Evaluation of Gavi's contribution to reaching zero-dose and missed communities

Policy Brief, Year One

Gavi The Vaccine Alliance

Ipsos

itad

This policy brief provides a high-level overview of findings from the Gavi zero-dose (ZD) year one strategy evaluation. It is intended to provide a summary of key findings, implications, and recommendations. Readers are invited to refer to the full final report for further details on the methodology and findings.

The evaluation looks back to Gavi 4.0 for lessons learnt and forward to Gavi 6.0 to guide the design of the next phase. This policy brief covers Phase 1 of a three-stage evaluation and provides a baseline in eight case study countries against which change will be tracked in Phase 2 and Phase 3.

The evaluation in Phase one aimed to estimate **the plausible contribution** of pro-equity grants initiated under Gavi 4.0 with continued implementation in the Gavi 5.0/5.1 period, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities. It also focused on evaluating the **relevance and coherence**, alongside an assessment of the **operationalisation** of the ZD Agenda in terms of Gavi 5.0/5.1. Finally, the evaluation generated **lessons learnt** on the implementation of the ZD Agenda which will be used to inform correction and development of the Gavi 6.0 strategy.

Contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, to reaching ZD and missed communities

The evaluation concluded that Gavi 4.0 funds had a partial contribution to ZD outcomes as evidenced by a 23% decrease in ZD children globally from 2015 to 2019. Contributions included targeting ZD children and neglected communities, strengthening the cold chain and healthcare staff capacity, and demand-generation efforts. However, contribution analysis was challenging due to lack of data and pooling of funds.

Equity, a key principle in Gavi 4.0, was embedded in most Gavi-supported plans. However, the evaluation identified a need for better population targeting, and addressing unmet areas such as gender-related barriers and community engagement for demand generation.

Gavi 5.0/5.1 introduced the Identify, Reach, Monitor, Measure, Advocate (IRMMA) strategy. Activities such as knowledge surveys, micro-planning, and Geographic Information System data use were implemented to identify local ZD communities. **Gavi 4.0 HSS grants encompassed various activities to identify and reach** under immunised children, including strengthening supply chains. However, **monitoring, measurement and advocacy elements were weaker.**

Relevance of Gavi 5.0/5.1 ZD Agenda in 2021–2023

The ZD Agenda, despite diverse public health needs, is universally relevant for improving immunisation equity. It helps countries outline priorities for full immunisation coverage and potentially enhances maternal and newborn health through strengthened primary health care systems. Some respondents also saw the ZD Agenda as an opportunity to address broader social deprivation issues.

The COVID-19 pandemic saw a decrease in vaccine coverage and an increase in ZD children, with recovery rates varying across countries. Evidence of effective reprogramming of Gavi funds to support the COVID-19 response is limited, due to poor institutional memory and lack of documentation. Most countries are now **prioritizing full vaccination schedules and Universal Health Care**.

Addressing ZD children and missed communities is an important but proportionately small aspect of this goal when compared to children who have not reached their full vaccination schedule.

Despite robust approaches proposed by the Full Portfolio Planning (FPP) guidance to **identify ZD children**, **countries face significant challenges due to inadequate data systems and poor population data.** While countries have improved their approach, the geographical location of ZD children is highly contextual, and data availability sometimes restricts the effectiveness of targeting ZD communities.

Identifying ZD communities in South Sudan

Estimating the prevalence and location of ZD children and under-immunised children is challenging in South Sudan. This is due to variations in estimated births; overestimated population counts in conflict-prone areas; frequent community dislocations caused by conflict and flooding; and inadequate coverage surveys. The FPP, enabled by the Gavi-supported District Health Information Service 2, helped to prioritise counties for interventions. While the country faces challenges in accurately tracking ZD targets throughout the 5.0/5.1 period, technical assistance funding directed towards data management and monitoring at the sub-national level, should help to alleviate these challenges.

The IRMMA framework had a mixed reception beyond Gavi and core partners. Evidence indicates that Identify and Reach elements are used more than Monitor, Measure or Advocate elements. When surveyed, less than half of country teams felt the 'Advocate' element was aligned to country priorities.

Countries typically did not distinguish between different funding levers, particularly HSS and EAF, viewing them as contributing towards the same work programme. The HSS and EAF were often presented alongside each other in budget sheets and thought to contribute to the same outcomes. **Levers were seen as overly complex and bureaucratic.** Poor documentation and a lack of clarity around implementation made it challenging to understand the precise interventions being implemented using HSS and EAF funds.

Coherence of Gavi 5.0/5.1 ZD Agenda in 2021-2023

The ZD Agenda aligns with the strategies of key international actors and national vaccination goals. However, in highly resource-constrained settings, such as fragile and conflict-affected countries, it lacks nuance concerning resource allocation.

The ZD Agenda aligns with the strategies of key international actors and Alliance partners, which includes IA2030, WHO's GWP13, SDG3 GAP, the Addis Declaration on Immunisation in Africa, and Africa's agenda 2063, and is endorsed by the CARMMA-PLUS campaign. This has been enabled by **successful advocacy** of the ZD Agenda by Gavi at various global political dialogues.

"[A]ddressing the vertical equity, mainly the socio-economic, the equity that arises from socio-economic status is not easy, and Gavi's strategy will help the government to translate the strategies into actions. I think that is the most important aspect of the Gavi strategy."
Country-level depth-interview

The ZD Agenda aligns with national vaccination goals and has buy-in from sectors beyond immunisation. However, in highly resource-constrained settings, **it lacks nuance concerning difficult resource allocation choices.** The coherence of the ZD Agenda is less in fragile and conflict-affected countries

due to their acute resource needs and complex development partners landscape.

Gavi's differentiated approach has enhanced the coherence of national immunisation and wider health programmes. It allows countries to address key issues like human resource capacity in Expanded Programme on Immunization and health workforce. New approaches to Civil Society Organisation (CSO) engagement are enabling more coherent community-level interventions, although their role isn't well defined in all countries at the time of the evaluation. The new Zero-Dose Immunisation Programme (ZIP) targets ZD children in challenging environments, yet the coordination with existing Gavi-funded programmes in some regions remains to be clarified.

Operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers

The ZD approach aligns with Gavi 5.0/5.1 operationalisation model. However, pandemic-related constraints, systemic challenges, and operationalisation design choices somewhat compromised its effectiveness. Gavi 5.0/5.1 applications demonstrate an increased focus on ZD strategies, demand generation, and resource allocation to non-state actors, but less progress on incorporating gender considerations.

The ZD agenda is central to grant allocations and proposals. Despite slow operationalisation and limited implementation changes at the country level, there's an evident increase in ZD strategies in grant applications, with **the EAF contributing to greater targeting of strategies to reach ZD children.**

The FPP process has fostered comprehensive ZD planning and grant design but is **hindered by lengthy procedures, complexity, and country-level constraints.** Gavi's guidelines and policies were also considered hard to implement, and while efforts have been made to simplify and improve these materials, stakeholders still find them complicated. Grant design to approval takes over 15 months on average, mainly due to a lengthy FPP process and variable Independent Review Committee timelines.

> **"We do think [the FPP] brings these very deliberated, targeted conversations to say, 'What are the challenges now and how do we really evolve the strategy to be very targeted in our approach?'... People think they know what the problems are, and they know what's going on, but it's not formally recorded. I think this whole process helped us to do that."**
> Country-level depth-interview

Core Alliance partners, particularly WHO and UNICEF, have a critical role in supporting countries to execute the ZD Agenda. These partners are instrumental in operationalising Gavi's strategy at a country level, however, at times capacity gaps and resource constraints pose significant difficulties, particularly around gender and community engagement.

Engaging CSOs in India under Gavi 5.0/5.1

Under Gavi 5.0/5.1, CSOs in India will be used to deliver demand-generation activities and engage local communities. To do this, funding will be directed towards setting-up 'Demand Community of Practice (CoP)' Secretariat. Under the Demand CoP, a Secretariat, composed of members nominated by the India Ministry of Health, will provide technical leadership and strategy development on demand activities and CSO engagement. CSOs will be engaged through Request for Proposals and selected and onboarded by UNICEF. CSOs will then deliver demand-oriented interventions, with guidance from the Demand Secretariat. The ecosystem is intended to inform appropriate and context-specific demand-generation activities, and its function will be a key area of enquiry during Phase 2 of the evaluation.

Data from case studies' grant applications suggest that countries are directing funds to a common set of Gavi investment areas and costs, including vaccine delivery services, supply chain strengthening, demand generation and health workforce salaries. While policies and guidance outlining segmentation and differentiation processes were welcomed, in practice there is little evidence for differentiation of Gavi support and processes across country types and contexts.

The **effectiveness of Secretariat ZD monitoring initiatives remains uncertain** due to the absence of a centralised information system. To better track the ZD Agenda, a dedicated system or added functions to existing efforts could be developed.

Conclusions and implications

Based on these findings, this baseline evaluation presents a set of overarching conclusions and implications on Gavi's progress on implementing its ZD Agenda:

1. Gavi and its Alliance partners make a significant contribution to vaccination outcomes, including reaching ZD children and communities, particularly in low income and/or fragile settings, although Gavi will have to make significant effort to reach its 4th mission indicator to reduce ZD children by 25% by 2025.

2. Gavi 4.0 grants with an equity focus, including those developed through the Coverage and Equity initiatives and associated Change 1 and 2 grants, and continued under Gavi 5.0/5.1, made a partial contribution to ZD outcomes, although they insufficiently targeted marginalised communities. In terms of IRMMA, these grants contributed more to Identify and Reach interventions than to Monitor, Measure or Advocate interventions.

3. The ZD agenda was developed in 2019, and detailed in 2021. Gavi 5.0/5.1 grants and updated processes are relevant, coherent and flexible to varied country contexts. However, opportunities remain to strengthen the case for integrating a ZD approach into wider HSS, PHC and UHC agendas and to adopt a more nuanced resource allocation framework, e.g., trade-offs between equity and efficiency.

4. A combination of prioritising the COVID-19 response and Gavi's country-led business model has meant that the operationalisation of the ZD approach proposed under Gavi 5.0/5.1 has been slow, including targeting ZD communities and the FPP process. In these eight countries, the FPP process and design/ approval of HSS/EAF grants took an average of 15 months, and 8 months before approved grants disbursed.

5. The complexity of funding levers and processes, and their associated guidance, continue to hinder Gavi's ability to deliver transformational change to reaching ZD children. The FPP enhanced consultation and situation analysis, which countries appreciated. However, post-grant application, the EAF and HSS grants are frequently combined into a single immunisation budget.

6. Updated differentiation and segmentation policies have not yet contributed to streamlining grant application processes or making them less burdensome to country partners and Secretariat staff, particularly in Core and Fragile/Conflict countries. Grant application country teams rely heavily on consultants.

7. Beyond disbursement, Gavi has relatively weak oversight of grant operationalisation, including detailed absorption at country level and implementation of related interventions, due to lack of workplans or granular financial reporting by partners, gaps in the Joint Appraisal process and significant contributions to pooled funds.

8. New programmatic elements of the ZD approach, such as IRMMA and CSO inputs, are starting to contribute to improved focus on community engagement and demand generation, although interventions targeting gender barriers have been slower to operationalise.

Strategic implications for Gavi 6.0 development process

Simplify funding levers and guidance. From 2027, when the EAF expires, consider simplification of grant levers into one overall HSS input to deliver immunisation outcomes while adopting other means to ensure all funds contribute to ZD goals. Update guidance in light of simplified funding levers to make it less complex and more user friendly, and ensure its flexibility to different country segments.

Make a stronger case for Gavi to work through broader HSS, PHC and UHC processes by leveraging pooled funding and other development harmonisation opportunities. Use Gavi 6.0 to make a clearer case for working more closely with other global health partners to support immunisation outcomes and target ZD and marginalised communities more effectively.

Clarify relationships with and expected outcomes from non-traditional partners. To increase contribution to demand generation, community engagement and gender, use the Gavi 6.0 strategy to develop the vision for the role of CSOs, to go beyond a set of new contractual relationships and include clear guidance on appetite for fiduciary and operational risks.

Develop a more nuanced approach to difficult resource allocation choices. Under Gavi 6.0, develop a clearer framework for Secretariat country teams and national stakeholders on how best to make difficult resource allocation choices, including how to balance equity with public health effectiveness and resource allocative efficiency.

Operational implications for ongoing grant implementation

Intensify focus and resource allocation to implementation, disbursement and grant absorption. EVOLVE has highlighted multiple opportunities to streamline processes and we recommend expediting these as soon as possible in order to deliver transformational change in achieving ZD outcomes. In addition, we recommend fully reinstating the JA process as a mechanism for shared oversight of grant implementation.

Support country teams to operationalise their grants more effectively and efficiently. Operationalise differentiation by learning from and using the extensive evidence being generated to streamline processes and sufficiently resourcing country teams to manage grants that are flexible to local contexts.

Invest in internal data systems for grant oversight and accountability. To improve data on grant disbursement, absorption or the implementation of supported interventions, and thereby permit oversight of and accountability for progress against intended goals, prioritise improvements in use of central management information systems, alongside reinstatement of the full JA process.

Clarify expectations for non-state partners' role in reducing ZD children and communities. To improve focus on demand generation, sustained subnational advocacy, community engagement and gender, enhance operationalisation of the current CSCE policy with clearer outcomes to be delivered by non-state entities, how to contract most effectively and how to manage operational and fiduciary risks.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos.com/en-uk
http://twitter.com/IpsosUK

About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.