

# SEIZING THE OPPORTUNITY: RECOMMENDATIONS FOR GAVI 5.0



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# Introduction

Building on the success of previous strategic periods, Gavi, the Vaccine Alliance's (Gavi) new strategy for 2021–2025 sets out key priorities to deliver on its mission. Included among these priorities are (a) a focus on unvaccinated and under-immunised children, with equity as the organising principle and (b) more tailored and targeted approaches for Gavi-eligible countries. Gavi 5.0 is a decisive moment for the Alliance to deliver on its commitments to reach the furthest left behind, vaccinate 300 million additional children — especially the “zero-dose” children<sup>1</sup> — and prevent 7–8 million deaths.

Stalling global progress on immunisation coverage has been well-documented, with Diphtheria-Tetanus-Pertussis (DTP3) coverage at 86% and 1 in 10 children still not receiving the full course of basic vaccines.<sup>1</sup> Additionally, COVID-19 presents a serious risk to immunisation services and progress made to date in developing a resilient global health infrastructure. Every last child — regardless of where they are born and their level of poverty or so-

cial exclusion — must have access to immunisation.<sup>ii</sup> As a leader in the immunisation space, Gavi has a responsibility to catalyse actions that ensure all children are reached with immunisation through access to affordable vaccines by working collaboratively with partners at global and national levels to develop strong primary healthcare (PHC) systems and committing to enhanced transition<sup>2</sup> preparedness and capacity support. The Alliance can and should continue to prioritise placing immunisation at the heart of country health systems strengthening, delivering equitable, people-centred services, and context driven innovation. Not doing so will be a missed opportunity for the Alliance partners to jointly accelerate transformative change which is directly needed to (1) overcome stagnating global immunisation coverage rates, (2) strengthen systems for prevention and control, such as outbreak response immunisation and case-based surveillance systems to prevent and mitigate the impacts of pandemics such as COVID-19 and (3) achieve equitable access to routine immunisation services for all children.



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<sup>1</sup> “Zero-dose” children are children with no previous routine immunizations.

<sup>2</sup> We define transition as the process whereby external donor funding is reduced or withdrawn.

## The new Gavi 5.0 strategy offers a huge opportunity to:



### Reinforce immunisation's role in the universal health coverage (UHC) 2030 agenda

Gavi will play an integral role in building strong PHC systems that can help countries progress towards UHC. This must include (a) collaboration and coordination with global health stakeholders to translate high-level commitments into impact at the national and sub-national levels and (b) integration of immunisation efforts with other critical health and nutrition interventions.

### Reduce equity gaps: deliver on commitments to reach the fifth child

Tangible commitments to equity are needed that build on best practices and lessons learned from the previous strategic period. To identify target populations in hard to reach areas where pockets of unvaccinated children live, it will be critical for Gavi to leverage data and digital tools, build stronger collaboration between vaccine-delivery innovations and programme implementers in communities, and draw from local expertise (e.g. civil society, community health workers and health officials). This will improve the performance of sub-national immunisation systems to reach underserved population and “ensure new product design, development. Gavi must adopt an overarching strategic framework and implementation plan for equity that builds on these principles.

### Enhance transition preparedness and capacity support

In the 5.0 era, Gavi must play a more active role in enhancing country preparedness using a country ownership lens whereby expectation-setting by global planning processes ensure that comprehensive country analysis and true needs inform policy decisions, including Gavi recipient country preparedness criteria to provide detailed transition status prior to entering the accelerated transition phase. Frequent programmatic and financial analyses should be conducted and shared with national governments, other global funds and donors highlighting country-level risks, challenges and opportunities. In addition, where necessary, Gavi should continue to adopt flexible approaches to vaccine financing and health systems strengthening support to transitioning countries with ongoing immunisation challenges. This includes affordable vaccine pricing for Gavi-eligible, formerly eligible and never-eligible countries, particularly those currently on the accelerated transition phase or recently transitioned.

### Ensure meaningful engagement of civil society partners

Gavi must be willing to meaningfully engage civil society (representatives from all communities), where CSOs take part in Gavi's planning, budgeting, implementation and monitoring of processes to ensure vaccine delivery services and immunisation advocacy are culturally appropriate, gender sensitive, affordable, effective and sustainable. The introduction of specific funding streams for civil society will be required.

### Empower countries and communities

Community ownership of immunisation services and active participation of affected communities will be critical to ensure the success of the Immunisation Agenda 2030. Further, their active participation will inform bottom-up approaches to shaping domestic resource mobilisation, setting national priorities for vaccines, and holding governments to account as primary duty-bearers.

# 1. Gavi's role in strengthening PHC and progressing towards UHC

Immunisation is a primary entry point for an array of vital services, including surveillance, data collection, and nutritional support. To have a positive effect on a population's health and productivity, immunisation must be aligned with other health interventions that contribute towards strong PHC systems.

Collaboration and coordination with other global health stakeholders will be critical for accelerating progress on global health during the decade (2020-2030). Gavi must increase their collaboration on policy, programmatic, and financial levels with other donors and multilateral organisations, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the Global Polio Eradication Initiative (GPEI). This, alongside coordination between leading global agencies will be essential to strengthening global health infrastructures needed to build resilience and mitigate the impact of future health crises.

The Gavi Secretariat must ensure the high-level engagement and commitments made under the Global Action Plan for Healthy Lives and Well-being and the Immunization Agenda 2030 are translated into practice at national levels and explore how to reach communities left furthest behind with essential health services. Coordinated action with other global health agencies should deliberately consider nutrition when developing new strategies and policies.

As an alliance, Gavi has made efforts to coordinate with the Global Fund and GPEI. This should continue as all three funds have health systems strengthening strategies and dedicated envelopes for HSS. Increased synergies would accelerate the implementation of efficient and effective PHC interventions and support sustainable domestic financing for health to tackle systematic barriers in basic health service access for the most vulnerable and marginalised groups.

## Health and Nutrition Co-dependence



A crucial area that Gavi must address is the co-dependence between immunisation and nutrition. Currently, malnutrition contributes to 45% of child deaths.<sup>vi</sup> The severely detrimental effect that malnutrition has on children's immune systems drastically increases the likelihood of dying from vaccine-preventable diseases. For example, children who are severely malnourished were found to be up to 15 times more likely to die from pneumonia<sup>iv</sup> and up to 8 times more likely to die from diarrhoea than children who were well nourished.<sup>v</sup> Globally, undernutrition continues to rise, severely threatening progress made in ending preventable deaths. Immunisation can act as an entry point for crucial health interventions such as nutritional support. Greater alignment between immunisation and nutrition financing and programming will enable a more comprehensive approach to health and wellbeing.

## Polio Eradication and IPV



GPEI notably facilitates disease surveillance, vaccine supply and logistics networks,<sup>vi</sup> and ensures health systems are responsive to global health emergencies, as demonstrated by their role as the frontline response to the Ebola and COVID-19 pandemics<sup>vii</sup> Gavi, as a core GPEI partner planning to invest US\$ 800 million in the next strategic period to further accelerate the IPV roll-out, must do more to reach eradication and build stronger systems for the Expanded Programme on Immunization (EPI). Cohesive actions between the two organisations are needed to address country-level challenges such as planning and implementing post-COVID-19 catch up activities to avoid set-backs in polio eradication and resurgence of the virus, and polio transition planning and implementation.<sup>viii</sup>



## 2. Accountability and CSO Participation



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One of the key lessons learned during the Global Vaccines Action Plan (GVAP) 2011-2020 period was that the country-led, top-down framework of the initiative was ultimately to the detriment of GVAP's success.<sup>ix</sup> Organisations such as Gavi have a crucial role to play in ensuring mistakes aren't replicated during the delivery of the Immunisation Agenda 2030 and that renewed approaches to accelerating progress on immunisation involve active engagement of civil society and affected communities. Meaningful participation of these groups will be critical for utilising local expertise and supporting platforms for holding governments accountable as primary duty-bearers.

Currently, Gavi does not specifically address capacity gaps in domestic advocacy for immunisation.<sup>x</sup> In order to engage in effective immunisation advocacy and deliver

on these objectives, civil society will require dedicated funding streams and sustainable sources of financing through targeted country assistance under the Partners Engagement Framework (PEF). Where necessary, Gavi should work alongside civil society to foster increased political will for immunisation across all relevant national bodies; this must also extend to supporting and leading advocacy efforts on domestic resource mobilisation.

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## 3. Transition & Co-Financing

Commitments made by the Gavi Secretariat in 2019 to prevent backsliding, and the acknowledgement of the need for flexible approaches to transition and co-financing during the COVID-19 pandemic given the disruption to national health systems and economies are welcomed. Nevertheless, the Gavi 5.0 operationalisation is an opportunity for Gavi to consider a number of key changes to its current approach to sustainability and transition, particularly in light of the societal and economic impacts of COVID-19. These measures will also be vital to ensure that countries are left in a strong position to continue to sustain and expand on a healthy vaccine ecosystem. While Gavi's current approach to transition aims to achieve these outcomes, there are several key challenges. Countries that have transitioned from Gavi support within the last five years have faced challenges in sustaining immunisation coverage, and several countries facing transition in the 2021–2025 period are in a vulnerable position. For example, Laos is predicted to transition from Gavi support in 2021, yet the country's DTP3 coverage remains at just 68%<sup>xi</sup> and is still introducing vaccines with Gavi support. Other transitioning or previously transitioned countries have seen stalling or declining immunisation coverage, such as Timor Leste, Angola, Vietnam, and Papua New Guinea.<sup>xii</sup>

The implementation of the Gavi 5.0 strategy offers a vital opportunity for Gavi to take the following actions:

- 1 Adopt a new approach to transition that goes beyond the current GNI economic measure to one that is based on equity that is based on equity and offers frequent country specific programmatic and financial analysis highlighting country-level risks, challenges and opportunities to inform policy decisions,<sup>3</sup> including of Gavi-recipient country preparedness criteria to guide country decisions prior to entering the accelerated Gavi transition phase. Ongoing flexible support for transitioning countries that have ongoing development challenges will be vital to prevent backsliding and respond to COVID-19 and other global emergencies.
- 2 Adopt plans to introduce technical assistance support for former and never-eligible Gavi countries; this will be critical for addressing global inequalities

on access to lifesaving vaccines (see section 5: Access). It is crucial that these measures are supported by Board members and adopted in order for Gavi to continue to reach underserved communities and zero-dose children.

To improve transition preparedness and foster country ownership and accountability, Gavi must work closely with recipient countries prior to entering the accelerated and fully self-financing phases to ensure that transition plans are owned and led by national governments. This must include formulating plans to encourage sustainability and accountability involving domestic governments, alliance partners and civil society. Enhanced approaches to capacity building will be critical for improving transition preparedness. Gavi must also provide the necessary capacity building support to enhance countries' procurement and price-negotiating capabilities.

In addition to collaborating with the national government's health ministry, Gavi must collaborate and coordinate effectively with a wider range of stakeholders to facilitate successful and effective transition. This must include all key development partners, such as finance ministries, other multilateral organisations, delivery partners, and civil society. Coordination with multilaterals also working on health, such as the Global Fund, GPEI, and the World Bank and Global Financing Facility, will be critical for mitigating the risk of simultaneous transitions and the subsequent financing cliffs for countries' healthcare systems.<sup>xiii</sup>

**Countries that have transitioned from Gavi support within the last five years have faced challenges in sustaining immunisation coverage**

<sup>3</sup> This must include robust programmatic readiness assessments, which must weigh a country's current immunisation coverage, financial sustainability, geographical distribution, programmatic capacity, technical expertise, and procurement capabilities.

## 4. Equity

Stalled global progress on immunisation coverage translates into preventable deaths and undermining children's potential around the world. Gavi's investment case includes bold commitments to reaching children that are currently being left behind. However, these commitments risk going unfulfilled without having specific milestones built into them from the outset.

Improved policies on equity must build upon lessons learned in the current strategic period and on innovations such as the equity analyses introduced during Gavi 4.0. Areas requiring improvement based on learnings from the current strategic period include the impact of ineffective and uncoordinated engagement with local civil society, programmatic bottlenecks, challenges in accessing the hardest to reach groups, and backsliding in transitioning countries. Gavi must target its equity approach during the 2021–2025 period towards specific milestones outlined in a newly developed broader equity strategic framework aligned with a comprehensive implementation plan. Gavi should introduce a detailed equity strategic plan and implementation framework in conjunction with the Gavi 5.0 strategy and ensure alignment with the Immunisation Agenda 2030 and Global Action Plan for Healthy Lives and Well-Being.<sup>xiv</sup>

Gavi must continue to have a strong commitment to a robust and evidence-based gender policy. This means that the gender policy works to ensure equitable access to vaccines for both boys and girls, and it seeks to break down gender barriers affecting mothers and female caregivers that end up reducing immunisation rates overall. In addition to Gender Sensitive investments which will address short-term access challenges, Gavi should promote gender transformative investments in order to redress long term gender inequalities.

National DTP3 coverage hides great inequalities at sub-national levels. Gavi should increase attention to these disparities and introduce national targets such as achieving 90% coverage across all districts and regions within the country.<sup>xv</sup> Accountability mechanisms for the delivery of Gavi's commitments to reaching the furthest left behind must encompass a broader range of indicators designed to assess national and sub-national progress across equity targets. Indicators for the identification of zero-dose children must be clearly established and must look beyond receiving the first dose of DTP3. Gavi should consider including a broader range of disease indices, such as the measles-containing second-dose vaccine (MCV2) alongside DTP1 and DTP3 into accountability mechanisms.



## 5. Access

Gavi is seeking to increase the number of vaccines the Alliance supports from 15 to at least 18 by 2025;<sup>xvi</sup> this will, in turn, require countries to consider how and when to introduce new vaccines. Gavi will need to play a critical role in the introduction of new vaccines and a country's procurement and price-negotiating ability. They can help countries base their decisions on their own health systems, national capacity, and vaccine cost-effectiveness, and developing countries, particularly those transitioning from Gavi support, need capacity building on procurement and price-negotiating.

Gavi has heralded many transitioned countries as successful due to their sustaining a high DTP3 coverage, yet in certain instances these same countries have still not introduced Gavi core vaccines. For example, Sri Lanka has retained a DTP3 coverage above 90% but is yet to introduce the pneumococcal conjugate vaccine (PCV) and rotavirus vaccines.<sup>xvii</sup>

Gavi's commitment to supporting the introduction of key missing vaccines in former and never-eligible Gavi countries is welcomed. We call for:

**1** Board members and the Gavi Secretariat to approve plans to introduce technical assistance to former and never-eligible countries. These measures are critical to redressing global inequality in access to lifesaving vaccines, including in middle-income countries. These measures will also be critical in supporting LMICs (Lower Middle Income Countries) to respond to pandemics such as COVID-19

Moreover, reaching Gavi's equity and transition goals will require stronger efforts to bring down vaccine prices<sup>4</sup>, including newly developed vaccines, to the lowest and most affordable levels. This is critical not only to ensure that more children can be vaccinated for the same amount of money, but also for countries to maintain their vaccine schedules after transition. Gavi needs to strengthen the transparency of prices and negotiations by making them public and push pharmaceutical companies with which the Alliance works for increased transparency of vaccine development and manufacturing costs. Gavi's commitments to market-shaping for equitable access to new vaccines will be critical in responding to pandemics such as COVID-19 and responding to future global emergencies requiring intensified deployment of new vaccines.

### Vaccines and Global Health Security: Transition, Equity and Access



COVID-19 is a reminder of the protective role that global health organisations such as Gavi play in safeguarding communities from vaccine-preventable diseases and outbreaks. Improved policies on transition, equity, and access that place communities at the centre are needed now more than ever.

- Increased policies that prioritise equity will be vital for connecting vulnerable and marginalised groups to the health system and promote equitable access to a COVID-19 vaccine and future pandemic vaccines.
- Improved transition criteria and policies, as well as robust synergies with other donors, global funds, development partners and civil society will encourage timely country health system preparedness and further successful and sustainable withdrawal of Gavi resources
- Aligned with the ACT-Accelerator commitment to make COVID-19 diagnostics, therapeutics and vaccines available to everybody that needs them as quickly as possible, availability of a safe and affordable COVID-19 vaccine for all countries, especially low-income countries is something Gavi can deliver alongside effective cold chain time- and temperature-controlled transport and cold chain officers. Where possible, the Alliance should provide the necessary technical assistance to support the acquisition of vaccines including COVID-19 in formerly and never-eligible Gavi countries.

<sup>4</sup> Including in Gavi-eligible, former and never eligible countries with a GNI below \$6,000 as per proposed measures on Gavi support for vaccine introduction

## References

### Every last child – regardless of where they are born and their level of poverty or social exclusion – must have access to immunisation.

- i** WHO and UNICEF. (2019). Progress and Challenges with Achieving Universal Health Coverage. Online available at: [https://www.who.int/immunization/monitoring\\_surveillance/who-immuniz.pdf?ua=1](https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf?ua=1)
- ii** ACTION and Save the Children UK. (2020). Delivering on the Promise of Immunisation: How Far Have We Come? Gavi at 20 Years. Online available at: [http://www.action.org/uploads/documents/Immunization\\_Brief\\_for\\_Gavi\\_Replenishment\\_FINAL.pdf](http://www.action.org/uploads/documents/Immunization_Brief_for_Gavi_Replenishment_FINAL.pdf)
- iii** WHO. (2019). "Children: Reducing Mortality." Online available at: <http://www.who.int/en/news-room/fact-sheets/detail/children-reducing-mortality>
- iv** Chisti, M.J., Tebruegge, M., La Vincente, S., et al. (2009). "Pneumonia in severely malnourished children in developing countries - mortality risk, aetiology and validity of WHO clinical signs: a systematic review". *Tropical Medicine and International Health*. 14(10).
- v** Chisti, M.J., Pietroni, M.A., Smith, J.H., et al. (2011). "Predictors of death in under-five children with diarrhoea admitted to a critical care ward in an urban hospital in Bangladesh". *Acta Paediatrica*. 100: e275-9.
- vi** ACTION and Save the Children, 2020.
- vii** GPEI. (2020). "Polio Eradication in the Context of COVID-19". Online available at: <http://polioeradication.org/wp-content/uploads/2020/03/GPEI-POB-recommendations-for-countries-on-covid-20200324.pdf>
- viii** RESULTS UK and ACTION 2019. Polio Transition Planning: Assessing Country Progress, Risks and Ambition. Online available at: [https://www.results.org.uk/sites/default/files/files/Polio%20Transition%20Planning\\_FINAL.pdf](https://www.results.org.uk/sites/default/files/files/Polio%20Transition%20Planning_FINAL.pdf)
- ix** WHO. (2019). The Global Vaccines Action Plan: Review and Lessons Learned. Online available at: <https://apps.who.int/iris/bitstream/handle/10665/329097/WHO-IVB-19.07-eng.pdf?ua=1>
- x** Interviews and consultation with CSOs working in Gavi supported countries.
- xi** WHO data. (2019). Online available at: [https://apps.who.int/immunization\\_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=LAO&commit=OK](https://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=LAO&commit=OK)
- xii** Country DTP3 rates and GNI available on Gavi Country Hub: <https://www.gavi.org/country/>
- xiii** ACTION. (2017). Progress in Peril: The Changing Landscape of Global Health Financing. Online available at: [http://www.action.org/uploads/documents/Progress\\_in\\_Peril\\_web\\_updated\\_103017.pdf](http://www.action.org/uploads/documents/Progress_in_Peril_web_updated_103017.pdf)
- xiv** WHO. (2019). Stronger collaboration, better health: Global action plan for healthy lives and well-being for all. Online available at: <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>
- xv** ACTION and Save the Children, 2020.
- xvi** Gavi. (2020). Facts and Figures - Vaccines Support. Online at: <https://www.gavi.org/about/mission/facts-and-figures/>
- xvii** Gavi Board pre-read June 2019.

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