

Introduction to programming guidance for targeting investments for immunisation outcomes

In June 2016 the Gavi Board approved the new [Health Systems and Immunisation Strengthening \(HSIS\) Framework](#). The Framework identified priority areas where Gavi's investments may have a comparative advantage to strengthen health systems and immunisation programmes, and sustainably improve coverage and equity.

As a result, the Alliance developed guidance on priority areas:

- Supply chain management;
- Demand promotion;
- Data quality and use; and
- Leadership, management and in-country co-ordination;
- Gender issues

Additional guidance on "urban immunisation and gender issues impacting the immunisation outcomes" is available.

These guidance documents should help country stakeholders consider Gavi cash support for activities tailored to their country context (e.g. HSIS grants, vaccine introduction grants, and operational support for campaigns). The guidance is not prescriptive. It is designed to inform country processes, including joint appraisal discussions and annual grant renewals, as well as the iterative dialogue of the portfolio planning which marks the beginning a new multi-year commitment.

1 Essentials for all HSIS interventions

Across each of the six areas, the guidance document provides evidence-based information for countries to target investments. Gavi cash support should intend to address these..

1. **Address bottlenecks to the sustainable improvement of immunisation coverage and equity of both existing and new vaccines.** Coverage refers to populations with low coverage or large absolute numbers of under-immunised children. Inequities refer to geographic, socioeconomic, and gender-related barriers to immunisation.
2. **Increase the effectiveness and efficiency of immunisation delivery** as an integrated part of strengthened health systems and **improve the sustainability of national immunisation programmes.** This requires prioritising and pro-actively targeting HSIS grants. It also requires adequate sequencing of investments such that challenges requiring the most systemic changes are addressed well ahead of the country's transition from Gavi support.
3. **Contribute to the achievement of country targets and Gavi-Board-approved targets for the 2016-2020 strategic period.**
4. **Address findings from financial, programmatic, and managerial assessments** (e.g. Grant Management Requirements arising from Gavi Programme Capacity Assessments; Effective Vaccine Management Improvement Plans).

2 Tailoring interventions

Tailoring is the process of **adapting interventions and activities to a specific population sub-set or geography**. This requires a thorough understanding of the specific bottlenecks that cause such populations to remain under-vaccinated and designing/adapting interventions to address them. If such information is not available, it is important to consider how this information will be generated or obtained in order to properly inform the tailoring of activities. Gavi support may be used to generate data which can help target and tailor interventions, with a view to improve immunisation services. As an example, for an ethnic or a religious minority population living in a large urban centre, a major bottleneck may be that members of that minority group are not integrated into the community due to cultural tensions or linguistic barriers. Community engagement efforts or background of the health worker providing services may need to be adapted to ensure that these population can access and will utilise services. Gavi support may be used to do an analysis and prepare the plan.

To effectively reach the targeted sub-populations, **tailored activities should also be adequately financed**. It is worth noting here that the overall cost of the required package of interventions needed to vaccinate a child

may differ from context to context, and thus different tailored approaches may cost more or less than the “average” cost and should be planned and budgeted for accordingly.

Countries are expected to identify under-immunised communities with poor coverage rates according to three criteria:

- Geography, i.e. by mapping districts or areas (like urban slums, remote rural or conflict affected) with low coverage for three continuous years;
- Gender, i.e. by targeting children whose mothers have no secondary education; and
- Wealth, i.e. by focusing on low income families or communities.

Gavi requests for support should include tailored interventions in priority areas - and according budget - that address the bottlenecks affecting these communities. These interventions should be supported by clear evidence and data and reflected in the country's operational plans. To help countries guide their reflections, below are some examples of interventions in Gavi's priority areas.

3 Programming guidance

Specific programming guidance is available for each priority areas listed below (see links to each document). These guidance documents should help countries consider Gavi cash support for activities tailored to their own context, but are not prescriptive.

1. **Data management** – Data is critical in identifying under-vaccinated population groups, understanding their specific bottlenecks, and monitoring the effectiveness of the tailored interventions. In order to be effective, programmes should ensure that under-vaccinated communities are adequately included in routine and survey data collection (many marginalised groups could be inadvertently excluded), that data is sufficiently disaggregated to enable more specific analyses, and that indicators related to the specific bottlenecks that impact those groups are monitored. More considerations for Gavi supported interventions in data are included in the [data management programming guidance](#).
2. **Supply chain management** – Supply chain investments and the allocation of resources and equipment can have a profound impact on the provision of fixed, outreach, and mobile service delivery to under-vaccinated populations. More subtly, supply chain design assumptions can impact the frequency of stock-outs (which often disproportionately impact harder-to-reach groups), and policies around wastage and vaccine presentation that can impact coverage (for example when health workers decline to open vials for a small number of children, which is likely to impact certain groups more than others). More considerations for Gavi supported interventions in supply chain are included in the [supply chain programming guidance](#) and in the application guidelines for Gavi's [cold chain equipment optimisation platform](#).
3. **Demand promotion** -- Demand promotion requires tailoring interventions and activities for specific sub-populations. It allows to engage more broadly with communities and relies strongly on the caregivers' knowledge and trust in the safety and efficacy of vaccines and motivation to complete the immunisation schedule. Demand promotion interventions should be informed by strong evidence and social data and avoid relying on generic mass communication. They should address specific demand-side barriers which may considerably differ between sub-population depending on beliefs, ethnicity, religion, previous experience with immunisation providers or government services, and other social determinants. More considerations for Gavi supported interventions in demand promotion are included in the [demand promotion programming guidance](#).
4. **Leadership, management, and coordination** (LMC) – The design, management, and monitoring of tailored interventions is often more complex than “one-size-fits-all” approaches. This requires strong EPI teams in the Ministries of Health and effective national coordination forums (e.g. Interagency Coordination Committees (ICCs), Health Sector Coordinating Committees (HSCCs) or equivalent bodies), for which Gavi has developed a ‘menu of intervention ideas’ to apply and tailor to each country's context and challenges. More considerations for Gavi supported interventions in LMC are included in the [leadership, management and coordination programming guidance](#).

Gender issues – In order to increase coverage and equity, countries must address gender-related barriers to immunisation. These are different from sex-discrepancies in immunisation coverage, which is the difference in vaccine coverage between girls and boys. Women often have limited access to available social services, including health services. These norms, such as low or no education, lack of decision making power, economic dependency, and limited freedom to move outside their homes, imply that women are less likely to take their children to get vaccinated. Interventions that help address such barriers are likely to yield access to under-served populations and improve immunisation coverage.

Further considerations for Gavi supported interventions in gender issues are included in the [gender issues programming guidance](#).

5. **Urban immunisation** – Evidence shows that the largest number of under- and un-immunised children reside in urban slums. These areas lack access to basic services (primary health care, water and sanitation) and are densely-populated – creating an additional risk for disease outbreaks and a high impact environment for immunisation. More considerations for Gavi supported interventions in urban areas are included in the [urban immunisation programming guidance](#).

In addition to the areas highlighted above, **human resources** (HR) should also be considered as a critical area for tailored Gavi supported interventions. Gavi recognizes that in some cases, HR investments can be critical, especially at the management level (in particular at the central government level) and at the service delivery level in areas with specific coverage and equity challenges. Some countries include a request for funding staff in their grant application (e.g. through salaries, top ups and incentives). Such support is subject to a number of criteria and requirements designed to ensure HR support is provided in a sustainable and reasonable manner. These criteria and requirements also reflect the fact that such HR challenges often go beyond what Gavi alone is able to support. For detailed guidance on ensuring HR capacity through funding salaries, top-ups and incentives, please consult the document ‘Guidance on supporting countries HR capacity’ available at <https://www.gavi.org/support/process/apply/additional-guidance/#leadership>.

Countries are encouraged to invest their HSIS support in interventions that will contribute to long-term, systemic improvements in the operations or efficiency of their health infrastructures and systems (e.g. redesign of data and supply chain systems, strengthening human resources by investing in pre-service development). Interventions might be implemented by government, civil society, development partner or private sector partners. Prioritisation of investments should be evidence-based wherever feasible, including considering evidence of costs and cost-effectiveness. Areas that require most extensive change should be considered for the earliest investments. Countries’ ability to sustain these health system gains once Gavi support is phased out should be considered.

4 Bringing all the elements together – tailored service delivery

While the term “service delivery” encompasses all of the elements highlighted above, it goes beyond them. Basic considerations such as when and where vaccinations should be made available are critical to ensuring that the constituent elements of service delivery are utilised most effectively. For example, while tailoring service delivery to a particular sub-population requires that individual service delivery components are adequate (functional cold chain and storage space; sufficient number of vaccinators; proper equipment for outreach activities), it may also require adapting the timing and location of various elements of these components.

One approach to tailoring to reach specific communities and populations is the Reaching Every District/Reaching Every Community (RED/REC) approach developed by UNICEF and WHO. This approach outlines how immunisation services can be tailored via a package of interventions across five core components that can be implemented at district and community level to ensure that every child is reached with immunisation services. RED/REC relies on the ability to identify and prioritise specific districts, communities and populations for the implementation of this approach, as well as adequate funding for the implementation of the entire package of activities. It also relies on the involvement of local community members to ensure that the delivery of immunisation services is tailored to the local context. For more information on the RED/REC approach, please reach out to your local WHO and UNICEF offices for the most up-to-date guidance on both RED and REC.

Additionally, countries may wish to consult WHO/EURO's "[Guide to tailoring immunization programs](#)", which identifies ways in which immunisation service delivery can be customised for different population segments.

5 Use of programming guidance

The programming guidance can be used to inform planning for or review of Gavi support to a country. It can inform dialogue processes and decisions when planning for support within an operational plan or for a multi-year period. In the context of Gavi processes, it is essential to inform the iterative country dialogue of the portfolio planning which marks the beginning of a new multi-year commitment, as well as the joint appraisal discussions and annual grant renewals.

The guidance provides ideas for innovative approaches, and supports informed decision-making around evidence-based examples. The guidance is not intended to be a check list of all the interventions a country should implement with Gavi resources. While guidance is provided for multiple areas, Gavi encourages comprehensive planning and discussions across these areas to ensure appropriate links are made within the country context, across the health system, and to complement other government and development partner support.

To help us improve and strengthen this guidance further, Gavi welcomes any feedback you wish to provide.



For feedback and further information, please contact:

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List of abbreviations used in Programming guidelines

30DTR	30 day electronic temperature recorders
3PL	Third party logistics
4PL	Fourth party logistics
AEFI	Adverse event following immunisation
CCE	Cold chain equipment optimisation platform
CCEOP	Cold chain equipment optimisation platform
CDC	Centres for disease control
cEVM	Continuous efficient vaccine management
cIP	Continuous Improvement Plan
cMYP	Comprehensive multiyear plan
CSO	Civil society organisation
DELIVER	USAID-JSI DELIVER Project
DfiD	Department for international development
DHIS2	District Health Information System second version
DHS	Demographic health survey
DISC	Dashboard for immunisation supply chain
DPT	Diphtheria, pertussis, tetanus
DVDMT	District Data Vaccine Management Tool
EAC	East Africa centre
eHMIS	Electronic health management information system
eLMIS	Electronic logistics management information system
EPI	Expanded programme for immunisation
EVM	Efficient vaccine management
FIC	Fully immunised child
GIS	Geographic information system
GPF	Grant performance monitoring
HMIS	Health management information system
HR	Human resources
HSIS	Health systems and immunisation strengthening
HSS	Health system strengthening
ICC	Inter-agency coordination committee
ICT	Information communication technology
ISCM	Immunisation supply chain management
JSI	John Snow Incorporated
KPI	Key performance indicator
LMC	Leadership, management, coordination
LMIS	Logistics management information system
LOGIVAC	LOGIVAC is a training facility for Francophone Africa based in Benin
MICS	Multi-indicator cluster survey
MNCH	Maternal and newborn child health
MoH	Ministry of Health
MOV	Missed opportunities for vaccination

NGO	Non-governmental organisation
NITAG	National immunisation technical advisory group
NRA	National regulatory authority
ODP	Operational deployment plan
OP	Operational plan
OTIF	On time in full
PCV	Pneumococcal conjugate vaccine
PEF	Partners' engagement framework
PHC	Primary health care
PQS	Performance, Quality and Safety
REC	Reaching every community
RED	Reaching every district
RI	Routine immunisation
RTMD	Remote Temperature Monitoring Device
SATP	Stocked according to plan
SELV	“Sistema Electronica de Logistica de Vacinas” (OpenLMIS Mozambique)
SFA	Strategic focus area
SIA	Supplementary immunisation activity
SMT	Stock management tool
STEP	Strategic Training Executive Programme
TCA	Targeted country investment
TCO	Total cost of ownership
TechNet	Professional immunisation supply chain forum
TMD	Temperature monitoring device
UNPD	United Nations population division
USAID	United States agency for development
VIMS	Vaccine Information Management System
VPD	Vaccine preventable disease
VSSM	Vaccination Supply Stock Management
WASH	Water and Sanitation for Health
WB	World Bank
WHO	World Health organisation