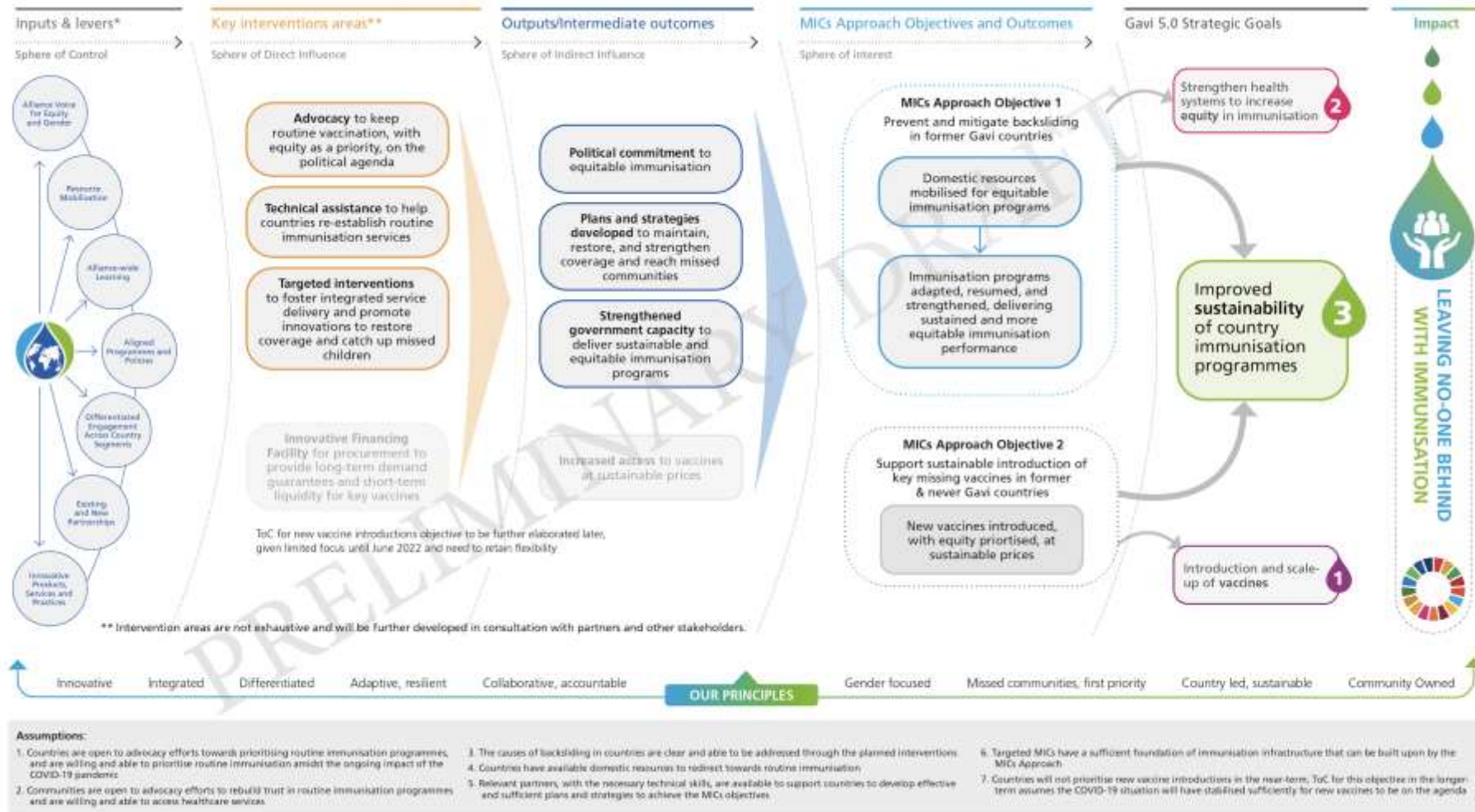


Annex D: Draft Theory of Change for the MICs Approach



The theory of change (ToC) presented above is a high-level work-in-progress draft for directional guidance from the Board. **The aim of the MICs draft ToC is to provide the Board with a picture of the MICs approach as currently developed, acknowledging that the ToC is still a work in progress and will be detailed in further stages.** Given the deferral of the new vaccine introduction agenda until June 2022, the draft focuses largely on the backsliding objective. A final, comprehensive ToC covering both objectives will be brought to the Board in June 2022, informed by the learning agenda and developed in collaboration with key stakeholders. The draft ToC includes the following components:

Levers: The MICs approach will leverage, to varying extents, all of the inputs and levers in Gavi's sphere of control, as laid out in the Gavi 5.0 ToC. For example, the MICs Approach will look to mobilize resources towards immunisation, leverage existing and new partnerships towards the MICs objectives, and to innovate through the Innovative Financing Facility (in the longer term), all while taking a continuous Alliance-learning approach to understand how best to engage successfully in MICs.

Key interventions areas: Specific interventions will be developed and detailed based on country needs and consultations with partners and stakeholders. Initially these are expected to fall into in four categories: advocacy and political will building (e.g., advocating to keep routine vaccination on the political agenda in a way that prioritises equity, including by bringing the voices of the marginalised to the table); technical assistance and support to enhance the immunisation ecosystem (e.g., developing plans to communicate and engage communities towards the resumption of safe vaccinations services); targeted interventions (e.g., restoring coverage and catching up missed children via integrated service delivery and innovations); and, in the longer term, an Innovative Financing Facility for procurement. All of these interventions will take an explicit equity lens, prioritising missed communities and zero-dose children where relevant. In addition, these interventions will be catalytic, aiming to mobilize additional resources towards the MICs goals from domestic and other sources.

Outputs: These interventions are expected to lead to political commitment to equitable vaccination; developed plans and strategies to maintain, restore, and strengthen coverage, starting with missed communities; and strengthened government capacity to deliver equitable immunisation programmes in the MICs targeted by the Approach. In addition, the Innovative Financing Facility, when it is operationalized, will contribute, alongside other interventions, to increased access to vaccines at sustainable prices. The intervention areas will work together to generate these outputs: for example, the combination of advocacy alongside catalytic targeted interventions will incentivize governments to contribute additional resources to preventing and mitigating backsliding, thus strengthening political commitment for equitable immunisation.

MICs objectives and outcomes: Ultimately, these interventions and outputs contribute to the achievement of the two objectives laid out in the MICs Approach: preventing and mitigating backsliding in former-Gavi countries, and supporting the sustainable introduction of new vaccines in former and select never-Gavi

countries. Two key outcomes will deliver on the backsliding objective: the mobilization of domestic resources towards equitable immunisation programmes, and the adaptation, resumption, and strengthening of those immunisation programmes, which deliver sustained and more equitable immunisation performance. The outputs enable these outcomes: increased political commitment will drive domestic resource mobilization, and plans, strategies, and strengthened government capacity will enable high-performing immunisation programmes.

The pathway to the second objective will be further developed. As currently envisioned, it will be delivered via the successful introduction of new vaccines at sustainable prices, in a way that prioritizes and promotes equity.

Gavi 5.0 goals and impact: The full MICs Approach contributes substantively to Gavi 5.0's Strategic Goal 3: improved sustainability of country immunisation programmes. Both the prevention and mitigation of backsliding and the sustainable introduction of new vaccines advance immunisation program sustainability. Secondly, the MICs Approach also contributes to Gavi 5.0 Goals 1 and 2: introduction and scale up of vaccines, and strengthening health systems to increase equity in immunisation. Ultimately, the MICs approach thus contributes to Gavi's overall intended impact of leaving no one behind with immunisation.

Assumptions: The draft theory of change rests on a few key assumptions. These include the openness of countries and communities to advocacy on routine immunisation matters (including in the COVID-19 context), the ability of the Alliance to clearly identify and subsequently address the causes of backsliding with the MICs toolbox, the availability of domestic resources for routine immunisation, the availability of relevant and effective partners, and the existence of a sufficient foundation of immunisation infrastructure in targeted MICs that can be built upon by the MICs Approach. As noted in the Approach, it is also assumed that new vaccine introductions (besides COVID-19 vaccines) will not be a priority in the near-term given the pandemic. The pathway towards sustainable new vaccine introductions will be revised and further elaborated in the future, on the assumption that the COVID-19 situation stabilizes sufficiently for new vaccines introductions to become a priority for countries.

Next steps: The development of this theory of change will be iterative, with key reflection points built in to allow for validation of assumptions, adaptation, and course corrections as needed. Following guidance from the Board, this initial draft will be further developed in close consultation with a wide array of stakeholders, and informed by the implementation of the learning agenda. A more detailed version will be brought back in June 2022.