, community based organisations and CSOs should be supported to help deliver the equity agenda, leveraging established community structures: This is a critical priority and is being addressed through a new comprehensive civil society and community engagement approach, which is being developed by the Secretariat in consultation with the CSO Steering Committee and Alliance stakeholders. The initial vision was presented to the October PPC and the approach to operationalising this vision will be brought to the May 2021 PPC and June 2021 Board.

More clarity required on support to Nigeria and India for the zero-dose agenda: The Secretariat will develop options and associated trade-offs for how to support Nigeria on the zero-dose agenda as part of the December Board paper. The approach to supporting India will be determined as part of the India partnership strategy to be brought to the PPC and Board June 2021.

Ensure that under-immunised children remain a focus in addition to zero-dose children: The Alliance's aim is to support countries to fully immunise every child. Over two thirds of children who are not fully immunised are zero-dose. Large numbers of zero-dose children are markers of communities being missed by immunisation services. These communities are also home to a disproportionate share of under-immunised children. The Alliance will work with countries to fully immunise all children in these communities.

The Alliance to ensure it has a robust approach to monitor, evaluate and learn as part of the equity approach: The Secretariat is developing a more systematic approach to monitoring, evaluation and learning for Gavi 5.0 grounded in a clear theory of change (the draft Gavi 5.0 theory of change and learning approach are presented in PPC document 5, appendix 2). The Secretariat will provide more detail on this in the December Board paper.