

DOCUMENT ADMINISTRATION

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Definitions

- **Zero-dose** children are those who have not received any routine vaccine. For operational purposes, Gavi measures zero-dose children as those who have not received their first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).
- **Underimmunised** individuals include children, adolescents and adults that are missing their full course of vaccination.
- **Caregiver** is a person who regularly or intermittently cares for an infant or child. Examples include mothers, fathers, grandparents and siblings.
- **Sex** refers to the biological characteristics that define humans as female, male or intersex and is typically assigned at birth.
- **Gender** is about the roles, norms and behaviours that society considers appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed, fluid, and vary widely within and across time, cultures, religions, class and ethnicity.
- **Gender-related barriers** are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities, that create obstacles to equitable access and use of health services. For example, when caregivers, primarily women, have not completed secondary education, lack decision-making power, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated. In addition, lack of male engagement can contribute to poor child health outcomes.
- **Intersectionality** refers to the overlap between multiple forms of inequality or discrimination which create obstacles for individuals, for example, access and use of health services. Gender identity can intersect with additional factors, including but not limited to age, geographical location, education, ethnicity, religion, class, socioeconomic status, disability, migration/refugee status, sexual orientation.
- **Gender equity** is the process of being fair to women, men and those with diverse gender identities. It recognizes that individuals of different gender identities have different needs, power and access to resources, which should be identified and addressed to rectify the imbalance. Addressing gender equity leads to equality.
- **Gender equality** is the absence of discrimination based on a person's sex or gender identity. It means ensuring that the same opportunity is accessible to each person such as access to and control of social, economic and political resources, including protection under the law (e.g., health services, education and voting rights).
- **Gender-responsive** approaches adopt a gender lens to consider individual needs of different gender identities without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities. For example, employing female health workers will facilitate enhanced immunisation service acceptance and uptake, but would not address the underlying cultural barrier that prevents female caregivers from seeking immunisation services from male health workers.
- **Gender-transformative** approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations.

1. Rationale

- 1.1. Leaving no one behind with immunisation is the vision of Gavi, the Vaccine Alliance (“Gavi”). With equity as the organising principle, the focus is to ensure zero-dose and underimmunised children are sustainably reached with routine immunisation services. Zero-dose children are often concentrated in missed communities and key populations¹, with many living in abject poverty. Their families face many compounded vulnerabilities including poverty, socio-economic inequities and stigmatisation that drive and exacerbate barriers to accessing immunisation.
- 1.2. Gender is an important factor in these barriers to accessing immunisation. Gendered norms in any society typically determine roles for women, men, adolescent girls and boys and people with diverse gender identities. When interacting with additional socio-cultural and economic factors (e.g., age, wealth, education, ethnicity, religion, migrant/refugee status, sexual orientation and disability), gendered norms can impact the ability of caregivers to get their children immunised, or health workers to bring services to communities, creating gender-related barriers to immunisation.
- 1.3. Gender-related barriers limit immunisation service demand, utilisation, coverage and impact. Therefore, understanding and addressing gender-related barriers through tailored services that are responsive to the needs of different gender identities is key to ensuring zero-dose children, individuals and communities receive the full range of vaccines.
- 1.4. Gender-related barriers operate at multiple levels. For example, at an **individual level**, gender inequalities mean caregivers, often women, may lack education and health literacy to be aware of immunisation services and their value; at **household level**, unequal decision-making power and uneven distribution of household resources may limit a caregiver’s ability to negotiate for access to services at health facilities; at **community level**, gender norms may make women solely responsible for children’s health status, limiting men’s participation; at **health service level**, the attitudes or the gender of health workers may discourage caregivers to return for subsequent doses; and at **institutional level**, gender-blind government policies and gender imbalance in decision-making may draw less attention to the distinctive needs of women and girls.
- 1.5. Gender inequity in immunisation can also include differences in immunisation coverage between boys and girls. At aggregate level, there are no significant differences in immunisation coverage between girls and boys. However, differences do exist in some socioeconomically and geographically marginalised populations at sub-national level.
- 1.6. By promoting gender-responsive and transformative programming, Gavi will not only improve access to immunisation, but also contribute to the broader goal of gender equality and the empowerment of women and girls.

2. Goals of Gavi’s Gender Policy

- 2.1. Gavi’s Gender Policy aims to support Gavi’s bold aspiration of “Leaving no one behind with immunisation” and to strengthen vaccine programmes and health systems to increase equity in immunisation.

¹ Key populations include the urban poor, remote rural, migrant, refugees, internally displaced populations and those in conflict-affected areas.

- 2.2. As such, the goal of Gavi's Gender Policy is to identify and overcome gender-related barriers to reach zero-dose and underimmunised children, individuals and communities with the full range of vaccines. This encompasses:
 - 2.2.1. Focusing primarily on identifying and addressing underlying gender-related barriers faced specifically by caregivers, adolescents and health workers.
 - 2.2.2. In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys.
 - 2.2.3. Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programmes and wellbeing.
- 2.3. In order to reach Gavi's high level of ambition in addressing inequity in immunisation and reaching zero-dose and underimmunised children, individuals and communities, it is vital to consider a spectrum of approaches ranging from gender-responsive to gender-transformative. Gender-responsive programming may be more achievable in the short- to medium-term. However, it will be important to redefine gender norms and tackle the root causes of gender inequity in the long-term through gender-transformative approaches, which Gavi can contribute to through collaborating with relevant institutions and stakeholders.
- 2.4. Gavi's Gender Policy is embedded in Gavi's wider commitment to ensure equity in all areas of engagement. It is grounded in the existing international human rights and political commitments, including the Sustainable Development Goals, particularly SDG3 on healthy lives and well-being and SDG5 on gender equality and empowering women and girls. These are prerequisites for sustainable and inclusive development. This policy is aligned with the principles of aid effectiveness and international gender commitments as agreed in Busan (2011) and Beijing (1995) and its Platform of Action, respectively. It is in full alignment with the Immunisation Agenda 2030, as well as with Gavi's strategy and policies.

3. Scope and areas of focus

- 3.1. This policy provides the framework and principles for Gavi's programmatic engagement on gender, including support for vaccines, health systems and technical assistance. It is applicable across the Secretariat, Alliance partners and Gavi's investments to countries' governments and communities.
- 3.2. This policy is focused on overcoming gender-related barriers faced primarily by caregivers, health workers and adolescents who are central to reaching zero dose and underimmunised children, individuals and communities.
 - 3.2.1. The gendered needs of **caregivers** should be at the heart of immunisation service delivery. Primary caregivers of children, usually women, may not attend immunisation services as they lack the knowledge to do so due to unequal access to information and education, lack time due to unequal responsibilities for household labour, lack agency due to imbalance in household decision making power, or have restricted mobility due to rigid and harmful gender norms. Men's participation in childcare and as influencers in broader societal networks is important in increasing demand for immunisation services. Additionally, service delivery approaches, particularly related to distance to health facility, clinic hours and quality of services, can lower numerous barriers faced by female caregivers.

- 3.2.2. A special focus on gender-related barriers faced by the **health workforce** is required. Despite almost 70% of frontline health workers being female², women only occupy 25% of leadership roles. Gender pay gaps, gender-based occupational segregation and the prevalence of sexual harassment in the workplace negatively impact the quality of health services. In addition, security threats and gender-based violence limit the extent to which female health workers can safely undertake outreach missions and staff clinics.
- 3.2.3. Including **adolescents** and their needs in the development of tailored interventions provides a unique opportunity to be gender-transformative, as it is during this period that cultural and societal norms are developed. Reaching adolescents with Human Papillomavirus (HPV) vaccine, amongst others, creates positive experiences with the health sector and builds an enabling environment for a lifetime of health-enhancing behaviours for adolescents and their future children.
- 3.3. Gavi's approach to gender is not limited to immunisation programmes and health care delivery in countries but extends to all aspects, including governance bodies and the Gavi Secretariat's corporate policies and practices. These are **not** in scope for this policy but are reflected in other documents. Examples include:
 - 3.3.1. **Governance:** Gavi seeks to achieve gender balance throughout the Board governance structures and membership as described in the *Guiding Principles on Gender Balance for Board and Committee Nominations*.
 - 3.3.2. **Human Resources:** The Gavi Secretariat is committed to maintaining a workplace that promotes diversity. It aims for gender balance in recruitment, remuneration, recognition and rewards. Key indicators are reported and monitored regularly as outlined in the *Gavi Secretariat HR Gender Guidelines*.
 - 3.3.3. **Procurement:** The Gavi Secretariat requires contractors to consider their impact on gender equality, amongst other economic, social and ethical considerations as described in the Gavi Procurement Policy.

4. Guiding principles

- 4.1. The following are the guiding principles for Gavi's programmatic engagement on gender:
 - 4.1.1. **Focus on reaching zero-dose and underimmunised** children, individuals and communities by mainstreaming gender into all Gavi's investments.
 - 4.1.2. **Do no harm:** Gavi and its implementing partner activities should not cause adverse impacts, create new risks or reinforce harmful/damaging gender stereotypes that contribute to marginalisation, social and economic disadvantage, exclusion and gender-based violence.
 - 4.1.3. **Evidence-based, differentiated approaches:** Target and tailor approaches based on country and community context and capacity, recognising that gender issues differ significantly from one country to another and sub-nationally.

² Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019

- 4.1.4. **Country ownership:** Promote country ownership and alignment, ensuring that countries are equipped with the resources to identify and address gender-related and additional intersecting socio-cultural barriers to health and health services.
- 4.1.5. **Community engagement:** Leverage local community knowledge of gender norms and involve communities in the planning, implementation and oversight of interventions to identify and address gender-related barriers to strengthen accountability and sustain impact.
- 4.1.6. **Integration:** Align and coordinate actions at country level given that interventions to address gender-related barriers require a multi-sectoral approach. Foster delivery of immunisation within a broader package of primary health care services and integrate service delivery with other sectors such as education and economic empowerment.
- 4.1.7. **Innovation:** Explore new products, services, practices and strategic approaches to address gender-related barriers and promote gender-transformative interventions.
- 4.1.8. **Accountability:** Ensure effective and representative monitoring and measurement and clear lines of accountability for delivering on Gavi's Gender Policy in line with the theory of change, amongst the entire Alliance at global, national and community level.

5. Approaches to achieve Gavi's Gender Policy

- 5.1. The following approaches relate to the **Gavi Secretariat, Alliance partners and Gavi's investments in countries' governments and communities**. Gavi will pursue the goals of this policy by integrating a gender lens into its analyses, funding and monitoring through, for example, guidance documents, funding applications, country level dialogue, portfolio management processes, and monitoring and evaluation. Gavi will focus on the following areas:

UNDERSTAND: Building capacity in country on gender and immunisation to understand, recognise and address gender-related barriers.

- 5.2. Sensitising and building the capacity of stakeholders in the Secretariat, Alliance partners and in-country on the importance of addressing gender-related and additional socio-cultural barriers will enable planning and implementation of immunisation programmes to better target the needs of key populations.

As such, Gavi will:

- 5.2.1. Integrate learning opportunities into broader Gavi-funded capacity-building activities where possible and ensure effective training on gender and immunisation is available to Secretariat, Alliance Partners and in-country stakeholders.
- 5.2.2. Develop and optimise use of Alliance tools, guidance and innovations to support understanding of gender-responsive and transformative programming in country within the broader understanding of equity.
- 5.2.3. Provide advice, resources and expertise to strengthen gender-responsive and transformative approaches and interventions in country programming.

ADVOCATE: Strengthen political commitment for gender equality and women's and girl's empowerment.

5.3. Equitable access to universal health care and gender equality are fundamental human rights. To sustain progress and institutionalise efforts to address gender-related barriers, strong leadership is needed to amplify a unified Alliance voice and advocate for gender equity and equality in global, regional and national policy processes and platforms.

As such, Gavi will:

- 5.3.1. Shape advocacy and global dialogue to articulate and position gender-responsive and transformative interventions as a critical tool to reach zero-dose and underimmunised children, individuals and communities. Promote coordinated efforts towards the realisation of existing international norms, standards and commitments on gender equality.
- 5.3.2. Build and strengthen in-country political commitment and community engagement to: (a) integrate a gender lens in implementation of primary health care services and National Immunisation Strategies; (b) allocate resources towards data collection and interventions to overcome identified gender-related barriers; (c) dedicate financing for community health systems to equally remunerate and empower health workers regardless of gender and intersecting socio-cultural factors; and (d) enable active and equal participation of women at all levels in decision-making for health and in leadership positions, including a gender balance in training.
- 5.3.3. Build commitments to gender equality at an Alliance and country level, including with visible leadership, a unified voice on gender issues and strategic leverage of gender champions at the global, regional, national and sub-national levels.
- 5.3.4. Advocate for vaccine development and supply to consider gendered considerations and impacts, including the potential disproportionate impact of a disease on any gender (e.g., higher prevalence and/or suffering).

IDENTIFY: Generate and/or consolidate gender-based analyses and data to identify gender-related barriers to reaching zero-dose and underimmunised children, individuals and communities.

5.4. Programmes that are informed by an analysis of gender-related and intersecting barriers take into account the needs of different population groups. It is important to collect, use and monitor such data at sub-national level.

As such, Gavi will:

- 5.4.1. Ensure that the design and implementation of immunisation programmes is informed by an analysis of gender-related barriers as part of a broader analysis of barriers. A robust analysis of gender-related barriers should include: engagement with community-level stakeholders; a focus on priority populations (including caregivers, adolescents and health workers); collection and use of quantitative and qualitative data from different sectors; and analysis of data disaggregated by sex and additional intersecting socio-cultural factors when available and relevant.
- 5.4.2. Explore innovative solutions and partnerships to collect and analyse sub-national data on caregivers, children, adolescents, health workers and health services, within and outside the health sector, and consider the contribution of women and girls to the effort.

REACH: Utilise Gavi’s funding, processes, structures and other levers to promote an integrated approach on gender to reach zero-dose and underimmunised children, individuals and communities.

5.5. Ensuring interventions to address gender-related and additional intersecting socio-cultural barriers are integrated when planning and designing programmes is critical to reaching zero-dose and underimmunised children, individuals and communities.

As such, Gavi will:

5.5.1. Promote the use of Gavi’s different funding mechanisms within the countries’ grant cycle planning processes to support gender responsive, and where possible, transformative approaches and activities.

5.5.2. Empower voices and perspectives of all genders, key populations and partners in the design of interventions to tackle gender-related barriers. This can be through applying behavioural science and human centred design approaches.

5.5.3. Build capacity and support countries to adequately budget for interventions to overcome gendered barriers, exploring gender-responsive budgeting and have specific and measurable indicators to track progress.

5.5.4. Encourage country plans to integrate immunisation services with adolescent and maternal, newborn and child health services, and other sectors including education, throughout the life-course.

LEARN: Undertake learning activities to assess and identify the most relevant and effective approaches to address gender-related barriers to immunisation.

5.6. Setting and executing a learning agenda can provide contextually relevant information on which gender-related interventions can help reach zero-dose and underimmunised children, individuals and communities and improve coverage, as well as highlight potential unintended consequences.

As such, Gavi will:

5.6.1. Develop and implement a learning agenda that seeks to increase the evidence base on gender and immunisation, as well as additional intersecting socio-cultural factors by supporting in-country learning activities.

5.6.2. Enhance communication and dissemination of evidence generated on gender and immunisation, as well as additional intersecting socio-cultural factors, to increase immunisation service utilisation, coverage and impact.

PARTNER: Establish, strengthen and leverage partnerships within and outside the health sector.

5.7. Overcoming gender-related barriers will require a cross-sectoral approach at global, national and sub-national levels. Partnering with actors within and outside the health sector brings a range of distinctive strengths, experiences and resources to the design and implementation of interventions.

As such, Gavi will:

5.7.1. Develop and leverage existing and new global partnerships³ across sectors to overcome gender-related barriers through strengthening coordination of

³ Including the Global Action Plan for Healthy Lives and Wellbeing for All

response, data collection and fostering learning and knowledge-sharing. Partnerships include the United Nations system, humanitarian organisations, civil society platforms, multilateral and bilateral agencies, academic institutions, private sector organisations and foundations.

- 5.7.2. Encourage in-country policy coherence and cross-sectoral coordination to advance national priorities on primary health care and/or universal health care. This includes more effective partnerships between the Ministry of Health, Finance and the Ministry responsible for gender, women or child welfare or social development.
- 5.7.3. Build relationships and regularly engage with national and community-level civil society organisations, women's and youth groups that advocate for gender transformation and social justice. This enables Gavi to leverage their passion, experience and programmes, while building their capacity as advocates, leaders and voices for change.

6. Timelines for implementation and review

- 6.1. Gavi's Gender Policy will take effect on 1 July 2020.
- 6.2. Progress in and impact of implementing Gavi's Gender Policy will be measured through the monitoring and evaluation framework which outlines the theory of change of this policy and ways in which Gavi will monitor policy implementation and outcomes. The Deputy Chief Executive Officer will be responsible for reporting to the Gavi Board on progress towards delivery of these outcomes on an annual basis.
- 6.3. This Policy will be reviewed at the request of the Board.