

# Gavi 5.0/5.1 Learning Priorities

Themes	Learning priority questions (all)
<p><b>1. Equity (zero-dose children and missed communities)</b></p>	<p><b>Identify</b></p> <p>Where are 'zero-dose' children (ZDC) and missed communities located? Who are ZDC? How many children are 'zero-dose'? Why are they being missed, and what are the root causes?</p> <p>What are the methods used for identifying ZDC and missed communities? What works well, what does not work well and why?</p> <p>What are the key barriers and enabling factors, including gender- and demand-related, at each level (national, subnational and community) to identify ZDC and missed communities?</p> <p><b>Reach</b></p> <p>What are the specific approaches designed to reach ZDC and missed communities and to bring them into the health system and ensure they are fully immunised? What works well, what does not work well and why?</p> <p>What are the key barriers and enabling factors, including gender- and demand-related, at each level (national, subnational and community) to reach ZDC and missed communities?</p> <p>What are effective ways to engage with other parts of the health sector or other partners to reach ZDC and missed communities (including integration with primary health care)?</p> <p>What are the successes and challenges in reaching ZDC and missed communities? What is the health system's capacity to reach ZDC and missed communities, over Gavi's four phases of country co-financing?</p> <p><b>Monitor and measure</b></p> <p>What are the most effective approaches and methods to monitor and measure ZDC, under-immunised children and missed communities? What works well, what does not work well and why?</p> <p>What are the evidence gaps at national and sub-national levels to monitor and measure ZDC and missed communities? Have Gavi data investments contributed to identifying and quantifying ZDC and missed communities?</p> <p><b>Advocate</b></p> <p>What strategies are effective in securing and sustaining political will across different levels to identify and reach ZDC and missed communities?</p> <p><b>Overall questions</b></p> <p>What progress has been made in reducing the number of ZDC?</p> <p>What are the costs of expanding services to ZDC and missed communities? What are the costs associated with Gavi's tailored and differentiated approaches?</p> <p>What, if any, were the unintended consequences (positive and negative) of targeting ZDC, under-immunised children and missed communities?</p>

	<p>How do Gavi's investments in innovation contribute to identifying, reaching, monitoring and measuring ZDC and missed communities? (This includes innovation in data digitisation, learning approaches, partnerships, interventions that address demand and gender-related barriers, vaccines and immunisation products, etc.) What works well, what does not work well and why?</p> <p>How effective is the Identify-Reach-Monitor-Measure-Advocate (IRMMA) framework approach in reaching ZDC and missed communities, and in increasing the proportion of fully immunised children? How can the IRMMA framework be improved?</p> <p>What has been the uptake of the Equity Accelerator Fund (EAF) and its use?</p>
<p><b>2. Vaccine coverage (breadth of protection)</b></p>	<p>What is the country-level readiness to introduce vaccines?</p> <p>To increase the proportion of fully immunised children, what are key enablers or bottlenecks to: equitable and sustainable new vaccine introductions; and rapid scale-up/uptake of new and underused vaccines?</p> <p>How effective are health systems at preventing vaccine-preventable diseases (VPDs)?</p> <p>Where should non-universal vaccines – i.e., vaccines for targeted deployment in specific contexts (e.g. outbreaks, populations with specific needs) – be used?</p> <p>How can we further optimise vaccine programmes (e.g. targeted use, timing of use, etc.)? Are the vaccine formulations and schedules working as expected?</p>
<p><b>3. Vaccine effectiveness and impact</b></p>	<p>What is the impact of a hexavalent vaccine programme on coverage of diphtheria, tetanus and pertussis-containing vaccine (DTP), both first and third doses? Does the introduction of a combination vaccine advance efforts to find and vaccinate ZDC and under-immunised children?</p> <p>What is the impact of a hexavalent vaccine programme on inactivated polio vaccine (IPV) coverage?</p> <p>What are the experiences, impacts, lessons and challenges of switching from ten-dose to five-dose measles-containing vaccine (MCV) vials?</p> <p>What is the best approach to evaluate oral cholera vaccine (OCV) campaign coverage and population level immunity over time, to inform revaccination needs?</p>
<p><b>4. Vaccine delivery/ platforms</b></p>	<p>Which strategies strengthen immunisation delivery for children aged nine months and during the second year of life?</p> <p>How can OCV be used effectively and efficiently in preventive settings?</p> <p>What is the level of population immunity, and what are the risk factors? When and who should be revaccinated with OCV? What is the recommended number of doses and revaccination interval?</p> <p>What are the processes, information needs and priorities for government decision-making for pneumococcal conjugate vaccine (PCV) products and/or schedule switch?</p>

**5. Effectiveness of outbreak response**

What are the challenges and opportunities in introducing and scaling up the distribution and uptake of the hexavalent vaccine, and how can these be addressed?

What are the lessons learned in establishing or strengthening the platforms for the second and third DTP booster doses?

What are the influencing factors for sustained coverage for DTP second and third booster doses?

What is the appropriate partnership structure for mutual benefit from donor investments in human and animal rabies control?

What are criteria and tools for a successful rabies control programme in countries as part of broader Integrated Bite Case Management (IBCM)?

What are the lessons learned from the first round of countries that benefit from Gavi support to invest in human rabies vaccine post-exposure prophylaxis (PEP)?

For newborns born outside of a health facility, what is the feasibility of using innovations to reach them – such as controlled temperature chain (CTC) or out-of-cold chain products – instead of traditional vials?

How can health authorities strengthen reporting of hepatitis B (hepB) birth dose vaccine administered within 24 hours of birth?

What is the optimal size of the Ebola stockpile, and what are the emerging insights from the health care worker platform?

Can integration of a single touchpoint in adolescent health services into mature, well-performing human papillomavirus (HPV) vaccination programmes contribute to additional adolescent health outcomes while maintaining high HPV vaccine coverage?

Can integrated approaches help reach girls in hard-to-reach communities with HPV vaccination and other priority adolescent health services?

Can an adolescent health vaccination platform be designed and effectively implemented with HPV vaccine introduction as the launch point for the integrated platform?

How can we better prevent, predict and respond to disease outbreaks to reduce their impact?

What is the cost-effectiveness of a targeted age range and geographic scope in measles outbreak response?

What is the impact of timing of OCV use on outbreak prevention and control?

Could other methodologies be used, such as case area targeted intervention (CATI) and ring vaccination to improve effective use of resources in OCV?

How to use OCV most effectively (cost-effectively, resource-effectively, impact) in preventive settings?

How does risk of yellow fever change in response to changing factors, e.g. urban settings, climate change, population movements?

What is the future risk of meningococcal outbreak?

<b>6. Gender</b>	To what extent is Gavi implementing the approaches identified in Gavi's 2020 Gender Policy?
	Why or why not are the approaches to addressing gender-related barriers effective in increasing immunisation coverage? (This includes approaches to provision of funding and technical expertise for implementation.)
<b>7. Demand and trust</b>	What do we know about the drivers of vaccine hesitancy and vaccine demand, and their contribution to vaccine uptake?
	How have Gavi's approaches influenced vaccine hesitancy, vaccine uptake and vaccine decision-making? (This includes addressing gender-related barriers, drop-outs, provision of product information, and coverage and equity.)
	How has Gavi's Healthy Markets Framework (HMF), or investment via the HMF, contributed to enhancing the supplier landscape? (This includes sustainable business development, quality of demand for suppliers, health of demand, stimulating product innovation.)
<b>8. Innovation</b>	How do Gavi's investments in innovation contribute to improved immunisation outcomes? (This includes innovation in data digitisation; learning approaches, partnerships, interventions that address demand and gender-related barriers, vaccine and immunisation products, etc.) What is working, and why/why not?
	How do Gavi's investments in innovation enable identification and scaling of these across products, services and practices, at global and country levels?
	How effectively have the insights gained from innovative interventions been integrated into country-level plans and used to improve the immunisation programme?
<b>9. Sustainability</b>	How do Gavi-funded support and strengthening activities contribute to improving programmatic and financial sustainability? What works, or doesn't, and why?
	How do Gavi investments contribute to country transitions (programmatically and financially) across Gavi's four phases of country co-financing?
	Is there any indication of backsliding on coverage by countries? Why/why not, and what are the key drivers?
<b>10. Partnerships</b>	Is Gavi's partnership model (global and country levels) fit for purpose to deliver on Gavi 5.0/5.1 (2021–2025 strategic period) goals? This includes Partners' Engagement Framework (PEF), Targeted Country Assistance (TCA) partnerships and PEF principles.
	How well are we coordinating and collaborating with other similar agencies to align our funding to support countries? What approaches have worked/not worked?
	How do Gavi funding and policy levers bring about changes in programmes and policies at country level?
	How well are the objectives of Gavi's health system strengthening (HSS) policy being met?

**11. Health system strengthening**

What is the progress in key performance indicators for HSS at country and strategy levels?

How has Gavi HSS funding disbursement and use evolved over time in terms of its overall size? How has the composition of HSS grants, in terms of budget allocation to various activities and objectives, evolved over time?

How well are the key shifts in Gavi 5.0/5.1 being operationalised?

How well are grants designed to meet specific contextual and programmatic needs of countries?

To what extent have the grants included innovative approaches in the various areas of programmatic focus (e.g. data; digital health innovation; human resources for health; leadership, management and coordination; cold chain equipment; logistic management information systems; urban strategies; new partnerships)?

What is the level of adoption and utilisation of digital health information systems and tools for immunisation data management?

To what extent are digital health information systems interoperable and integrated?

What is the extent of the joint investments by partners in countries, and to what extent are they meeting their objectives?

To what extent are grants focusing on demand, gender and civil society organisations (CSOs)? What proportion of funding has gone into gender, demand and CSOs?

What are the focus areas of TCA, and are they aligned to country needs?

What has been the level of funding in TCA, cold chain equipment optimisation, comprehensive vaccine management (CVM) and immunisation supply chain?

How are HSS investments contributing to improving outcomes?

To what extent is the coverage of immunisation plausibly likely to be sustained and improved through improved strength and resilience of the health system?

To what extent has the supply chain performance, per effective vaccine management (EVM) scores, improved?

To what extent have leadership, management and coordination outcomes improved?

**12. Cross-cutting**

Is Gavi's approach (process, policy) for middle-income countries (MICs) effective? Why, or why not?

Have Gavi investments in data collection, systems, quality and capacities contributed to improvement in data and information from countries? What investments/approaches worked well, or not, and why?

How well are Gavi policies facilitating work in countries, and how well is Gavi communicating these policies to countries?

Does Gavi have the correct tools, systems and processes in place to answer learning priorities?

**13. COVAX**

How well have the COVAX Facility and Gavi COVAX AMC delivered against their goals and objectives?

What are the biggest risks associated with the COVAX model, and how successfully have these risks been mitigated?

How adequate is the design of the COVAX Facility and the Gavi COVAX AMC? What were the greatest challenges with their design and operationalisation?

What were the key unintended consequences (both positive and negative) of the COVAX Facility and Gavi COVAX AMC?

What lessons – both successes and challenges – can be drawn from the COVAX experience to inform Gavi's broader programming and collaborations?

**14. Cross-cutting: covid-19 – maintain, restore and strengthen (MRS)**

What is the level of disruption and impact on routine immunisation (RI), surveillance, local disease epidemiology and transmission dynamics, and information systems?

To what extent did Gavi's initial response (e.g. 10% reallocation) work? What difference did this make, and was it based on the right assumptions?

How well is Gavi responding to support countries to maintain, restore and strengthen RI and ease disruption?

How well has the Alliance responded to COVID-19? How effectively has it coordinated its response, shared core information and communicated? How have Gavi's efforts been enhanced by other agencies?

What approaches were selected and were they effective at re-establishing RI? How well did Gavi continue to identify and reach ZDC and missed communities?

What exemptions/exceptions were granted, and were these based on clear rationale?

What lessons – both successes and challenges – can be drawn from Gavi's response and engagement in broader collaborations to inform future pandemic response?

What are the key lessons learned from the COVID-19 response to inform Gavi 5.0/5.1 operationalisation, including for longer-term programming and remaining responsive to the changing context?

How has COVID-19 vaccine Delivery Support (CDS) funding supported expansion of immunisation delivery capacity in countries, and strengthened RI?