

SUBJECT: REVIEW OF THE GAVI GENDER POLICY

Agenda item: 07

Category: For Decision

Section A: Executive Summary

Context

Gavi has had a Gender Policy to guide its programmatic work since 2008. The original policy was updated in 2013 to the current version. The current policy has been revised by the Secretariat following a review process which included an independent external evaluation, analysis, and extensive consultations with country representatives, partners, civil society organisations, gender and immunisation experts and donors. In May 2020, the Programme and Policy Committee (PPC) recommended that the Board approve the revised Gender Policy, congratulating the Secretariat on the highly consultative and inclusive review process.

Questions this paper addresses

- How has the Gender Policy been revised as a result of the review?
- What is the relevance of this policy to the COVID-19 pandemic?

Conclusions

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. The revisions seek to better align the policy with Gavi's strategy for 2021-2025 (Gavi 5.0). With equity as the organising principle, it focuses on ensuring zero-dose and underimmunised children, individuals and communities are sustainably reached with routine immunisation services. The revised policy is more ambitious and identifies areas for gender-responsive and transformative interventions, underpinned by an updated theory of change which places a new focus on understanding, learning and partnering as approaches to achieve the policy goals. It uses inclusive, non-binary language and considers how other socio-cultural factors can compound gender-related barriers. In addition to caregivers, the policy focuses on two new groups: health workers and adolescents, both of whom face specific gender-related barriers to providing or accessing healthcare.

The Secretariat is working closely with partners to better understand the gendered impacts of the COVID-19 pandemic and proactively suggesting potential approaches to addressing these challenges.

The Secretariat is presenting a revised Gender Policy to the Board for approval (see Annex B).

Section B: Review of the Gavi Gender Policy

1 Gavi, Gender and Immunisation

- 1.1 Gender-related barriers are obstacles to access and use of health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. Caregivers, health workers and adolescents each face gender-related barriers to providing or accessing health services for themselves or their children. Thus, understanding and addressing gender-related barriers is a key component of equity in immunisation and specifically of reaching zero-dose and underimmunised children, individuals and communities.
- 1.2 Gavi has long been committed to addressing gender-related barriers to immunisation as a vital component of the Alliance's mission to improving immunisation coverage and equity. In Gavi's 2021-2025 strategy (Gavi 5.0), 'gender-focus' has been elevated to a principle, key to achieving the vision of 'leaving no-one behind with immunisation'.

2. Policy review process

- 2.1 The review process commenced with an external, independent evaluation to assess the policy design, implementation and outcomes. It included an extensive desk review, key informant interviews, a Secretariat staff survey and an analysis of comparator organisations¹(See Appendix 3).
- 2.2 The Secretariat supplemented the evaluation with an analysis of existing gender-related barriers identified in country applications and multiple rounds of consultations with country representatives, partners, civil society organisations, gender and immunisation experts and donors. These are further detailed in Appendix 5. All opportunities were taken to use the consultation process to sensitise stakeholders to gender-related barriers, and to create joint accountability for policy implementation.

3. Revisions to the Gender Policy

- 3.1 Policy revisions were guided by outcomes from the evaluation and consultations, Gavi 5.0 goals on increasing equity in immunisation through reaching zero-dose children, as well as ensuring that the policy is in line with international standards and discourse on the topic of gender. Key updates are listed below.
- 3.2 The **rationale** section of the policy has been strengthened by more closely aligning with Gavi's 5.0 vision of 'leaving no one behind with immunisation'. In addition, the revised policy now features the concept of intersectionality², acknowledging that gender is one of many socio-cultural and economic factors to compound barriers to accessing health services. The revised policy also shifts away from a women-centric and binary definition of gender

¹ Comparator organisations are UNICEF, WHO and The Global Fund to Fight AIDS, Tuberculosis and Malaria

² Intersectionality refers to understanding how multiple forms of inequality or discrimination (e.g. age, ethnicity, education, disability) overlap to create obstacles for individuals, for example, access and use of health services.

(where gender is viewed as a woman-only issue) and uses language that is more inclusive of all gender identities. This shift recognises that each gender faces different societal expectations, and aims to not reinforce the role of mothers as sole caregivers by incorporating, for example, the importance of engaging fathers in childcare.

- 3.3 The revised **goal** of the 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*”. One of the sub-goals maintains a focus on overcoming differences in coverage between boys and girls in pockets where they exist, and a new sub-goal speaks to Gavi’s commitment to encourage and advocate for women’s and girls’ full and equal participation in decision-making related to health programmes and wellbeing.
- 3.4 The **scope** of the Gender Policy is now solely focused on programmatic gender aspects. Corporate policies sit separately; the Revised Guiding Principles on Gender Balance for Board and Committee Nominations will be submitted to the Board for approval in June (See Doc 01f), and Secretariat Human Resources Gender Guidelines will be made available on request to the Board once finalised.
- 3.5 The policy includes two new areas of focus: adolescents and health workers.
- Gavi’s support of the human papillomavirus (HPV) vaccine and future focus on vaccines such as diphtheria, tetanus & pertussis - containing boosters³ necessitate a specific focus on adolescents as a population group. Adolescents have specific needs that have important implications on demand generation and service provision. In addition, the development of integrated primary healthcare interventions targeting adolescents provides a unique opportunity to be gender-transformative, as it is during this period that cultural and societal norms are developed.
 - Secondly, over 70% of health workers are women who can face specific gender-related barriers to carrying out their job. This acknowledges the gender pay gaps, gender-based safety and security concerns and the prevalence of sexual harassment in the workplace that can negatively impact health workers and the quality of health services.
- 3.6 The revised policy includes six approaches to achieve the goals of the Gender Policy: **Understand** the issues, **Advocate** for change, **Identify** the specific bottlenecks, **Reach** more individuals with immunisation, **Learn** from experience and **Partner** to leverage expertise. These approaches address the gaps identified in policy implementation:
- Better sensitisation is needed at country-level, where there is highly variable **understanding** of how gender is relevant to immunisation.
 - Annual monitoring of Gender Policy implementation at country level shows that the quality and availability of evidence and data related to

³ The Board approved the addition of the boosters into Gavi’s portfolio as part of the 2018 Vaccine Investment Strategy (VIS). Implementation of has been deferred due to COVID-19 and will be reassessed after the acute phase of the pandemic.

gender-related barriers in countries is still lacking⁴. The revised policy therefore places additional emphasis on the importance of **identifying** gender-related barriers.

- There is a need for a **learning** agenda for gender, developed jointly with Alliance partners and building from the work of the Equity Reference Group for Immunisation, to prioritise questions for further research, find what work interventions work in different contexts and disseminate them.
- There is a need to work closely alongside Alliance and expanded **partners** to support, engage and equip country and community stakeholders in implementing the policy.

3.7 **Monitoring and evaluation (M&E)** is critical to understanding what interventions countries' are implementing and what works.

- An updated theory of change (ToC) within the M&E Framework (see Annex B) was developed as the foundation for the updated policy. It provides a logical flow from the 'issue' – that gender-related barriers contribute to zero-dose and underimmunised children, individuals and communities – through to the 'impact' which is aligned with the Gavi 5.0 goal of reaching these individuals. The deliverables outlined in the ToC are mirror the approaches to achieve the policy goals, described above.
- The updated M&E Framework includes an approach to track strategy-, process- and country-level indicators.
- In order to increase accountability, progress on implementing the policy will be brought to the Board on an annual basis, and the Board will advise on the timing for a review of the policy.

3.8 Overall, the PPC was supportive of these shifts in the revised policy. The PPC highlighted the importance of providing country stakeholders with guidance on specific interventions to address gender-related barriers and to document and share country experiences. The PPC also emphasised the importance of leveraging gender expertise in partner organisations.

3.9 Regarding the M&E Framework, there was a request to ensure that the sub-goals within the ToC sit at a consistent level of detail and the PPC also emphasised the importance of identifying indicators which track the impact of the Alliance's work on gender. The PPC agreed that the M&E framework including the ToC and indicators would be considered a tool to support the policy, which could be regularly updated. Following the PPC discussion, the M&E Framework has been separated from the policy document and is included as Annex C.

4. **Resourcing for the implementation of the Gender Policy**

4.1 Implementation of the Gender Policy will involve further mainstreaming of gender into Gavi's processes and funding modalities. The PPC noted that it

⁴An internal review of 29 HSS proposals which were recommended for approval in 2018-2019 found that 20 countries have identified barriers that are defined as gendered when describing reasons for low immunisation coverage, listed interventions to target the barriers, and allocated budget towards addressing the barriers. However, the quality of gender assessments overall was low.

will be important for countries and partners to prioritise resources towards gender in the next strategic period.

- 4.2 Countries are encouraged to use their health system strengthening (HSS) envelope towards programming for equity and reaching zero-dose and underimmunised children, individuals and communities, which will include prioritising gender. As part of the review of Gavi's funding policies, the Steering Committee agreed that a minimum amount of countries' HSS allocations should be used towards equity investments.⁵ (see Annex D to Doc 03).
- 4.3 Technical support through the Partner's Engagement Framework (PEF) Foundational Support, targeted country assistance (TCA) and investments in strategic focus areas (SFAs) will continue to be critical to policy implementation. The mechanisms for providing support on gender through these channels will be further strengthened to encourage prioritisation of funding for gender activities.
- 4.4 Secretariat and broader Alliance gender and immunisation expertise, including those in country, will need to be strengthened, coordinated and fully leveraged to facilitate and coordinate successful policy implementation. The Secretariat is in the final stage of hiring two externally funded individuals with gender expertise to join the Health System and Immunisation Strengthening (HSIS) team.
- 4.5 Finally, a learning agenda for gender will be developed with Alliance partners and aligned with Gavi 5.0 and will be subject to budget availability.

5. Path forward

- 5.1 As part of policy implementation, Gavi will continue to take a gender lens to broader immunisation initiatives. The Secretariat is currently co-developing⁶ with WHO a supplementary paper to the Immunisation Agenda 2030 on gender (see Appendix 6). The objective is to highlight the need for gender-responsive immunisation programming as well as to serve as a compendium of gender-responsive interventions for countries.
- 5.2 Following approval of the revised policy, the Secretariat will develop a detailed implementation plan to guide the execution of the Gender Policy that aligns with 5.0 operationalisation.

6. Gender & COVID-19

- 6.1 The PPC emphasised the importance of gender as a consideration in programming Gavi's support to countries during the pandemic. As with all

⁵ The Funding Policy Review (FPR) has been paused given the uncertainty around the duration and impact of the COVID-19 pandemic and the challenges countries are currently facing in addressing COVID-19. The Secretariat will revisit the FPR at a later date depending on how the pandemic progresses, including reviewing further adjustments to the funding policies to meet the needs of countries post-COVID-19.

⁶ Other partners involved include UNICEF, US Centers for Disease Control (CDC), GPEI, The World Bank, Bill & Melinda Gates Foundation (BMGF), UN Women, International Federation of Red Cross and Red Crescent Societies (IFRC), The Core Group and Civil Society Human and Institutional Development Programme-Pakistan

major outbreaks the impact of the COVID-19 pandemic has gender-specific impacts. For example, there is decreased access to reproductive health services, decreased HPV immunisation rates due to school closures, increased gender-based violence and increased security risk to female healthcare workers. The lasting impact of the pandemic will be visible long after the last cases are detected in the number of girls who do not return to school, who have missed critical immunisations and who are less able to find fair and decent employment.

- 6.2 Gavi is working in tandem with the global health community⁷ to ensure response efforts are gender-responsive. The Secretariat is issuing Gender & COVID-19 programmatic guidance that will be shared with partners, and is proposing interventions such as empowering women's organisations to engage caregivers on the importance of immunisation during the pandemic as well engaging UNICEF Supply Division regarding increasing the global availability of female-sized personal protective equipment.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board that it:

Approve the revised Gavi Alliance Gender Policy attached as Annex B to Doc 07.

Annexes

Annex A: Implications

Annex B: Revised Gender Policy

Annex C: Gender Policy Monitoring and Evaluation Framework

Additional information available on BoardEffect

Appendix 1 (in May 2020 PPC meeting book): Doc 04 *Review of the Gavi Gender Policy*

Appendix 2 (in May 2019 PPC meeting book): Doc 06 *Review of the Gavi Gender Policy*

Appendix 3 (in PPC Library – Additional materials for May 2019 PPC meeting): Appendix 1 to Doc 06 *Final Report of the external evaluation of Gavi's Gender Policy*

Appendix 4 (in PPC Library – Additional materials for May 2020 PPC meeting): Appendix 3 to Doc 04 *Summary of Consultations*

Appendix 5 (in PPC Library – Additional materials for May 2020 PPC meeting): Appendix 4 to Doc 04 *IA2030 Gender Supplementary Paper version 1*

Appendix 6 (in PPC Library – Additional materials for May 2020 PPC meeting): Appendix 5 to Doc 04 *Case Studies on Gender Policy Implementation*

Additional reference materials online:

Gavi's Gender Policy: <https://www.gavi.org/about/programme-policies/gender/>

⁷ The Secretariat is participating in several Gender and COVID-19 working groups along with academics and fellow international agencies (e.g. UN Women, WHO, UNAIDS).