

SUBJECT: ANNUAL REPORT ON IMPLEMENTATION OF THE GENDER POLICY

Report of: Anuradha Gupta, Deputy CEO

Authored by: Meegan Murray-Lopez, Senior Executive Officer

Agenda item: A

Category: For Information

Strategic goal: Affects all strategic goals

Section A: Overview

1. Purpose of the report

1.1 This report aims to update the Gavi Board on progress in 2014 in implementing the Gavi Gender Policy as revised in 2013.

2. Recommendations

2.1 This report is for information only.

3. Executive summary

3.1 In June 2014, the Gavi Board approved a new strategic framework for the Alliance for the period 2016-2020 that calls for an increasing focus on coverage and equity of immunisation. Whereas in the current strategy for 2011-2015, Gavi's commitment to gender appeared as an overarching operating principle, in the new strategic framework gender has been more concretely embedded within the strengthened equity focus of the first two strategic goals, and anticipates corresponding goal-level indicators related to gender and equity.

3.2 Since the last annual update to the Board, the Secretariat Gender Working Group has implemented a work plan of gender activities for 2014 and has reported on a quarterly basis on those activities to the Executive Team and to the Board via myGavi.

3.3 Key activities in 2014 related to further strengthening awareness and understanding of gender and immunisation, as well as of the revised Gavi Gender Policy, within the Secretariat and other bodies through training sessions and additional analytic work; to engaging with key processes such as the development of the 2016-2020 strategy development process and the Grant Application and Monitoring Review process; to

strengthening approaches to gender within Gavi programming; and to further incorporating gender within Gavi's media and advocacy activities.

- 3.4 Recently, the composition of the Board has not been consistent with the Board Guidelines on Gender Balance. However, if the Board approves the nominations put forward by the Governance Committee at its meeting in December, the Board will again achieve the 60/40 ratio of male and female Board Members and Alternates as required by the Guidelines.

Section B: Content

4. Gender and Gavi programming

4.1 Increased focus on coverage and equity

- (a) In June 2014, the Gavi Board approved a new strategic framework for the Alliance for 2016-2020 that calls for an increasing focus on coverage and equity of immunisation. In the new framework, gender has been more concretely embedded within the strengthened equity focus of the first two strategic goals, and anticipates corresponding goal-level indicators related to gender and equity.
- (b) A review is currently underway of the indicators that have been proposed by countries in their health systems strengthening (HSS) grants in the light of the M&E framework for the revised Gender Policy and for tracking progress on gender equity and gender-related barriers. This work will feed into the process to develop indicators associated with the 2016-2020 strategic framework.

4.2 Health systems strengthening

- (a) Countries applying for health systems strengthening (HSS) funding are requested to conduct a gender analysis and to identify any gender-related barriers to accessing vaccination specific to their country context. In 2014, the Secretariat revised the information note on gender-related barriers that accompany the guidelines for HSS applications and made the language in the guidelines on gender more specific. For the first time, gender also appeared in the HSS budget template.
- (b) An internal analysis undertaken in 2014 of the 27 HSS proposals recommended for approval between 2010-2013 found that:
- (a) 11 proposals (41%) identified gender-related barriers;
 - (b) 16 proposals (59%) included at least one gender-related activity;
 - (c) 13 proposals (48%) specified that female health workers or women's groups would be involved in the implementation of GAVI HSS grant; and

(d) 9 proposals (33%) included a sex-disaggregated or gender-related indicator.

(c) This is in comparison to an analysis undertaken in 2013 of the HSS grant proposals approved between 2006 and 2012 for proposed gender and equity activities that found that only 11 of 70 proposals (16%) had budgeted for activities that explicitly stated a gender focus which represented 2.6% of the total Gavi-approved budgets for these 70 HSS grants. It is encouraging that more countries in recent years are analysing and incorporating gender-related activities into their HSS proposals.

4.3 Analysis of country reporting on gender. The High-Level Review Panel structure for reviewing grant performance was introduced in 2014 and with it came a new set of country reporting materials. Following the first two panel sessions, an analysis was conducted of the responses related to gender in both the traditional Annual Progress Report (APR) form and the Joint Appraisal form informing the High-Level Review Panel to better understand the areas of focus identified by countries and to refine the Joint Appraisal form.

(a) The analysis found that while the Joint Appraisals did provide relatively more descriptive detail on gender and equity issues than the APRs, there was high variation in if and how these were analysed in terms of barriers to immunisation, and recommended programmatic action;

(b) The analysis noted that in both formats, responses by stakeholders and countries displayed a lack of awareness about what gender-related barriers to immunisation specifically, and healthcare generally, entailed; further, it identified marked confusion in the reporting, over the difference between the status of sex-disaggregated coverage data, and the impact of gender-related barriers on coverage;

(c) The review recommended regular participation by the Gender Working Group in briefing Senior Country Managers prior to Joint Appraisal Missions, and modifying present guidelines to provide more concrete examples of how sex-disaggregated data relates to, and is different from gender-related barriers. These recommendations will be taken up in 2015.

4.4 Equity work in the Business Plan

(a) The business plan for 2013-14 provides a road-map for improving equity in coverage (by geography, wealth and gender). The 10 most inequitable countries were selected for this activity, on the basis of an analysis conducted by WHO in 2010 on vaccine coverage by wealth quintile. The business plan provides resources to multiple partners to ensure that in the next two years, most of these countries have identified the main drivers of inequity, are able to monitor inequities, and have implemented equity action plans, using Gavi health systems grants to contribute to the funding of these plans.

- (b) UNICEF is taking the lead in this area. Three countries will be supported for gender inequities in immunisation coverage or gender-related barriers to immunisation. These are India and Pakistan, where there is a statistical difference in coverage for boys and girls as well as potential gender-related barriers, and Yemen, for potential gender-related barriers to immunisation.
- (c) In those three countries in 2014 an analysis of drivers of immunisation has been conducted, including gender and other equity-related considerations. The next step will be for those analyses to be incorporated into proposals for health systems strengthening grants in 2015.

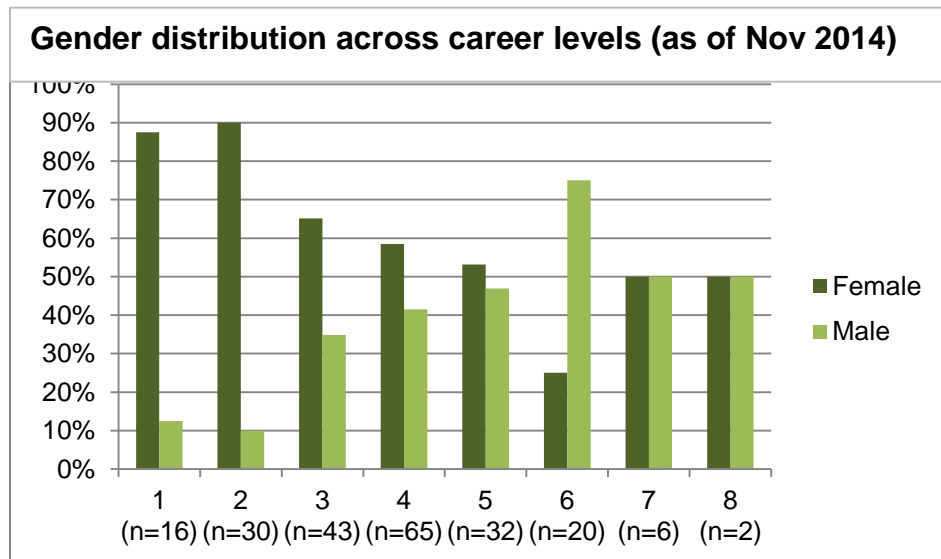
4.5 Independent Review Committees and High-Level Review Panels

- (a) IRC panels in 2014 received information sessions on gender and immunisation as part of pre-briefing materials. In addition, IRC panels included a gender expert, who reviewed proposals and APRs with a gender lens and prepared an analysis of gender-related content.
- (b) The newly designed High-Level Review Panel (consisting of senior members of the Secretariat, UNICEF and WHO as well as three IRC members) also received a briefing on gender and immunisation prior to its first session in May 2014.

5. Gender and the Secretariat

- 5.1 In 2014, the internal Gavi Gender Working Group (GWG) continued as the body within the Secretariat that is responsible for oversight and implementation of the Gender Policy. The GWG is comprised of staff from each department as well as the Secretariat Staff Council.
- 5.2 In 2014, the GWG implemented a plan of approximately 35 activities that was endorsed by the Executive Team at the start of the year. Key activities included:
 - (a) A series of Secretariat analytic pieces on gender and immunisation, including: a comparison of gender-related information captured in the 2013 Annual Progress Reports with the Joint Appraisals from countries reviewed by the July 2014 High-Level Review Panel; an analysis of gender and equity activities within proposals for Gavi health systems strengthening grants; two literature reviews of peer-reviewed literature on gender and immunisation, one in general terms and one targeted to HPV-specific research and a project to review and develop, as appropriate, gender indicators;

- (b) Ongoing training and induction activities, such as including gender in orientation materials for new staff and Special Advisers to Board Members; training sessions with Country Programmes and Monitoring & Evaluations teams; and providing information on gender to Independent Review Committee and High-Level Review Panel sessions;
 - (c) Engaging with key processes, such as the Grant Application and Monitoring Review (GAMR) and development of the 2016-2020 strategy to ensure gender was included at all relevant stages;
 - (d) Advocacy-related activities, such as incorporating gender within the development of leadership communications, Gavi publications and websites, including Replenishment materials; and
 - (e) Engaging with other international organisations on gender, e.g., a representative of the Gender Working Group participated in a symposium on gender and health in Brussels in May in order to draw lessons from international discussions on how to address gender-related barriers.
- 5.3 As part of the Business Plan reporting process in 2014, a Key Performance Indicator on Gender was reported to the Executive Team and to the Board on MyGavi each quarter. The KPI tracks the percentage of activities in the Gender Working Group plan of activities that are on track or completed on time. The latest result on this KPI for Quarter 3 was 92% of activities on track/completed on time.
- 5.4 The Human Resources (HR) team monitors statistics on gender within the Secretariat. Currently the Secretariat staff is 62% female and 38% male. The breakdown of gender across career levels is also monitored (see chart below).
- (a) The Secretariat continues to reflect some typical patterns with respect to gender and career levels, as seen in many organisations; e.g., having a disproportionate number of female staff in the administrative categories (1-2) and an increasing proportion of male staff in the higher career levels.
 - (b) However, the Secretariat continues to have an atypical and very good gender balance at the two highest career levels (level 7 – Managing Director-level and level 8 – CEO/Deputy CEO).

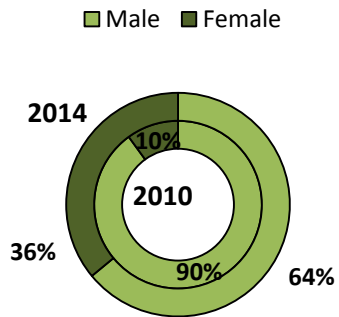


6. Gender and the Gavi Alliance Board

6.1 Board composition

- (a) The Guidelines on Board Gender Balance, approved in 2010, require that the Board establish and maintain a 60/40 ratio of male to female Board Members and Alternate Members. Recent nominations rounds have resulted in the Board composition being inconsistent with the Guidelines. Currently, 64% of the Board members are male and 36% female and for Board Alternates 63% are male and 37% female, with two vacant seats.
- (b) Based on information available to date, if the Board approves the nominations set forward by the Governance Committee at this meeting, the ratio will change for Board members to 57% male and 43% female and for Board Alternates to 59% male and 41% female, with one vacant seat.
- (c) The charts below show the change in composition of Board Members and Alternates from the time the Guidelines were approved in 2010 until November 2014.

Board Members 2010-2014



Alternate Members 2010-2014

