



Gavi, the Vaccine Alliance
Gender Policy
Version 3.

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Definitions

- **Zero-dose** children are those who have not received any routine vaccine. For operational purposes, Gavi measures zero-dose children as those who have not received their first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).
- **Underimmunised** children, as measured by Gavi are have not received three doses of diphtheria-tetanus-pertussis containing vaccine (DTP3).
- **Caregiver** is a person who regularly or intermittently cares for an infant or child. Examples include mothers, fathers, grandparents and siblings.
- **Sex** is typically assigned at birth and refers to the biological characteristics that define humans as female, male or intersex.
- **Gender** is about the roles, norms and behaviours that society consider appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed and vary widely within and across cultures, religions, class and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.
- **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. For example, when caregivers, primarily women, have not been educated, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated.
- **Gender equity** is the process of being fair to women, men and those with diverse gender identities. It recognizes that men and women have different needs, power and access to resources, which should be identified and addressed in a manner that rectifies the imbalance. Addressing gender equity leads to equality.
- **Gender equality** is the absence of discrimination based on a person's sex or gender. It means providing the same opportunity to each person including access to and control of social, economic and political resources, including protection under the law (such as health services, education and voting rights).
- **Gender-responsive** approaches are those that consider women's and men's specific needs without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities. For example, employing female health workers will facilitate enhanced immunisation service acceptance and uptake, but would not address the underlying cultural barrier that prevents female caregivers from seeking immunisation services from male health workers.
- **Gender-transformative** approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations. For example, promoting men's caregiving and active fatherhood encourages equitable gender roles, or providing health education to girls improves their agency builds their confidence.

1. Rationale

- 1.1. Leaving no one behind with immunisation is the vision of Gavi, the Vaccine Alliance (“Gavi”). With equity as the organising principle, the focus is to ensure zero-dose and underimmunised children are sustainably reached with routine immunisation services. Zero-dose children often live in missed communities, with many living in abject poverty and predominantly clustered among the urban poor, remote rural, migrant, refugee, internally displaced and in conflict-affected areas. Their families face many compounded vulnerabilities including poverty, socio-economic inequities and stigmatisation that drive and exacerbate gender-related barriers. Understanding and addressing gendered barriers is key to reaching zero dose children and ensuring all children receive their full range of vaccines.
- 1.2. Thus, Gavi is placing a strong priority on overcoming gender-related barriers. Gendered norms in any society typically determine roles for women, men, adolescents and people with diverse gender identities. And in turn these roles can create barriers that impact the ability of caregivers to get their children immunised, or health workers to bring services to communities. To reach zero-dose and underimmunised children, we must understand gender-related barriers, tailor inclusive services to make them responsive to the needs of key populations and work with communities to promote sustained demand.
- 1.3. Gender-related barriers intersect with other socio-cultural and economic factors such as age, wealth, education, ethnicity, religion, sexual orientation and disability, and they operate at multiple levels. For example, at an **individual level**, gender inequalities mean caregivers, often women, may lack education and health literacy to demand immunisation services; at **household level**, unequal decision making power and distribution of household resources may limit a caregiver’s access to health facilities; at **community level**, social norms may make women responsible for children’s health status, hindering men’s participation; at **health service level**, the attitudes or the sex of health workers may discourage caregivers to return for subsequent doses; and at **institutional level**, gender-blind government policies and gender imbalance in decision making may draw less attention to the distinctive needs of women and girls.
- 1.4. By promoting gender-responsive and transformative programming, Gavi will not only improve access to immunisation, but also contribute to the broader goals of gender equality and the empowerment of women. These are prerequisites for sustainable and inclusive development.

2. Goals of Gavi’s Gender Policy

- 2.1. Gavi’s Gender Policy aims to support Gavi’s bold aspiration of “Leaving no one behind with immunisation” and strengthen vaccine programmes and health systems to increase equity in immunisation.
- 2.2. As such, the goal of Gavi’s Gender Policy is to identify and address gender-related barriers to reach zero-dose and underimmunised communities with the full range of vaccines. This encompasses:
 - 2.2.1. Focusing primarily on addressing gender-related barriers faced specifically by caregivers, adolescents and health workers

- 2.2.2. In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys. At aggregate level, there are no significant differences in immunisation coverage between sexes. However, differences do exist in some socioeconomically and geographically marginalised populations at sub-national level.
- 2.2.3. Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health and health programmes.
- 2.3. In order to reach Gavi's high level of ambition in addressing inequity in immunisation and reaching zero-dose and underimmunised children, it is vital to consider a spectrum of approaches ranging from gender-responsive to gender-transformative. While gender-responsive programming may be more achievable in the short- to medium-term, collaborating with other relevant institutions and stakeholders to collectively move towards gender-transformative approaches, where possible, is a longer-term objective.
- 2.4. Gavi's Gender Policy is embedded in Gavi's wider commitment to ensure equity in all areas of engagement. It is grounded in the existing international legal and political commitments, including the Sustainable Development Goals (SDGs), particularly SDG3 on healthy lives and well-being and SDG5 on gender equality and empowering women and girls. This policy is aligned with the principles of aid effectiveness and international gender commitments as agreed in Busan (2011) and Beijing (1995) and its Platform of Actions, respectively. It is in full alignment with the Immunisation Agenda 2030, as well as with Gavi's strategy and policies.

3. Scope and areas of focus

- 3.1. This policy provides the framework and principles for Gavi programmatic engagement on gender, including support for vaccines and health systems. It is applicable across the Secretariat, Alliance partners and countries' governments and communities.
- 3.2. This policy is focused on overcoming gender-related barriers faced primarily by caregivers, health workers and adolescents.
 - 3.2.1. The gendered needs of **caregivers** should be at the heart of immunisation service delivery. Primary caregivers of children, often women, do not demand immunisation services as they lack time due to unequal responsibilities for household labour, lack agency due to unequal household decision making power or have restricted mobility due to rigid and harmful gender norms. Men's participation in childcare and as influencers in broader societal networks is important in increasing demand for immunisation services coupled with service delivery approaches that lower numerous barriers faced by female caregivers,
 - 3.2.2. A special focus on gender-related barriers faced by the **health workforce** is required, given that almost 70 percent of frontline health workers are female¹. Gender inequality in remuneration and promotions and the prevalence of sexual harassment in the workplace negatively impact the

¹ Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019

quality of health services. Security threats and gender-based violence limit the extent to which female health workers can safely undertake outreach missions and staff clinics after dark.

- 3.2.3. Engaging with **adolescents** provides a unique opportunity to be gender-transformative, as it is during this period that cultural and societal norms are developed. Reaching adolescents with integrated services creates positive experiences with the health sector, building an enabling environment for a lifetime of health-enhancing behaviours for adolescents and their future children.
- 3.3. Gavi's approach to gender is not limited to immunization programmes and health care delivery in countries but extends to all aspects, including Governance bodies and the Gavi Secretariat's corporate policies and practices. These are not in scope for this policy but are reflected in other documents. Examples include:
 - 3.3.1. **Governance:** Gavi seeks to achieve gender balance throughout the Board governance structures and membership as described in the *Guiding Principles on Gender Balance for Board and Committee Nominations*.
 - 3.3.2. **Human Resources:** The Gavi Secretariat is committed to maintaining a workplace that promotes diversity. It aims for gender balance in recruitment, remuneration², recognition and rewards. Key indicators are reported and monitored regularly as outlined in the *Gavi Secretariat HR Gender Guidelines*.
 - 3.3.3. **Procurement:** The Gavi Secretariat requires contracts to consider their impact on gender equality, amongst other economic, social and ethical considerations as described in the Gavi Procurement Policy.

4. Guiding principles

- 4.1. The following are the guiding principles for Gavi's programmatic engagement on gender:
 - 4.1.1. **Focus on zero-dose and underimmunised children** as markers of families and communities facing pervasive inequities in immunisation.
 - 4.1.2. **Do no harm:** Gavi and its implementing partner activities should not cause adverse impacts, create new risks or reinforce adverse/damaging gender stereotypes that contribute to marginalisation, social and economic disadvantage, exclusion and gender-based violence.
 - 4.1.3. **Evidence-based, differentiated approaches:** Target and tailor approaches based on country and community context and capacity, recognising that gender issues differ significantly from one country to another and sub-nationally.
 - 4.1.4. **Country owned:** Promote country ownership and alignment, ensuring that countries are equipped with the resources to identify and address gender-related and other intersecting social barriers in health and health services.

² In November 2018, Gavi became the first Swiss-based not-for-profit organisation to be certified as an equal salary employer by the EQUAL-SALARY Foundation, a Swiss non-profit organisation focusing on equal pay for women and men.

- 4.1.5. **Community engagement:** Leverage local community knowledge of gender norms and engage communities in planning, implementation and oversight of interventions to address gender-related barriers to strengthen accountability and sustain impact.
- 4.1.6. **Integration:** Align and coordinate actions at country level given interventions to address gender-related barriers require a multi-sectoral approach. Foster delivery of immunisation within a broader package of primary health care services and other sectors including education and economic empowerment.
- 4.1.7. **Innovative:** Explore new products, services, practices and strategic approaches to address gender-related barriers and promote gender-transformative interventions.
- 4.1.8. **Accountable:** Ensure effective and representative measurement and clear lines of accountability for delivering on Gavi's Gender Policy, amongst the entire Alliance at global, national and community level.

5. Approaches to achieve Gavi's Gender Policy

- 5.1. The following approaches relate to the **Gavi Secretariat, Alliance partners and countries' governments and communities**. Gavi will pursue the goals of this policy by integrating a gender lens into its analysis, funding, and monitoring through, for example, guidance documents, funding applications, country level dialogue, portfolio management processes, and monitoring and evaluation. Gavi will focus on the following areas:

UNDERSTAND: Building capacity in country on gender and immunisation to understand, recognise and address gender-related barriers.

- 5.2. Sensitising and building the capacity of stakeholders in the Secretariat, Alliance partners and in-country on the importance of addressing gender-related barriers will enable planning and implementation of immunisation programmes to be better targeted to the needs of key populations.

As such, Gavi will:

- 5.2.1. Integrate learning opportunities into broader Gavi-funded capacity-building activities, where possible, and ensure effective trainings on gender and immunisation are available to Secretariat, Alliance Partners and in country stakeholders.
- 5.2.2. Develop and optimise use of Alliance tools, guidance and innovations to support understanding of gender-responsive and transformative programming in country.
- 5.2.3. Provide advice, resources and expertise to strengthen gender-responsive and transformative approaches and interventions in country programming.

ADVOCATE: Strengthen political commitment for gender equality and women's empowerment

- 5.3. To sustain progress and institutionalise efforts to address gender-related barriers, strong leadership is needed to amplify a unified Alliance voice and advocate for

gender equality and equity in global, regional and national policy processes and platforms.

As such, Gavi will:

- 5.3.1. Shape advocacy and global dialogue to articulate and position gender-responsive and transformative interventions as a critical tool to reach zero dose and leave no one behind with immunisation. Promote coordinated efforts towards the realisation of existing international norms, standards and commitments on gender equality.
- 5.3.2. Build and strengthen in-country political commitment to address gender-related barriers including: (a) integrating both women's and men's concerns into the formulation of National Immunisation Strategies; (b) allocating resources towards interventions that overcome identified gender-related barriers; and (c) dedicating financing for community health systems to pay and empower all health workers equally and ensure a gender balance in training and leadership positions.
- 5.3.3. Build commitments to gender equality at an Alliance and country level, including with visible leadership, a unified voice on gender issues and strategic leverage of gender champions at the global, regional, national and sub-national levels.

IDENTIFY: Generate and/or consolidate gender-based analyses and data to identify gender-related barriers to reaching zero-dose and underimmunised.

- 5.4. Programmes that are informed by an analysis of gender-related and other barriers account for the diverse needs of different population groups and can reach zero-dose and underimmunised children. It is important to collect, use and monitor sub-national analyses of gender-related barriers and intersecting social data.

As such, Gavi will:

- 5.4.1. Ensure design and implementation of primary health care programmes, particularly in reaching zero-dose and underimmunised children, are informed by an analysis of gender-related barriers faced by caregivers, health workers and adolescents, as part of a broader analysis of barriers.
- 5.4.2. Recommend robust analysis of gender-related barriers at all levels that includes community-level stakeholders; focuses on priority populations (including caregivers, adolescents and health workers); uses quantitative and qualitative data from different sectors; employs data disaggregated by sex when available and relevant; and considers additional intersecting social factors.
- 5.4.3. Explore innovative solutions and partnerships to collect and analyse sub-national data on caregivers, children, adolescents, health services and health workers, within and outside the health sector.

REACH: Utilise Gavi's funding, processes, structures and other levers to reflect an integrated approach on gender to reach zero dose and underimmunised children

- 5.5. Ensuring gender-related and other intersecting social barriers are integrated when planning and designing programmes is critical to reaching zero dose and

underimmunised children that suffer from compounded vulnerabilities and require multi-agency, multi-sectoral action and collaboration

As such, Gavi will:

- 5.5.1. Promote the use of Gavi's different funding mechanisms within the countries' grant cycle planning processes to support gender responsive, and where relevant, transformative approaches and activities.
- 5.5.2. Enable voices and perspectives of key populations to be integrated into programming by applying behavioural science and human centred design approaches in design of interventions to tackle gender-related barriers.
- 5.5.3. Encourage countries to adequately budget for interventions, exploring gender-responsive budgeting, to tackle gender-related barriers and have specific and measurable indicators to track progress.
- 5.5.4. Encourage country plans to leverage immunisation services to adolescents and maternal newborn and child health, to integrate additional health services, and other sectors including education throughout the life-course.

LEARN: Undertake learning activities to assess and identify the most relevant and effective approaches to address gender-related barriers to immunisation

- 5.6. Setting and executing a learning agenda can provide contextually relevant information on which gender-related interventions can help reach zero-dose and underimmunised children and improve coverage, as well as potential unintended consequences.

As such, Gavi will:

- 5.6.1. Increase the evidence base on gender and immunisation, and other intersecting social areas by supporting in-country learning activities as part of Gavi's broader learning agenda.
- 5.6.2. Enhance communication and dissemination of evidence generated on gender and immunisation to increase immunisation service utilisation, coverage and impact.

PARTNER: Establish, strengthen and leverage partnerships within and outside the health sector

- 5.7. Overcoming gender-related barriers will require a cross-sectoral approach at global, national and sub-national levels. Partnering with actors within and outside the health sector, brings a range of distinctive strengths, experiences and resources to the design and implementation of interventions.

As such, Gavi will:

- 5.7.1. Identify, develop and leverage global partnerships³ including with the United Nations system, humanitarian organisations in emergencies, civil society platforms, multilateral and bilateral agencies, academic institutions, private sector organisations and foundations to strengthen coordination,

³ Including the SDG Global Action Plan for Healthy Lives and Wellbeing for All

foster learning and knowledge-sharing on the issue of gender and immunisation.

- 5.7.2. Encourage in-country policy coherence and cross-sectoral coordination to advance national priorities, including more effective partnerships between the Ministry of Health and the Ministry responsible for gender, women or child welfare or social development.
- 5.7.3. Build relationships and regularly engage with national and community-level civil society organisations/women's groups that advocate for gender transformation and social justice. This enables Gavi to leverage their passion, experience and programmes, while building their capacity as advocates, leaders and voices for change.

6. Timelines for implementation and review

- 6.1. Gavi's Gender Policy will take effect on 1 July 2020.
- 6.2. Progress and impact of Gavi's Gender Policy will be measured through the results framework (See Annex XX) which outlines the theory of change of this policy and ways in which Gavi will monitor policy implementation and outcomes. The Deputy Chief Executive Officer will be responsible for reporting to the Gavi Board on progress towards delivery of these outcomes on an annual basis.
- 6.3. This Policy will be reviewed at the request of the Board.