

EMERGING FINDINGS FROM THE EVALUATION OF GAVI'S CONTRIBUTION TO REACHING ZERO-DOSE AND MISSED COMMUNITIES

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September 2024

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**Findings from Focus
Topics 3 and 5**

Background

For Phase 2 of the Zero-Dose (ZD) Evaluation, Gavi asked Ipsos to assess progress at the country level on a set of **priority focus topics (FTs)**, selected in conversation with key business owners at the Gavi Secretariat. FTs represent areas of work that would be most likely to inform both ongoing grant implementation and preparation for Gavi 6.0. The selected topics are:

- FT1: **Barriers and facilitators** of implementation of the ZD agenda
- FT2: **Role of partners** in supporting implementation
- FT3: **PHC integration** and unintended consequences
- FT4: **ZIP coherence** with other Gavi-funded investments
- FT5: How **advocacy** is influencing implementation of Zero-Dose agenda within the IRMMA framework

FTs 1 and 3 are examined in all seven country case studies*, whilst FTs 2, 4 and 5 are covered in a subset of countries.

For this presentation for the ZD Learn event, we will focus on FT3 and FT5 and we are presenting 'emerging findings' as we are in the process of submitting and agreeing final versions with the Secretariat

Methodology

This was a **mixed-methods evaluation**, with activities taking place at the global and country-levels.

Country-level case studies took place in seven countries, five of which were done in-person (Cambodia, Cote d'Ivoire, Ethiopia, India, and Pakistan), one by proxy at a stakeholder conference in Oman (Afghanistan), and one remotely (South Sudan).

Activities included:

- **Review of quantitative data**, including WUENIC, Gavi's CPMPM system, and SAC.
- **A review of 229 documents**, including 95 global-level and 134 country-level documents.
- **Interviews with 143 stakeholders**, including 52 at the global level, and 91 at the country level. An additional 25 consultations and validation meetings were held with SCMs and Secretariat Focal Points.

Findings were analysed using deductive thematic analysis for qualitative data, triangulation, and a cross-country comparative analysis.

FT3: PRIMARY HEALTH CARE INTEGRATION AND UNINTENDED CONSEQUENCES

Background, conclusions and
recommendations



Primary Health Care Integration: Background

Integrating Gavi's immunisation investments with wider PHC and health systems strengthening (HSS) is a key agenda this year, following the Future of Global Health Initiatives (FGHI) meetings and the Lusaka Agenda.

The ZD agenda is strongly aligned with this work, including a focus on how to strengthen systems to ensure that they reach communities and children that are currently not reached, and how to do so sustainably, especially in countries soon to transition from Gavi eligibility.

In May 2024, a report by the Gavi Secretariat Health Systems and Immunisation Strengthening (HSIS) team to the Board Programme and Policy Committee (PPC) outlined a series of Gavi 6.0 health systems strategy problem statements, including:

- Inadequate understanding of purpose, comparative advantage and expected outcomes of Gavi's investment in health systems;
- A lack of clarity on how Gavi funding and non-funding levers support health systems and are aligned with other programmes and development partners; and
- An ill-suited approach to measurement of HSS investment outcomes and impact.

This focus topic seeks to engage with these issues as they evolve through the Health Systems Policy being drafted at the Secretariat.



Primary Health Care Integration: Background

The brief examines the following four evaluation questions, agreed with the Gavi Secretariat:

- **EQ3.1: To what extent is the Gavi 5.0/5.1 strategy to reach ZD children aligned with wider PHC integration and HSS objectives?**
- **EQ3.2: To what extent are Gavi 5.0/5.1 ZD focused funding and non-funding levers contributing to systems integration for HSS?**
- **EQ3.3: To what extent is the ZD strategy embedded into country systems?**

These evaluation questions were explored through global level data collection and all seven country case studies (Afghanistan, Cambodia, Côte d'Ivoire, Ethiopia, India, Pakistan and South Sudan).

EQ3.1: To what extent is the Gavi 5.0/5.1 strategy to reach ZD children aligned with wider PHC integration and HSS objectives?

- In theory, Gavi 5.0/5.1 strategy encourages ZD approaches to align with PHC integration and HSS. At the global level, new ways of working and joint financing initiatives supported PHC integration objectives to reach ZD children. Gavi guidance to countries encourages a focus on ZD and equity through PHC integration.
- Country approaches to reaching ZD children, as set out in the FPP, also align with national health plans and prioritise PHC integration. However, what exactly PHC integration means in practice was ambiguous in the context of Gavi's wider ZD resource allocation strategy. Global stakeholders also worried that misalignment between the ZD strategy and PHC integration would reinforce the use of vertical programme delivery approaches.
- Country stakeholders perceived other Gavi processes beyond the FPP to be less well aligned with ensuring ZD strategies would prioritise PHC integration. Countries are accountable to Gavi for immunisation outcomes, first and foremost, rather than PHC integration outcomes.

EQ3.2: To what extent are Gavi 5.0/5.1 funding and non-funding levers contributing to systems integration for HSS?

- The FPP process led to varying levels of integration with other stakeholders and health programs for better planning and coordination. TCA and SFA grants can leverage and catalyse a more integrated approach to the delivery of ZD interventions.
- At the service delivery/health facility level, immunisation services were largely already integrated. Countries identified further opportunities to use ZD activities as entry point for other PHC services. However, missed opportunities included joint mobilisation of CHWs and combined outreach activities.
- At a health systems level, integration was inconsistent across countries, except for countries with pooled funds. Without a formalised framework, accountability mechanism or donor requirement that mandates health programmes to be delivered in an integrated way, implementation of integrated approaches can be ad hoc.
- Stakeholders largely perceived PHC integration as beneficial but felt its prioritisation within their ZD strategy, and associated Gavi guidance, needed to be further differentiated according to Gavi country segment.

EQ3.3: To what extent is the ZD strategy embedded into country systems?

- Gavi's comparative advantage is its ability to create political commitment to place PHC at the heart of its immunisation agenda. However, in most places, Gavi HSS resources are independently insufficient to ensure wider PHC integration.
- Gavi contribution to pooled funds in Ethiopia, South Sudan and Pakistan consolidated resources, streamlined funding processes and enabled greater systems integration. In cases such as Afghanistan, where Gavi provides critical support for the delivery of health systems, it directly enables the integration of PHC services.
- Countries approaching transition, particularly accelerated transition, prioritised comprehensive PHC in anticipation of the changing health financing landscape.

Primary Healthcare: Conclusions



The definition of 'PHC integration', and how it relates to HSS or delivers ZD outcomes, remains ambiguous, which makes it difficult for countries to prioritise and enact.

Gavi HSS, EAF and TCA investments targeting ZD children are neither sufficient nor strategically designed to deliver integrated PHC.

Gavi emphasis on PHC integration does not differentiate or adapt to specific context (e.g. country segments or subnational variation in resources and capacity).

"Do we have direct instruments to incentivise integration? Probably, no. But our programme funding guidance on ZD says it's about trying to reach ZD children through PHC platforms."

Gavi Secretariat, Global-level

"The most important financing will come from countries themselves. If success will be achieved on ZD, it will largely be because of country motivation and country financing. [Joint financing] will be complementary to that. The support and the financing can place countries at the centre, and increase their own focus and motivation on ZD."

External stakeholder, Global level

FT5: HOW ADVOCACY IS INFLUENCING IMPLEMENTATION OF THE ZD AGENDA

Background, conclusions and
recommendations

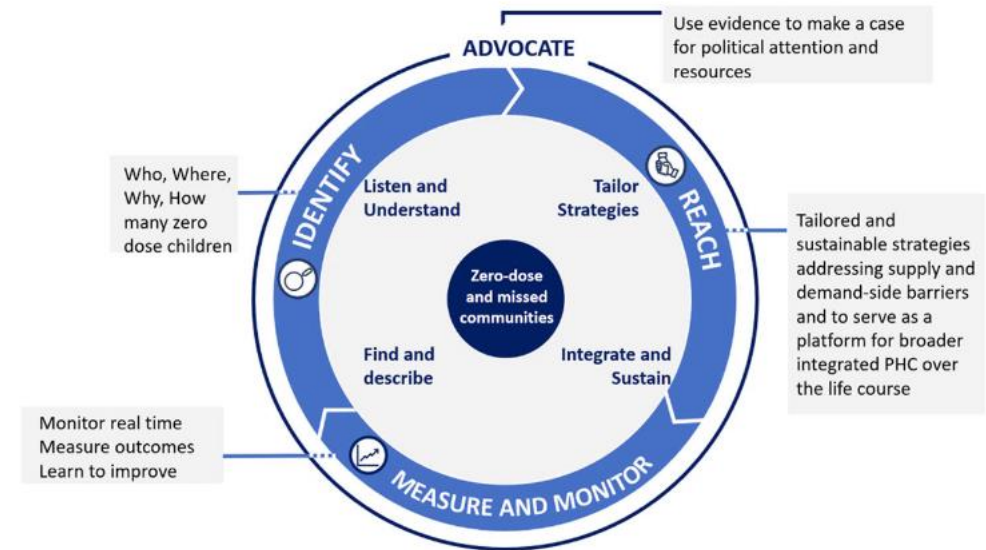
Advocacy: Background



Advocacy is Step Four in the IRMMA (Identify, Reach, Monitor and Measure, Advocate) framework developed by the Alliance to help countries reach ZD children. According to Gavi's *Zero Dose Funding Guidelines*, advocacy serves two key purposes.

- First, to create and sustain political commitment to the ZD agenda, at both global and national levels.
- Second, to reduce barriers to take up of vaccination services in ZD communities.

It is also a key component of Gavi's efforts to ensure the sustainability of Gavi-funded interventions when countries transition out of Gavi support.



Advocacy: Background



The brief examines the following four evaluation questions, agreed with the Gavi Secretariat:

- **E05.1 What advocacy activities are proposed/planned through the Full Portfolio Planning (FPP) process?**
- **E05.2 What advocacy interventions are grants funding to support the ZD agenda?**
- **E05.3 Who are the target audiences for advocacy and what are the desired outcomes?**
- **E05.4 How are advocacy activities planned to be monitored and evaluated?**

These evaluation questions were explored through global-level data collection and four country case studies (Cambodia, Côte d'Ivoire and India).

EQ5.1 What advocacy activities are proposed/planned through the Full Portfolio Planning (FPP) process?

- Gavi provided limited guidance on how to conduct advocacy to support the ZD Agenda and awareness of guidance provided by Gavi in the design of advocacy activities was low across all stakeholder categories.
- In Cambodia (in the preparatory transition phase), proposed advocacy activities targeted provincial government, EPI and health departments.
- In Côte D'Ivoire (in the accelerated transition phase), around \$6.4 million was allocated through HSS and EAF funds to advocacy activities.
- In India, planned advocacy activities included: promoting Gavi funded initiatives to be scaled up by the Government of India; generation of evidence to support the ZD agenda; improved microplanning to identify ZD communities; and a range of demand generation activities.

EQ5.2 What advocacy interventions are grants funding to support the ZD agenda?

- Gavi's global definition of advocacy, focused on ZD communities and sustainability of immunisation services, was not consistently deployed at the national or subnational levels
- Advocacy activities at the national level focused on securing domestic resourcing for immunisation to prepare countries for transition. However, it was not clear that these efforts focused on services for ZD communities
- Accountability mechanisms at subnational levels were most notable in India. Demand generation activities were common at the local community level, especially in India and Côte D'Ivoire. Social accountability interventions were also implemented at the community level in Cambodia and India, to make service providers accountable to citizens.
- Barriers to implementing advocacy interventions included:
 - Advocacy is seen as an 'added value' activity rather than part of ZD 'core business'
 - CSOs, although tasked with delivering advocacy, sometimes lack the capacity to design and implement these interventions;
 - Long timescales and an insufficient evidence base.

EQ5.3 Who are the target audiences for advocacy and what are the desired outcomes?

- Stakeholders targeted at the national level were Ministries of Health, Ministries of Finance, parliamentarians, donors and the private sector.
- Given that the implementation of health policies, including allocation of budgets, was often decentralised, advocating at the subnational level was key to ensure a sustained focus on ZD communities.
- At the local community, audiences for advocacy included community and religious leaders, parents, community health workers and other community organisations.

EQ5.4 How are advocacy activities planned to be monitored and evaluated?

- At the global level, the Secretariat monitored advocacy activities. At the national and subnational levels, there was no consistent approach to monitoring advocacy interventions.

Advocacy: Conclusions



Different parts of Gavi Secretariat fund and support global and country ZD advocacy. This makes it difficult to identify advocacy interventions or share best practice.

Gavi stakeholders and partners at the country level do not share a common definition of advocacy purpose or audience, or that is specific to the ZD agenda.

Despite providing a clear definition of advocacy, Gavi provide limited guidance on the specifics of design, implementation and monitoring of advocacy strategies to promote a ZD agenda, particularly at subnational level.

"[Advocacy and Behavioural Change] is a very weak area for Gavi. It would be good to see how the tools and policies and guidance talk about how to do advocacy and provide access to Technical Assistance."

Core Partner, Country-level

"[Advocacy] is probably seen as a different work-stream from our core programming, which shouldn't necessarily be so – see it more as a value-added package than the work we do on a daily basis." (Gavi Secretariat, Global-level)

Gavi Secretariat, Global-level

THANK YOU

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