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 programmatic and operational 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 health systems 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 and linking to Strategic Goal 1. In doing so, it seeks to contribute to strengthening countries' overall health system by taking a primary healthcare (PHC) approach. The HS Strategy introduces a new theory of change (ToC) which seeks to clarify how the Alliance will contribute to these outcomes through investments in **six pillars** which align to WHO's health systems building blocks. The draft strategy identifies an initial set of priority investments and activities under each pillar, which will be further refined as the HS Strategy is finalised to ensure clarity on the key interventions Gavi seeks to prioritise with its resources.

The strategy also introduces **five key shifts** to deliver the theory of change: more systematically differentiating its health systems investments by country context (including in fragile and humanitarian settings) with the ultimate goal of achieving programmatic sustainability at the point of transition; consolidating health systems programming and funding levers; a more harmonised ecosystem to catalyse and scale innovation; strengthened partnerships and collaboration on health systems across and beyond the Alliance; and more intentional measurement, monitoring and learning of health systems.

The draft HS Strategy includes early thinking on 'how' Gavi intends to deliver on the goals. These will be further refined in the final strategy including operational shifts to Gavi's grant management architecture, system-related aspects of the approach in fragile and humanitarian settings, relevant shifts to the partnership model, and Secretariat ways of working.

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 missed communities and zero-dose and under-immunised children[1]. All of these goals will need to be delivered through health systems that are often stretched and face critical capacity gaps. This is especially true in a context where many countries are

[1] Zero-dose (or unimmunised) children are defined as those who have not received any routine vaccine defined for operational purposes as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine. Missed communities are home to clusters of zero-dose and under-immunised children and often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequities and gender related barriers.

still recovering from the impact of the COVID-19 pandemic, facing increasing fragility and conflict, climate-related vulnerability and growing macro-economic pressures.

Gavi's investments in health systems are therefore critical to its mission to save lives and protect people's health by increasing equitable and sustainable use of vaccines. In recognition of this, Gavi has significantly scaled up its funding for health systems over time. It first introduced health systems strengthening (HSS) support in 2006 and its annual investments in health systems increased from US$ 150 million in 2015 to over US$ 380 million in 2020. While grant implementation was disrupted during COVID-19, it returned close to pre-pandemic levels from 2023. Gavi's HSS funding was initially very broadly scoped but has increasingly focused on helping countries to achieve immunisation outcomes, especially improving coverage and reaching zero dose and under-immunised children. Gavi's health systems funding has historically targeted eight priority investment areas[2], which reflect the unique needs of immunisation within the broader health system.

Rationale for a Health Systems Strategy

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 seeks to address five problem statements and is 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 on the purpose, comparative advantage,** value-add and expected outcomes of Gavi's health systems investments across the Alliance at global, regional and country levels. Different stakeholders have different views on the purpose of Gavi's investment in health systems with inadequate alignment on what can be achieved within the funding available and on how to prioritise and make trade-offs at both portfolio and country level, including the balance between supporting routine operations and more catalytic investments including transformative innovation.
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 systems but has not had a clear approach for how these should work together to deliver the intended outcomes.
3. Overly **complex processes and high transaction cost for countries.** Gavi has multiple funding levers, many of which fund health systems, with different grant cycles as well as eligibility, application, approval and monitoring processes. There is a need to significantly simplify the funding model and move towards a single holistic application to facilitate more efficient programming, shift the focus

[2] Service delivery, human resources for health, supply chain, health information systems and monitoring and learning, vaccine-preventable disease surveillance, demand generation and community engagement, governance, policy, strategic planning, and programme management, and health financing.

from multiple complex applications towards implementation, and reduce the burden of Gavi processes on countries.

4. **Inadequate alignment of Gavi health systems investments with other programmes and partners, and with national priorities and plans.** There is an opportunity for Gavi to more deliberately align its support with other PHC programmes and development partners to better support countries, especially in the context of the Lusaka Agenda. This will be critical to increase efficiency for countries and to deliver on Alliance goals including reaching the unreached, scaling up vaccines along the life course, and ensuring the sustainability of immunisation, none of which can be achieved through a verticalised approach.

5. **Inadequate measurement, monitoring and learning of Gavi-supported health systems programming.** Measuring health systems performance is critical to ensure that investments are being used for the intended purpose and are delivering the intended outcomes. However, it is also inherently challenging, especially across multiple countries given the complexity of health systems, the size of Gavi's funding and limitations and variability in the capacity of country data systems. To date, the Alliance has lacked a clearly defined approach to determine what it would like to measure and how, and to shape how it invests in countries' data systems accordingly. This limits the ability of countries to monitor, measure and learn from their programming and from other countries, and reduces the Alliance's ability to adapt and adjust support for countries over time and demonstrate the value of its investments.

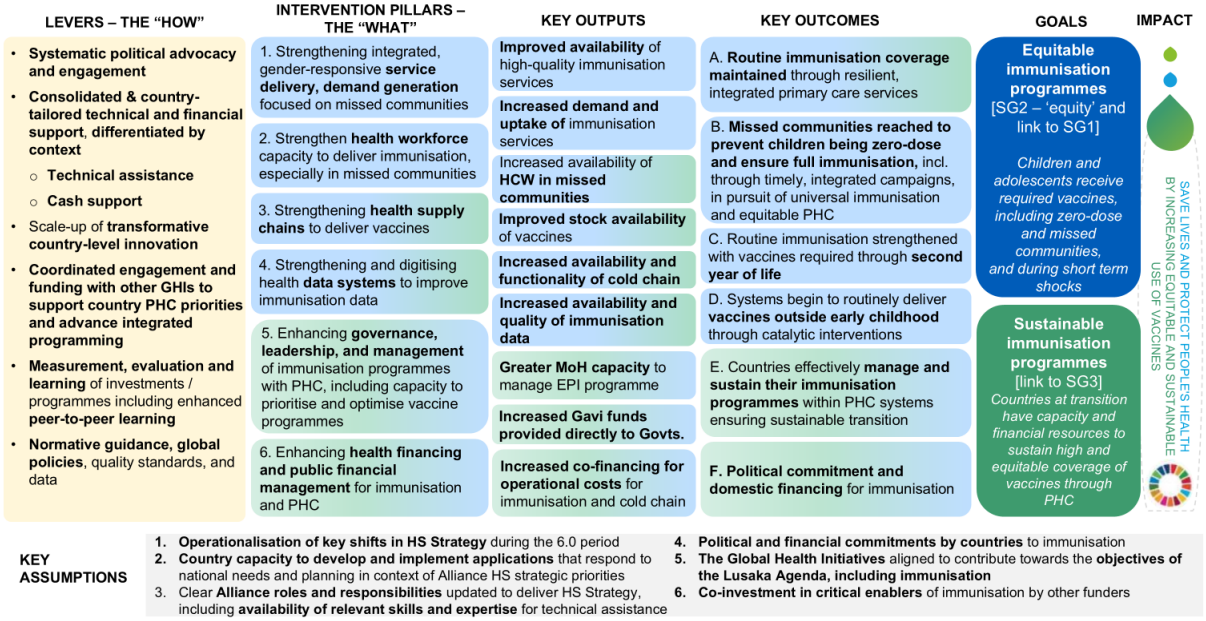
This document sets out a Health System Strategy for the Alliance that responds to these problem statements including by defining clear objectives, key pillars of support, the shifts that will be required to deliver the strategy and a cohesive approach to monitoring, evaluation and learning (MEL). It 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.

Theory of Change

The Theory of Change (ToC) articulates the Alliance's vision for its health systems investments, outlining both the desired outcomes and the mechanisms by which the Alliance will seek to achieve them. The ToC (Figure 1) seeks to address the first two problem statements above by clarifying the objectives of the Alliance's investments in health systems and how it will seek to deliver them. It includes a high-level summary of i) the intended goals, outcomes and outputs of Alliance support, ii) the levers that the Alliance has to achieve these outcomes (the "how"), and iii) the intervention pillars (the "what") where Gavi support will be focused in Gavi 6.0. 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. As part of implementing the HS strategy, this high-level theory of change will cascade into context-specific theories of change – in line with the proposed shift to a more

differentiated approach – and ultimately each country will need to develop tailored programming guided by the high-level direction in the HS strategy.

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



Goals and Outcomes

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 contributing to SG1 (Introduce and scale up vaccines). While the Alliance will focus its investments specifically on areas that most directly impact immunisation, it will seek to ensure these contribute to strengthening broader health systems through a PHC approach in alignment with country plans and investments by other development partners.

Equity is at the heart of the Alliance mission with a particular focus on reaching zero- dose children and missed communities. This will remain a priority along with ensuring children, once reached, go on to be fully immunised through the second year of life, catching up older children who are missed and an increased emphasis on avoiding backsliding of routine immunisation (the source of ~70% of the Alliance's impact in Gavi 6.0). This will be particularly important following the reversals of prior progress that occurred during the COVID-19 pandemic and from which many countries have still not fully recovered. Gavi will also focus more deliberately on helping to strengthen health systems to deliver vaccines equitably to other populations along the life course (e.g., adolescents). The outcomes that Gavi expects to see in pursuit of its equity goal are:

a) **Routine immunisation coverage maintained through resilient, integrated primary care services.** As demonstrated by the backsliding during the

COVID- 19 pandemic, maintaining coverage year after year cannot be taken for granted and requires continuous investment. This is especially true in many African countries and most fragile contexts, where growing birth cohorts mean countries need to reach more children each year to maintain coverage and services need to be particularly resilient to shocks. Ensuring countries are able to maintain coverage is a critical foundation for efforts to improve equity as well as to ensure the sustainability of immunisation programmes.

b) **Missed communities reached to prevent children being zero-dose and ensure full immunisation, including through timely, integrated campaigns, in pursuit of universal immunisation and equitable PHC.** In most Gavi-eligible countries, at least 10% of children born each year remain zero-dose and a further 10% are under-immunised. Zero-dose children and their communities often face multiple deprivations including lack of other health services and socio-economic inequities. Reaching these children will remain a priority for Gavi health systems investments, contributing to the Immunisation Agenda (IA) 2030's ambition to reduce zero-dose children by 50%, improving infant immunisation coverage and moving towards a long-term goal of universal immunisation. In doing so, the Alliance will work with countries to leverage the full range of service delivery strategies and seek to use these investments to strengthen the overall availability, quality and use of PHC programmes and contribute to Universal Health coverage (UHC).

c) **Routine immunisation strengthened with vaccines required through the second year of life.** The Alliance will support countries to adapt systems to routinely deliver vaccines to all children through the second year of life to ensure equitable protection of older children. This will be especially important to control measles, ensure the full impact of malaria vaccines, and to enable missed children to be caught up to the age five in line with WHO guidance.

d) **Systems begin to routinely deliver vaccines outside early childhood.** The Alliance will support to countries to begin to adapt their programmes to deliver immunisation to populations outside early childhood, especially adolescents, through targeted and catalytic interventions. In doing so, the Alliance will work with other health services, including school and community-based platforms, to ensure vaccines can be delivered efficiently, equitably and sustainably.

The second goal is programmatic <u>sustainability</u> 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.** The key outcomes that Gavi expects to see are:

e) **Countries effectively manage and sustain immunisation programmes within PHC, ensuring sustainable transition.** This requires a more deliberate effort to identify and address critical institutional and financing gaps impacting immunisation. As described as part of shift #1 in the next section, the Alliance will introduce a new framework to differentiate its support to countries based on their context and tailor its support using a maturity model to help countries assess their current capacity level. Institutional capacity gaps are often not immunisation-

specific so it will be important for the Alliance to work with other partners and PHC programmes in helping countries to address these.

f) **Political commitment and domestic financing for immunisation**. Political commitment is fundamental to ensuring the sustainability of immunisation and ensuring governments build the capacity to finance and manage their programmes so they can ultimately sustain progress without Gavi and partner support. This will require more deliberate and systematic political engagement, working closely with other partners, as well as more intentional efforts to increase domestic financing for immunisation and PHC and ensuring that Gavi funding is on budget and flowing through government systems.

Gavi funding is limited and thus countries will need to make trade-offs in how they programme their health systems funding against these outcomes, identifying a limited set of achievable priorities based on their country context. The differentiation framework described under shift #1 below is intended to serve as high-level guidance for countries as they set priorities (broadly weighting equity goals over sustainability for countries with lower coverage and rebalancing increasingly towards sustainability as countries' coverage improves and they approach transition). But a deliberate discussion will be needed with each country to align on their key objectives, how to allocate resources (e.g. whether to focus more on strengthening infant immunisation coverage or scale-up services to adolescents) and 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 use political engagement and advocacy to advance the goals of the health systems strategy including setting clear and focused priorities with country leadership, agreeing on mutual commitments to deliver those priorities and regularly taking stock of progress. This will also involve joint engagement with partners outside the Alliance to address broader health systems barriers that affect immunisation.

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. Gavi provides both financial and technical support adapted to the specific needs of each country though cash grants and the Partners' Engagement Framework (PEF). 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.

iii. **Scale up of transformative country-level innovation** - Gavi promotes and scales innovative solutions that can accelerate improvements in immunisation

services and health systems. New approaches, technologies and partnerships offer potential to transform how immunisation is delivered, improve efficiency and overcome longstanding barriers to reaching missed children. The Alliance will seek to become more focused and deliberate in its efforts to scale up priority innovations as outlined as part of Shift #3 below.

iv. **Coordinated engagement and funding with other global health institutions (GHIs) to support country PHC priorities** – the Alliance already collaborates with other development partners to align engagement, co-fund programmes and ensure that immunisation activities contribute to broader PHC goals. As outlined below as part of Shift #4, the health systems strategy seeks to make this collaboration more systematic to reduce transaction costs for countries, increase efficiency and align support to address cross-cutting health systems bottlenecks and scale-up integrated services along the life course.

v. **Measurement, evaluation and learning of investments / programmes including enhanced peer-to-peer learning and implementation monitoring** – Gavi invests significantly in monitoring, evaluating and learning from its programmes and helping countries to strengthen their data systems. Recognising that measurement of health systems is inherently challenging, the health systems strategy includes a more deliberate approach to help countries strengthen programme monitoring and evaluation, foster better peer-to-peer learning and enable improved measurement of progress towards improving equity and sustainability of immunisation (as described further under Shift #5).

vi. **Normative guidance, global policies, quality standards, and data -** The Alliance and countries rely heavily on the global policies, normative guidance, quality standards, and tools developed by WHO, UNICEF, and other agencies. 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.

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, Gavi has identified an initial, illustrative set of priority activities, as well as preliminary thinking on the changes in approach required in the Secretariat / Alliance to maximise the impact of these investments. These **include more transformative and innovative interventions or 'red dots'** (indicated in italics in the following sections) including both proven interventions that can be scaled up already and more early-stage activities that have potential to be transformative, but where evidence is more nascent. This thinking will be refined and further specified by June 2025 to ensure they reflect the areas which are most proximal to Gavi's overall objectives, where Gavi has greatest comparative advantage and potential for catalytic impact. The expectation is that the priority activities within the six pillars will account for the majority of Gavi's support during the period. However,

countries will continue to programme Alliance support themselves in alignment with national plans and priorities.

As noted above, while **Gavi will prioritise investment areas based on their relevance to immunisation outcomes, it will seek to take a PHC approach** and ensure its funding helps strengthen the broader health system, avoiding fragmentation and siloed approaches designed just for the benefit of immunisation. However, the assumption is that areas not prioritised in the HS strategy will be supported primarily by the government or other development partners. This includes critical health systems capacities such as construction and maintenance of health facility infrastructure, overall health workforce recruitment, retention and management (with Gavi's contribution focused in missed communities), and sector-wide budgeting and financial management.

Pillar 1: Service delivery and demand generation

Gavi will prioritise support to strengthen gender-responsive, integrated service delivery and demand generation to better serve missed communities and reach zero dose children. The emphasis on missed communities recognises that Gavi's funding is limited and cannot address all service delivery and demand related needs, so will prioritise extending immunisation services to the unreached and avoiding backsliding of coverage. Through the differentiated approach described under Shift #1, the Alliance will seek to ensure that its support for service delivery becomes more sustainable 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 health system performance. Addressing this will require concerted efforts across the Alliance to help countries develop more context-appropriate service delivery strategies and to increase government financing for these activities as part of their overall approach to strengthen PHC.

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 priorities [preliminary and to be further refined by June 2025]:

- Extend reach and availability of immunisation services to serve and fully-immunise zero-dose and under-immunised children through integrated planning and usage of a full range of service delivery strategies[3]
- Improve quality of immunisation services to meet caregiver needs including overcoming gender-related barriers to immunisation
- Strengthen service delivery capacity to deliver vaccines beyond the first year of life, including to adolescents
- Strengthen evidence-based and tailored demand generation and community engagement efforts
- Strengthen defaulter tracking and routinise catch-up up to age five

[3] Including through fixed sites, outreach, periodic intensification of routine immunisation, and campaigns

- *Strengthen engagement with private sector delivery providers, including civil-society and faith-based organisations, to offer immunisation services, as well as humanitarian agencies in fragile and conflict settings*
- *Leverage artificial intelligence (AI) to support micro-planning and improved service delivery strategies*
- *Seek to advance use of infant biometrics to improve tracking and follow-up recognising this could be potentially transformative if successfully scaled up*

Changes required in approach at Secretariat/Alliance level to deliver on priorities [preliminary, illustrative]:

- Greater differentiation in partner engagement (both public, private and social sector) to optimally reach missed communities, based on country context
- Strengthen monitoring of service delivery with more systematic oversight across the Alliance
- *Greater engagement in the humanitarian health cluster to mainstream immunisation in humanitarian settings (as part of fragile & humanitarian approach)*

Pillar 2: Human resources for health

Improving the availability of skilled, motivated, remunerated and efficient health workforce is critical for both equity goal and sustainability of immunisation. Health workforce needs in most countries are very significant and beyond the capacity of the Alliance alone to address. Gavi's investments in health workforce will focus primarily on addressing gaps that limit the provision of services to zero-dose children and missed communities, and on broader advocacy to promote the remuneration of health workers. 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 output from this pillar is 'Increased availability of healthcare workers in missed communities'.

Pillar 2 priorities [preliminary and to be further refined by June 2025]:

- Support countries to strengthen and fill critical gaps in the health workforce, especially at community level, to improve access to, uptake of and trust in immunisation services among missed communities
- Support development of EPI team capacity and capabilities to manage the growing complexity of immunisation programmes
- Engage with humanitarian actors to support development of appropriate human resources in fragile and humanitarian settings
- *Scale up innovative, digitally-enabled approaches to improve health worker learning and performance management and gradually transition away from per diem-heavy in-person training and supervision*

- *Advocate for and engage leaders work with partners to advance on remuneration of health workers and expanding investment in health workforce*

Changes in approach at Secretariat / Alliance level to deliver on priorities [preliminary, illustrative]:

- Develop Alliance-wide strategic approach to health workforce (already under way) including how to ensure Gavi funding is catalytic in filling health workforce gaps with systematic approach to transition funding to governments over time
- *Develop advocacy approach and programme funding guidelines to promote health worker remuneration, in coordination with other donors and partners*
- *Institutionalise use of digital payments for payments to health workers (also included in Pillar 6: Health Financing)*

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. Progress in Gavi 5.0 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 key 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.

Pillar 3 priorities [preliminary and to be further refined by June 2025]:

- Enhance and extend cold chain equipment (CCE) infrastructure, especially in missed communities, and accelerate uptake of new, improved and climate-friendly technologies (e.g. solar-powered CCE)
- Work with countries to integrate other relevant health commodities into the vaccine cold chain
- Assess country supply chain performance and support development and implementation of integrated costed supply chain improvement plans
- Strengthen operational oversight of supply chains (e.g., monitoring of stock levels to) by integrated national and subnational Logistics Working Groups
- Review and redesign country supply chain and distribution systems, especially for last-mile delivery and to ensure climate resilience
- *Scale-up supply chain data visibility and use (e.g. integrated electronic logistics management information systems (eLMIS) and traceability mechanisms)*
- *Ensure improved functionality of CCE by replacing outdated equipment, establishing robust performance monitoring (including remote temperature monitoring systems) and improving maintenance and management practices*

- *Explore use of AI to improve supply chain design and performance*

Changes in approach at Secretariat / Alliance level to deliver on priorities [preliminary, illustrative]:

- Establish position and guidelines on Gavi support for supply chain warehouses
- *Operationalise agreed roles and responsibilities within the Secretariat and across the Alliance to ensure end-to-end approach and clear accountabilities for stock and supply chain management*

Pillar 4: Data and digitally enabled information systems

Ensuring that immunisation programmes have access to robust, real-time data is critical for strong planning, implementation and monitoring of programmes. While data has been one of the largest area of investments in Gavi health systems investments historically, there remain major gaps in countries' capacity to collect and use data to manage their programmes. 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 (including the priority areas identified as part of Shift #5 on monitoring and learning in the next section). This will include further scale-up of new technologies building on the Alliance's Digital Health Information Strategy in alignment with globally established standards and guidelines and national digital health strategies and roadmaps (where they exist).

Pillar 4 priorities [preliminary and to be further refined by June 2025]:

- Strengthen capacity of country systems to collect key immunisation performance and relevant health systems data (especially at the subnational level), including through continued improvement of DHIS2
- Work with countries to supplement routine data collection with targeted additional data collection in coordination with other partners (e.g. rapid cycle monitoring to measure improvements in specific health systems/service delivery indicators in collaboration with partners including GFF and WHO; more systematic implementation and use of post-campaign coverage surveys)
- Strengthen country capacity at all levels to use data to guide decision-making and monitor and improve programme implementation, as well as to triangulate data from multiple sources (including surveillance and campaign data) to identify and reach un and under-immunised children
- *Continue to scale the six areas of Gavi's Digital Health Information Strategy including identification of zero-dose and under-immunised children through geospatial applications, digital maps and micro-plans; digital supply chain information systems; real-time planning and monitoring of immunisation campaigns; effective sub-national data use; digitally-enabled demand generation; and electronic vaccine-preventable disease surveillance*
- *Evaluate and scale emerging digital technologies (e.g. artificial intelligence (AI), blockchain, biometrics) where these can help strengthen health and immunisation systems*

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 resources from the Global Polio Eradication Initiative (GPEI)[4] are reduced. However, it has not been a high priority for countries in the use of their Gavi health systems funding (beyond efforts to scale-up digital surveillance tools as noted above) and the Gavi Board chose not to allocate additional resources to invest in this area in Gavi 6.0. Given its importance, the Alliance will work with countries to identify resources and try to mobilise funding from other sources for this.

Changes in approach at Secretariat / Alliance level to deliver on priorities [preliminary, illustrative]:

- *Establish a Data and Information Hub in the Secretariat, and institutionalise use of Large Language Modules for performance monitoring and follow-up*
- *Ensure transparency, access and regular sharing of data and analysis across Alliance partners*

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. Many countries still rely on governance and management 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 an expanding and complex portfolio of vaccines along the life-course, while dealing with a greater variety of product and delivery choices, new challenges (e.g., climate change) and many opportunities for innovation. In this context, many EPI programmes face gaps in their capacity and capability to make challenging decisions on how to prioritise their programmes, manage increasingly complex programmes which require growing levels of integration with other health and non-health sectors, and to ensure robust financial and programme management – making country management capacity one of the Alliance's top risks. At the same time, inter-Agency Coordination Committees, which are the primary governance mechanism for immunisation in many countries, often have limited functionality and can be siloed focusing only on immunisation. Recognising this, WHO and UNICEF have launched an effort to 'revision' the immunisation programme of the future, which aligns to the work launched in the CEO's 180 day plan on the Future of Immunisation. The Gavi 6.0 HS strategy will seek to build on this revisioning to more systematically invest in efforts to build governance and management capacity, bringing together an updated approach to Gavi's Leadership and Management Capacity (LMC) work and a new approach to strengthen vaccine programme prioritisation and optimisation[5].

[4] Today much of the vaccine-preventable disease surveillance ecosystem is dependent on funding from GPEI
[5] 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 the way 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 5 priorities [preliminary and to be further refined by June 2025]:

- Strengthen national and sub-national strategy development, annual planning, and programme management capacity including capacity for coordination and integration with other health programmes (e.g., malaria)
- Institutionalise regular performance review at national and sub-national levels
- Support enhanced and more integrated governance mechanisms
- Strengthen capacity of countries to prepare for and manage potential threats to health systems, including climate events, novel or remerging disease outbreaks
- *Enhance capacity for vaccine portfolio prioritisation and optimisation, including by strengthening National Immunisation Technical Advisory Groups*

Changes in approach at Secretariat / Alliance level to deliver on priorities [preliminary, illustrative]:

- Develop a more systematic approach to Alliance sub-national engagement
- Improve programme audit, including timely and effective country engagement
- Implementation of Gavi's restrictive measures policy
- *Strengthen coordinated Alliance engagement with political leaders at country level to align on priorities, agree mutual commitments and monitor progress*
- *Establish a systematic approach for joint Project Management Units with the Global Fund, to strengthen both programme and public financial management*

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 entails both increasing the predictability and availability of funding for immunisation and PHC by strengthening forecasting, planning and execution of budgets; and strengthening 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, 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 include i) increased Gavi funds provided directly to governments (i.e., channeled through government systems), and ii) increased co-financing for operational costs for immunisation, and for CCE.

Pillar 6 priorities [preliminary and to be further refined by June 2025]:

- Strengthen financial management, budgeting, forecasting, and planning capacity for immunisation and PHC in partnership with others
- *Strengthen financial and fiduciary risk management to ensure Gavi support is on budget and flows through government systems where possible*
- *Institutionalise use of digital payments for operational costs*

- *Deliberate advocacy and political engagement with Ministries of Health and Ministries of Finance on full financing needs of immunisation programmes (including vaccine co-financing, cold chain equipment, and service delivery financing) and advocate for expansion of PHC budgets with other partners*

Changes in approach at Secretariat / Alliance level to deliver on priorities [preliminary, illustrative]:

- Strengthen coordinated Alliance engagement with high-level political leaders to increase investments in PHC and immunisation and drive commitment for catalytic use of Gavi funding and co-financing for vaccine and cash investments
- Develop approach for more systematic collaboration with multilateral development banks for coordinated or joint financing and advocacy
- *Implement EVOLVE grant management redesign including a single, integrated application, end-to-end digitisation and consolidation of funding levers*
- *Develop a co-investment approach for cash funding through the HSIS Policy*
- *Establish a systematic approach for joint Project Management Units with the Global Fund, to strengthen both programme and public financial management*
- *Implement more robust 'use it or lose it' policy for Gavi's cash funding and stronger alignment of country grant cycles to Gavi strategic periods*
- *Strengthen data sharing / transparency across Global Health Initiatives to find synergies and avoid duplicate financing*

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 as summarised in Figure 2 below**.**

Figure 2: Overview of key shifts for HS strategy

	FROM…	TO…
Differentiated approach	One-size-fits-all requirements and expectations with limited focus on programmatic sustainability	**Systematic approach to differentiate investments** (including in fragile contexts) guided by vision for programmatic sustainability, with **increasing level of catalytic** vs. operational support
Consolidated funding	Multiple funding levers, complex processes, and fragmented planning and implementation	**Consolidated cash funding** for countries and integrated planning for service delivery **incl. campaigns and updated cash allocation** formula
Catalysing innovation	Fragmented and unclear pathways to scale innovations at country level	**Harmonised ecosystem to catalyse scale up of innovation** in country for immunisation delivery
Strengthened partnerships	Vaccine-centric TA and partnerships with limited engagement outside immunisation	Enhanced partnership approach to **ensure clearer roles, responsibilities and accountabilities,** aligned support behind country strategies and priorities in line with the **Lusaka Agenda**
Intentional measurement	Limited monitoring of Gavi's health systems investments and data quality and use at country level	**Strengthened monitoring and measurement** by prioritising investment in country data systems and visibility, leveraging digital technologies, and enhancing peer-to-peer learning

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

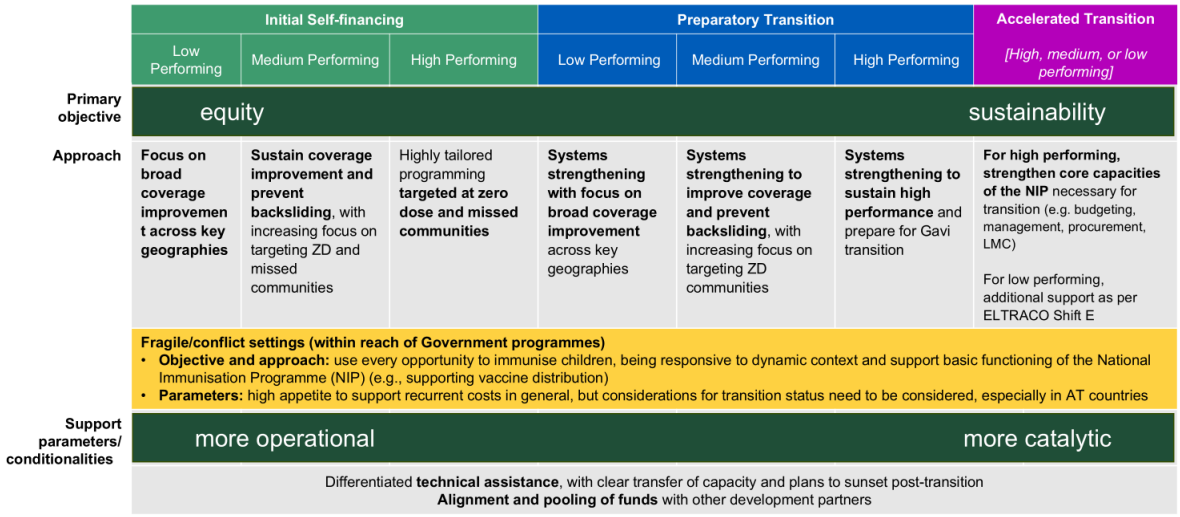
The Alliance has increasingly worked with countries to tailor its support to their context, and particularly to the specific barriers to reaching missed communities**.** However, it has not had a systematic approach to define how Gavi support should evolve as countries move along the performance and transition continuum or a well-defined "end goal" in terms of the minimum level of programmatic capacity countries' systems need at the time of transition. Many countries at higher levels of performance and income continue to rely heavily on Gavi to support recurrent costs. 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). Other than in fragile contexts (where ~80% of investments are for 'support'), these ratios do not significantly differ regardless of countries' income or performance level. This has likely been exacerbated by the focus on zero-dose outcomes, potentially driving investments in activities that deliver short-term coverage improvements over ensuring countries address institutional capacity gaps to be ready for transition.

From 6.0, the Alliance will leverage a differentiation framework (illustrated in Figure 3 below) **to guide countries in designing and adjusting Gavi support** as they move through the transition continuum using the definition of programmatic sustainability outlined in the 'Goals and Outcomes' section above. This framework differentiates contexts based on both 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. Similarly, approaches to improve equity may be very different in a low coverage country than in one with high coverage. It also recognises that countries with lower income levels will rely more on Gavi funding to pay for recurrent operational costs but that Gavi's willingness to fund these costs should decline as countries approach transition. This framework should guide the trade-offs that countries make in utilising Gavi support – for example increasing the focus on investing in addressing institutional capacity gaps in countries approaching transition over activities that may yield short term coverage gains but require significant Gavi funding for recurrent costs. Proposed revisions to the Eligibility, Transition and Co-financing (ELTRACO) policy for Gavi 6.0 will provide additional flexibility and support to the limited set of countries who are approaching transition with low coverage.

The framework also recognises that **a bespoke approach will be needed for fragile and humanitarian settings** with a higher risk appetite and greater flexibility, focusing on maintaining services and reaching as many children as possible over long-term sustainability. Gavi's approach in Fragile and Humanitarian settings is under development and will more clearly articulate Gavi's level of ambition in these settings, and help to ensure that Gavi policies, processes and partnerships are fit for purpose to deliver on this ambition. This will likely include, for example, strengthening partnerships with humanitarian agencies building on the lessons of the Zero-Dose

Immunisation Programme (ZIP), institutionalising mechanisms to provide vaccines to non-state actors where appropriate, introducing a more agile funding mechanism to respond to conflicts and emergencies, and rightsizing processes and expertise in the Secretariat to engage in these settings. Relevant elements of the Fragile and Humanitarian approach will be incorporated in the final health systems strategy.

Figure 3: High level framework for differentiated approach



The Alliance will work with countries to agree a limited set of objectives for Gavi support guided by this framework and in line with national immunisation and PHC strategies where available. To inform this priority-setting process, the Alliance is also developing a maturity model to help countries assess their capacity against the pillars of the theory of change and tailor Gavi support accordingly. These country-specific approaches and priority setting need to factor in support from other development partners to ensure a coordinated approach, in alignment with the Lusaka Agenda.

Implementing this approach will be a major shift from business as usual. To operationalise it, the Alliance will need to begin the dialogue on programmatic sustainability, including financing for immunisation and PHC earlier in the transition process (at the latest during Preparatory Transition with intensified engagement as the country reaches Accelerated Transition). Learning from early experience in Gavi 5.0 / 5.1, this could be underpinned by an accountability framework between the country and Gavi on financial and programmatic performance. There will also need to be deliberate efforts to ramp down Gavi support over time, in particular for recurrent costs, working with government and other partners to mobilise the necessary resources (including potentially through a co-investment approach being developed through the HSIS Policy) and to pivot technical assistance over time from filling gaps towards building institutional capacities to sustain programme performance (key capacity gaps in countries that have transitioned to date include financing, budgeting, and procurement). This will require deliberate efforts from across the Alliance and enhanced political engagement with countries to plan for and manage the transition.

Shift #2: Consolidation of health systems programming and planning for routine immunisation alongside campaigns

Gavi is simplifying its funding architecture to increase efficiency, flexibility, and reduce transaction costs for countries. This includes consolidating Gavi's multiple cash funding levers related to health systems into one envelope. The new funding policy for Gavi 6.0, will define how the consolidated funding envelope is distributed across countries based on an HSS allocation formula and also proposes an upfront allocation of funding for preventive measles/measles-rubella campaigns and planned new vaccine introductions. Providing countries with a consolidated grant should enable more comprehensive planning, greater efficiency, increased flexibility and timely implementation. At the same time, programming this consolidated funding effectively will require **country capacity to make strategic investment decisions across the range of potential activities and to bring together planning processes that have historically been siloed.** This will require robust national strategies that include routine immunisation, campaign, and new vaccine introduction plans and operational ways of working that incentivise greater programme integration, co- delivery of multiple vaccines and greater functional integration. For example, countries will need to plan comprehensively for the range of service delivery strategies appropriate to reach communities – including zero-dose children – with routine as well as planned, preventive campaigns and to expand capacity to deliver new vaccines.

Campaigns will continue to be essential, especially to reach missed and unvaccinated communities, requiring adaptation based on vaccine programme and country context. To ensure they are appropriately funded within a consolidated funding envelope, the health systems funding policy proposes specific guardrails. The Secretariat has also launched work with the HS TAG to review Gavi's funding model for campaign activities – which has not changed since 2012 – to determine the appropriate level of support given 6.0 shifts and budget limitations. Fully operationalising the consolidated funding 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. In making this shift, there is an opportunity to build on the work of the Health Campaign Effectiveness Coalition, which seeks to improve collaboration, learning and knowledge exchange between partners (at the global, regional, and local levels) to drive improvements in integrated country planning and implementation across campaigns and routine immunisation.

The consolidation of funding levers is one of many shifts envisioned to the Gavi 6.0 operating grant management model, and relies on successfully implementing a single, consolidated country application for Gavi support, improving annual operational planning and more robust implementation monitoring. Gavi will also need to adapt its Vaccine and Programme Funding Guidelines, explore mechanisms to improve accountability of countries and partners, and strengthen data collection and use, including systematising implementation and use of post-campaign coverage surveys.

Shift #3: Catalyse innovation in country for immunisation delivery

Innovation has the potential to transform health systems, especially where implemented as part of an integrated strategy. **In 2022, the Gavi Board approved**

Gavi's Innovation[6] 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 the Global Fund, United States government and others. These innovations have now been mainstreamed into the health systems strategy. Despite these notable successes, other areas of innovation, including ones 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.

As identified in the Innovation Approach, achieving scale requires an appropriate mix of funding, technical support and complementary investments. Recognising this, **the Secretariat is exploring the launch of a new Innovation Scale Up Fund** to provide bridge financing to scale proven, under-capitalised process and technology-enabled innovations. Leveraging core strengths of the Alliance such as market shaping and innovative finance, it will seek to derisk the scaled deployment of innovators and innovations by addressing two key barriers to scaling innovation: 1. effective country matchmaking and demand facilitation, and 2. providing financial commitments at scale alongside ongoing portfolio monitoring and management. The design and operationalisation of the Fund is in progress, including how it can be integrated with existing innovation funding streams, and it is slated to launch by the end of 2025.

The Innovation Scale-Up Fund could provide a platform for Gavi to support "high-risk, high-reward" innovations, such as use of artificial intelligence for microplanning or supply chain design and use of infant biometrics, that have potential to be transformative to immunisation and health systems, but may require targeted investments, market incentives and additional learning in Gavi countries before being ready for scale-up with domestic resources or Gavi's cash grants.

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

The health systems strategy has significant implications for how the Alliance works together. The key shifts will need to be owned by all partners across the Alliance and mainstreamed into the Alliance's guidance, ways of working and support to countries. This includes more systematic engagement of non-immunisation teams in the work of the Alliance to promote a stronger PHC approach and ensure Gavi's investments are well-aligned to broader national health sector and PHC plans.

The Alliance will also need to strengthen collaboration and partnership with other agencies beyond the Alliance to enable more efficient and agile support for 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

[6] 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'.

facilitate more coordinated planning at country level with other partners, including by shifting towards use of national immunisation or national health strategies – where robust strategies exist – as the basis for Gavi programming and partner alignment. It will also actively seek opportunities to 'pool and align' funding with other financing partners, including the Global Fund, the Global Financing Facility and multilateral development banks where the enabling environment exists (i.e., where well-managed mechanisms exist and are well-aligned to the Alliance's strategic goals) and seek to more actively engage other programmes (e.g., for reproductive, maternal, neonatal and adolescent health, malaria, nutrition, climate adaptation) to identify opportunities for coordination and integration, 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 metrics for health systems measurement and approaches to data collection wherever possible.

There are also notable opportunities to strengthen **collaboration with the Global Polio Eradication Initiative**, particularly in reaching zero-dose children and better aligning programming in key geographies. The specific implications will be detailed further through the through the Gavi 6.0 workstream on redesigning the partnership model and will need to be reflected in the programming of PEF for Gavi 6.0.

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. Many Gavi-supported countries also struggle to collect and utilise programme data to inform and strengthen implementation due to inadequate availability of quality data, limited capacity for analyses, a lack of fora to consistently review data, and difficulty in correlating health systems investments to immunisation programme outcomes especially due to inadequate information on intermediate results of systems improvement. These gaps, along with variability in country data systems, also hinder the Alliance's ability to understand progress at portfolio level.

The health systems strategy seeks to address these challenges 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 to be country-centric, aligned to global frameworks including Immunization Agenda 2030 and WHO-led work under the Lusaka agenda to define common health systems metrics, learning-focused and adaptive to the different capacities and needs of countries. Given the focus on being country-centric, as recommended by the Board at its June 2024 meeting, the approach is grounded in what is feasible and useful for Gavi implementing countries and will then be aggregated up to portfolio level reporting where possible. As described under pillar 5 of the theory of change, it also entails more deliberate support for countries to ensure they have in place regular review mechanisms at national and sub-national levels to review and triangulate existing data and to take action accordingly.

The intent is to monitor and measure outcomes and outputs in the theory of change as well as implementation of the key shifts described in the strategy and implementation of Gavi-supported programming. Ultimately, the success of the strategy will be measured by the Alliance's ability to help countries achieve target outcomes, particularly improving and maintaining coverage of vaccination in infancy

and beyond. These will be measured largely using common indicators given the availability of robust and standardised metrics for most of these outcomes. Figure 4 includes a preliminary set of outcome indicators based on cross-Alliance consultations and drawing on existing indicator frameworks (noting outcomes E and F are harder to measure).

Figure 43: Preliminary set of outcome indicators

HS strategy ToC outcomes	Indicator (preliminary, illustrative)
A. **Routine immunisation coverage maintained** through resilient, integrated primary care services	**DTP3 coverage**
B. Previously **zero dose and missed communities reached and fully immunised,** incl. through timely, integrated campaigns and co-delivered with other PHC where possible	(Reduction in the) **number of zero-dose children**
C. Routine immunisation strengthened with vaccines required through **second year of life**	**MCV2 coverage**
D. Systems begin to routinely deliver **vaccines outside early childhood** through catalytic interventions	**HPV coverage**
E. Countries effectively **manage and sustain their immunisation programmes** within PHC systems ensuring sustainable transition	[TBC]
F. **Political commitment and domestic financing** for immunisation	*[highly illustrative / preliminary]* Share of **HSS funding flowing through national systems**

I**t will also be important for countries to measure the outputs in the theory of change, which are important signals of the performance of their immunisation programme and are more proximal to the impact of Gavi investments.** A preliminary list of potential output indicators is illustrated in Figure 5 below. These were identified based on their utility to countries' programmes, proximity to the outputs and to major areas of Gavi investment. Monitoring outputs is more challenging as countries have different levels of capacity to measure progress in these areas. This is especially true for metrics that need to be measured and disaggregated at sub-national level to be useful for action. For example, "immunisation sessions planned and conducted" is a key output metric to measure improvements in service delivery that countries are currently asked to report through WHO's electronic joint reporting form, but data reporting is patchy, and quality is highly variable. The Alliance will work with countries to programme Gavi support to strengthen data systems where necessary to better measure these critical output indicators. Where data systems are unable to collect important output data or where quality is a challenge, the Alliance will also support countries to consider how to use supplementary data collection mechanisms (e.g., lot quality assurance sampling (LQAS) to monitor progress on zero-dose in targeted areas, rapid cycle monitoring to monitor progress in strengthening outputs at service delivery level such as through GFF FASTR and WHO's HERAMS mechanism), noting the best approach to measurement may differ according to country context. These data strengthening efforts will take time so portfolio level reporting on outputs will likely be more qualitative in some areas in the interim.

To complement those indicators that directly measure outputs and outcomes in the theory of change, the Alliance will also use the **common set of health systems**

metrics being developed by WHO as part of the Lusaka Agenda to understand broader trends in each country's health system, facilitate joined up programming with other development partners and, where possible, understand how Gavi-funded investments and outputs contribute to overall health systems trends.

Figure 5: Early thinking on potential output indicators

HS strategy ToC outputs		Indicator / area of measurement
Pillar 1	**Improved availability of high-quality immunisation services**	• % of planned immunisation sessions conducted (by delivery strategy) • % of health facilities offering routine immunisation as part of an integrated package of health services (by delivery strategy)
	Increased demand and uptake of immunisation services	• Drop-out between DTP1 and DTP3 / MCV1 • Change in care giver intent to vaccinate
Pillar 2	**Increased availability of healthcare workers in missed communities**	• [TBC]
Pillar 3	**Improved stock availability of vaccines**	• Stock out rate of DTP and MCV at health facility level
	Increased availability and functionality of cold chain	• Availability of functional PQS CCE at facility level • CCE temperature monitoring
Pillar 4	**Increased availability and quality of immunisation data**	• Extent to which health facilities are reporting immunisation data electronically (e.g., use of DHIS2) • % of data review meetings that occur as planned
Pillar 5	**Greater MoH capacity to manage EPI programme**	• Average of country composite score for programme management and coordination of EPI programmes
Pillar 6	**Increased Gavi funds provided directly to Govts.**	• HSS Funds flowing through Government mechanisms
	Increased co-financing for operational costs for immunisation and CCEOP	• Timelines of CCEOP joint investment • % of Gavi support for health systems support / recurrent costs in preparatory and accelerated transition countries

The Alliance will also focus more deliberately on supporting countries to monitor implementation of health systems programming. This includes tracking progress in designing new grants, the extent to which programming reflects the priorities in the theory of change, and tracking implementation of grants and workplans. Such implementation monitoring could be complemented by a mid-grant cycle review to take stock of progress, course correct as needed and inform the priorities of the following grant.

Lastly, the Alliance will implement a systematic **learning agenda** to understand the extent to which key shifts in the health systems strategy are implemented and reflected in Gavi investments, the impact this has had and to identify successes and challenges in programming. **Potential learning questions are included in the annex. This will be complemented by a deliberate approach to institutionalise peer-to-peer learning across countries** to ensure countries can systematically share and benefit from learning in other settings building on work launched in Gavi 5.1.

The final set of indicators and learning questions will be agreed as part of the process to develop the overall Gavi 6.0 MEL strategy in 2025. The Alliance will regularly report on progress in implementing the health systems Strategy through existing processes such as including the Strategy Partnerships and Progress (SPP) paper to the PPC and Board and conduct a mid-point deep dive review in 2028 to assess progress and identify critical areas for course correction.

Annex: Illustrative learning questions include:

a) At Strategy and 6.0 level:
   a. How well are the objectives of Gavi HSS being implemented and met?
   b. How well are the key shifts of Gavi 6.0 being operationalised?
   c. How are HSS investments contributing to driving improvements in outcomes?

b) Questions supporting indicator information:
   a. What is the progress in key performance indicators for HSS at country and strategy levels?
   b. How well are the investments aligned to distribution of ZD children and missed communities?
   c. How have Gavi's approaches influenced vaccine hesitancy, vaccine uptake and vaccine decision-making?
   d. Why or why not are the approaches to addressing gender-related barriers effective in increasing immunisation coverage?

c) Questions supplementing indicator information:
   a. How has the composition of HSS grants in terms of budget allocation, disbursement and utilisation to various activities and objectives evolved over time?
   b. What works well and what does not work well in the new differentiated approach in HSIS grants?
   c. How do Gavi's investments in innovation contribute to identifying, reaching, monitoring and measuring ZDC and missed communities?
   d. To what extent is the coverage of immunisation plausibly likely to be sustained and improved through improved strength and resilience of the health system?
   e. To what extent and in what ways have Gavi's investments contributed to immunisation and PHC integration.
   f. What have been the successes and challenges in delivering vaccines at new timepoints in life course approach?