

Applying a **Primary Health Care**  
approach to investments provided by  
**Gavi, The Vaccine Alliance**



World Health  
Organization

Applying a Primary Health Care approach to investments provided by Gavi, The Vaccine Alliance

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## PREFACE

This document is one of a series of overviews of Global Health Initiatives, developed to provide WHO staff and their partners with a summary of the strategic goals and purpose, operations, and core processes of selected Global Health Initiatives (GHIs), and how a Primary Health Care (PHC) approach can optimize the support provided by those GHIs. It includes information on how to apply PHC principles, particularly those in the PHC Operational Framework, to inform WHO staff working with countries to optimally use the opportunity of GHI and other donor funding to advance a PHC approach to attaining Universal Health Coverage (UHC). The overviews were developed in collaboration with WHO staff at all three levels of the organization, as well as the Secretariats of The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Gavi, the Vaccine Alliance, and The Global Financing Facility for Women, Children and Adolescents (GFF). Additional inputs were received from a diverse range of global, regional and national experts.

### **The aim of this overview is:**

- To provide WHO and Gavi staff with practical information that they can apply to assist member states to access and optimally use GHI and other donor funding and support, while applying PHC principles to the design, implementation and monitoring of such investments; and
- To present practical examples, links to key references, and lessons learnt on feasible ways to apply the [primary health care operational framework](#) to funding requests. It includes examples and case studies showing how primary health care approaches are used to optimize Global Fund investments at the country level.

The principal target audiences for this document include WHO country and regional office staff who are working on GHI and related donor funding requests; Gavi staff supporting countries to implement or reprogrammed donor support; Ministry of Health counterparts, such as those from Planning, Budgeting, Health Systems and various disease- or programme-specific and external consultants who support any aspect of GHI funding. This reference will be of use to both those familiar with GHIs who wish to learn more about PHC approaches, as well as PHC and health systems strengthening (HSS) experts who are increasingly called to help inform development and implementation of GHI support at the regional and country level.



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Tova Tampe and Thomas O'Connell (Global Health Expert, former WHO Staff) provided overall technical leadership and coordination. The principal writing team consisted of Lundi-Anne Omam, assisted by John Grundy and Dijana Spasenoska.

Significant contributions to the overall concept of this overview was provided by WHO Headquarter and Regional Office teams as well as members of the Global Health Initiative Task Team: Alastair Robb, Elena Altieri, Annalise Guisset, Archana Shah, Blerta Maliqi, Casey Downey, Cherian Varghese, Christophe Schmachtel, Clarisse Mason, Denis Porignon, Frédérique Geron, Gerard Schmets, Gina Samaan, Giorgio Cometto, Herman Montenegro, Hernan Von Muhlenbrock, Isadora Quick, Jan Hendrik Schmitz Guinote, John Fogarty, Linda Lucy Boulanger, Ludy Suryantoro, Mai Eltigany, Maria Skarphedinsdottir, Menno Van Hilten, Nathalie Vande Maele, Nicoletta De Lissandri, Nuria Toro Polanco, Richard Carr, Richard Gregory, Samir Sodha, Sean Cockerham, Shamsuzzoha Babar Syed, Shannon Barkley, Sophie Genay-Diliautas, Stephanie Anh Ngo, Susan Sparkes, Temo Waqanivalu. Valuable Inputs were made by Gavi staff: Alex de Jonquieres, Katja Schemionek, Eric Sarriot. A number of colleagues from WHO Regional Offices made pertinent suggestions to this overview including Irtaza Chaudhri, Awad Mataria, Faraz Khalid, Omar Sam, Cyprian Humphrey Karamagi; Juliet Nabyonga, Soledad Urrutia, Amalia Del Riego and Ogochukwu Chukwujekwu.

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## ABBREVIATIONS AND ACRONYMS

AFC	Audit and finance committee
CCEOP	Cold chain equipment optimization platform
CEPI	Coalition for Epidemic Preparedness Innovations (CEPI)
COVID-19	Coronavirus Disease 19
FPP	Full Portfolio Planning
GHI	Global Health Initiative
HSCC	Health Sector Coordinating Committee
HSIS	Health system and immunization strengthening
HSS	Health System Strengthening
HPV	Human papillomavirus
HQ	Headquarters or Head Quarters
HWF	Health Workforce
IA2030	Immunization Agenda 2030
ICC	Interagency Coordinating Committee
IRC	Independent Review Committee
JA	Joint Appraisals
MoH	Ministry of Health
MICS	Middle income country
NITAG	National Immunization Technical Advisory Group
ODA	Overseas Development Assistance
PEF	Partners Engagement Framework
PHC	Primary Health Care
PSR	Programme Support Rationale
RO	Regional Office
SIAs	Supplementary Immunization activities
SCM	Senior Country Manager
SDG	Sustainable Development Goals
TCA	Targeted Country Assistance
TCV	Typhoid Conjugate Vaccine
ToC	Theory of Change
UHC	Universal Health Coverage
UHC-P	Universal Health Coverage Partnership of WHO
VIS	Vaccine Investment Strategies
WCO	WHO Country Office
WHO	World Health Organization

# SETTING THE SCENE

Global Health Initiatives and partnerships are highly diverse in nature, scope and scale. A few focus solely on financing, while others are partnerships for specific conditions or populations which focus on advocacy, coordination, resource mobilization and mobilising technical support<sup>1</sup>. For over 2 decades, [Gavi, the Vaccine Alliance](#) has financed countries' efforts to fight vaccine preventable diseases. As a Global Health Initiative, Gavi brings together core partners including WHO, UNICEF, the World Bank, Bill & Melinda Gates Foundation. Other partners Gavi works with include implementing countries, donors, civil societies, academia, vaccine manufacturers and other sectors. Gavi provides countries with various forms of support including vaccine financing, health systems strengthening, support to procure cold chain equipment, funding technical assistance, vaccine introductions, vaccine campaigns, civil society organizations and vaccine sustainability through market shaping efforts.

**This document is divided into two main parts:**

## **Part 1**

Presents an overview of Gavi and its investment approach

## **Part 2**

Provides a summary of applying a primary health care lens to Gavi investments

Throughout this overview we share tools, resources and key notes to facilitate access to important information. These key resources and tools are hyperlinked throughout this document. A detailed database of primary health care resources and case studies have been compiled and made available in the Primary Health Care for Global Health Initiatives Toolbox (PHC-GHI Toolbox).

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<sup>1</sup> World Health Organization (2006). Opportunities for the Global Health Initiatives in the Health Systems Action Agenda. Working Paper No.4.







# Part 1

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An overview of Gavi



# 1.1

## Introduction

[Gavi](#), the Vaccine Alliance, brings together public and private sectors with the shared goal of creating equal access to new and underused vaccines, and reaching zero dose children living in the world's poorest countries. Support from Gavi helps vaccinate almost half of the world's children against deadly and debilitating infectious diseases. Gavi support is catalytic and meant to be supplemental to domestic financing that assists countries to advance national immunization plans and improve immunization coverage and equity in line with the principles of Primary Health Care and in a sustainable way.

Sustaining impact, expanding it to the “last mile” to reach zero-dose communities, and contributing to global health security with effective epidemic prevention and response, requires a very different approach to health systems strengthening. That is, one that supports the building of resilient and effective immunization systems well integrated into national health systems<sup>2,3</sup>

Primary health care services provide great opportunities to achieve the Gavi's zero dose 2030 agenda of leaving no one behind. Reaching missed communities is critical for global health security and primary health care could serve as an entry point to reach families with zero dose children while empowering communities to better respond to immunization services. Integration and multisector approaches, which are important components to primary health care provide opportunities to expand coverage of vaccination services as governments and international agencies are committing to improve access to primary care services.

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<sup>2</sup>Scott V, Crawford-Browne S, Sanders D. Critiquing the response to the Ebola epidemic through a Primary Health Care Approach. BMC public health. 2016;16:410. doi:10.1186/s12889-016-3071-4.

<sup>3</sup>Denny, L., Mallett, R., Jalloh, R., 2015. After Ebola: why and how capacity support to Sierra Leone's health sector needs to change. Secure Livelihoods Research Consortium Overseas Development Institute (ODI).



## KEY DEFINITIONS

### **Zero-dose Children**

*Those who have not received any routine vaccines. For operational purposes, Gavi defines zero-dose children as those missing a first dose of diphtheriatetanus-pertussis containing vaccine\**

### **Under-immunised Children**

*Those who have not received a full course of routine vaccines'*

### **Missed communities**

*Communities that are home to clusters of zero dose and under immunized children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequities and often gender related barriers.*

## 1.2

### Overview of PHC and PHC operational framework

Forty years after the declaration of Alma Ata in 1978, country governments reaffirmed their commitment to primary health care as key in the achievement of health for all in the [Astana Declaration](#). The [Astana Declaration](#) reaffirmed PHC as the corner stone of health systems strengthening with proven links to improving health outcomes, equity, increasing health security and improving cost efficiency.

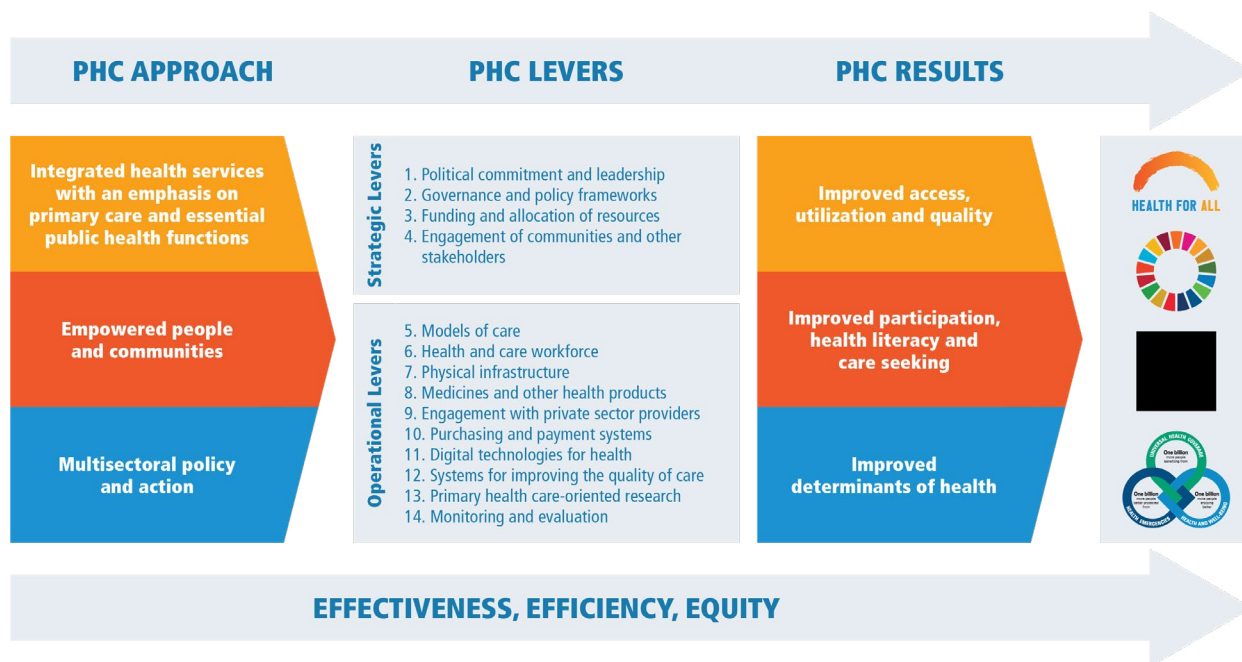
PHC is an approach that strengthens health systems and maximizes the level and distribution of health and well-being. PHC does this by: i) putting primary care and the essential public health functions together, at the core of integrated health services; ii) leveraging multisectoral policy and action; and iii) empowering people and communities as co-creators of their health (Figure 1)<sup>4</sup>. These are encapsulated in the [14 levers of the PHC operational framework](#), in the form of practical actions and interventions that can accelerate progress in strengthening disease-specific programmes and services. To guide countries in accessing decisions and actions implemented to strengthen PHC to achieve universal health coverage, a global normative PHC measurement and monitoring framework has been developed and can be accessed [here](#).

*[Primary Health Care](#) is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.*

<sup>4</sup>World Health Organization & United Nations Children's Fund (UNICEF). (2020). Operational framework for primary health care: transforming vision into action.



Figure 1: operationalising the PHC agenda

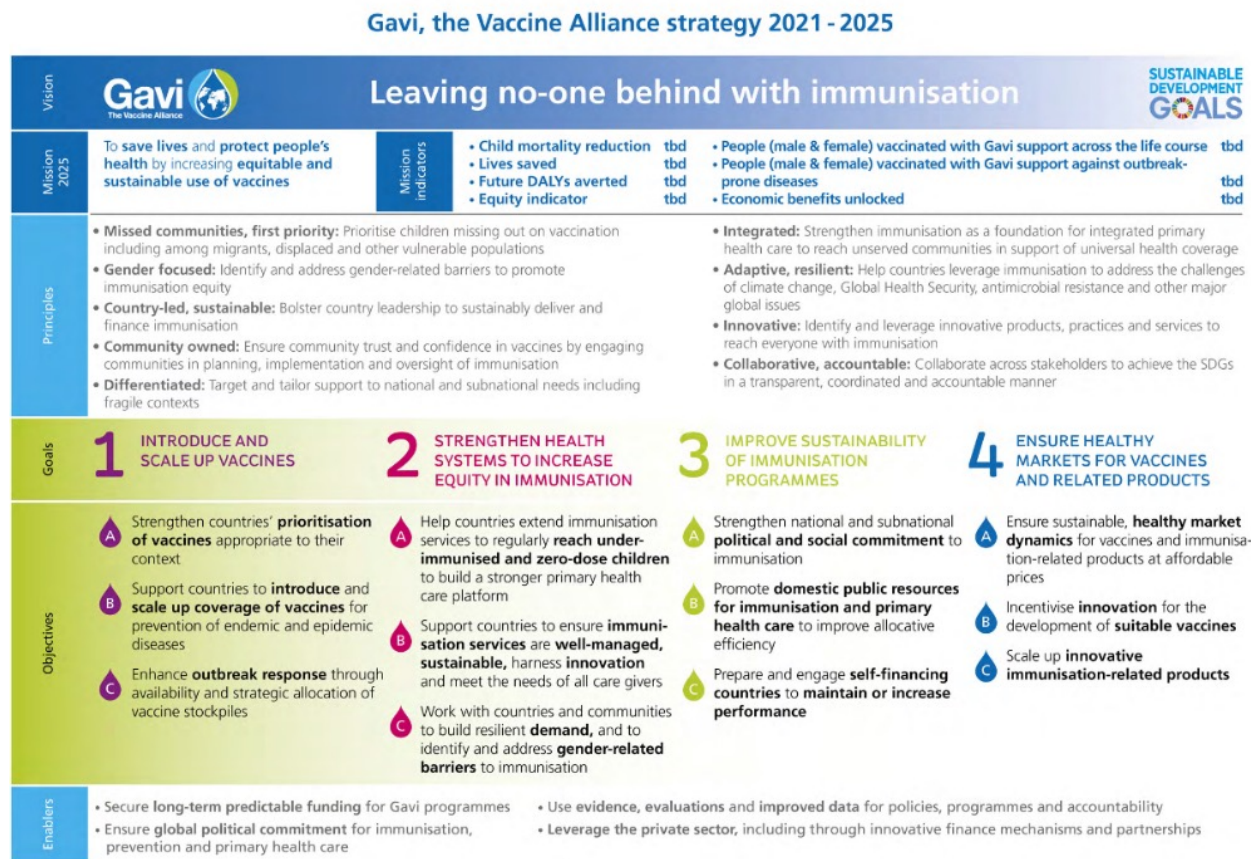


# 1.3

## Gavi at a Glance

Gavi 5.0 (2021-2025) strategic vision of leaving no one behind with immunization by 2030 is inspired by the Sustainable Development Goals (SDGs) and aligned to [Immunization Agenda 2030 \(IA2030\)](#), underpinned by equity as the organising principle. IA2030 places priority and focus on reaching the most vulnerable populations to ensure that all children receive all vaccines. Gavi 5.0 strategy supports the mission to save lives and protect people’s health by increasing equitable and sustainable use of vaccines (Figure 2). More on Gavi’s 5.0 strategy can be seen [here](#).

Figure 2: Gavi phase 5 2021-2025



# 1.4

## Types of Gavi Support

Gavi offers [several major types of support](#): i) [Vaccine support](#) for both routine vaccine introductions and supplementary immunization activities (SIAs); ii) [health system and immunization strengthening](#) (HSIS), iii) support in making immunization sustainable; iv) [Civil society organization support](#); v) [Targeted Country Assistance](#). Gavi also funds vaccine stockpiles for yellow fever, cholera, meningitis and Ebola and outbreak response for measles and v) Equity Accelerator Funding (EAF) to identify and develop tailored strategies to reach zero-dose children and missed communities.



The table below summarizes the various types of [Gavi support](#). Additional conditions per type of support can be found [here](#).

**Table 1: Types of Gavi support under Gavi 5.0**

Category	Type of support
<p>1 Vaccine support</p>	<p>Includes in-kind vaccines &amp; financial support for vaccine Introductions and Campaigns.</p>
<p>2 Health Systems Strengthening</p>	<p>Financial support to improve coverage and equity of immunization to reach every child who needs vaccines.</p>
<p>3 Equity Accelerator Funding (EAF)</p>	<p>To identify and develop tailored strategies to reach additional zero-dose children and missed communities that countries could not reach using other available resources (including core HSS support). Note that countries are not automatically eligible for EAF, as they first need to develop a <a href="#">zero dose 'narrative'</a> in their application.</p>
<p>4 <a href="#">Cold Chain Equipment Optimization Platform (CCEOP)</a></p>	<p>Gavi commits to jointly invest with countries to purchase and install equipment that meets specific technology requirements; i.e. they satisfy a higher standard of performance criteria beyond minimum WHO prequalification standards (PQS) requirements, and are also referred to as platform-eligible cold chain equipment.</p>
<p>5 Partners Engagement Framework</p>	<p>Gavi provides funding to partners through the <a href="#">partners' engagement framework (PEF)</a>, to help support countries' immunization programmes. PEF is primarily meant to advance objectives laid out in the project support rationale (PSR) in the HSS grant application Support under PEF is divided into three areas: targeted country assistance (TCA), strategic focus areas (SFAs) and foundational support (FS), though most PEF funding is allocated to TCA.</p>

In addition, Gavi also provides financial support for [global vaccine stockpiles](#) for Oral Cholera, Meningitis and yellow fever.



# 1.5

## Gavi's structure

Gavi's overall structure includes the governance structure, the Secretariat, country support team, Independent Review Committee (IRC), high level review panel, Alliance coordinator team, regional working groups and country-based mechanisms.

### Governance structure

The Alliance partners, Board Programme and Policy Committee, Gavi Audit and Finance Committee: Provide giving strategic direction, financial practices and policy-making. These are the people, policies and processes that govern. More on [Gavi's governance arrangements](#).

### The Secretariat

Responsible for the [day to day operations](#) of Gavi. The Secretariat implements decisions of the Alliance and Board.

### Country Support team

Works under the guidance of the Health Ministry and in collaboration with all other partners to support the implementation of Gavi grants. See the accompanying [database of Focal Points](#) for the most up-to-date list of all Gavi country support team.

### Country-Based mechanism

The multi-stakeholder dialogue: Serves as the primary forum for engaging Gavi Alliance partners and other stakeholders to support countries in achieving immunization targets. A template for structuring a 2020 multi-stakeholder dialogue is found [here](#).



### Additional references

[Gavi 2019 Board Report](#)

[Gavi Alliance update](#)

[Analysis Guidance 2020](#)

[WHO COVID-19 Partners Platform](#)

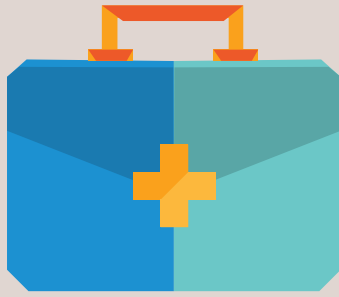
[Implementing the Immunization Agenda 2030](#)

[Gavi's leadership, management and coordination](#)

[Health Sector Coordinating Committee](#)

[Interagency Coordinating Committee](#)

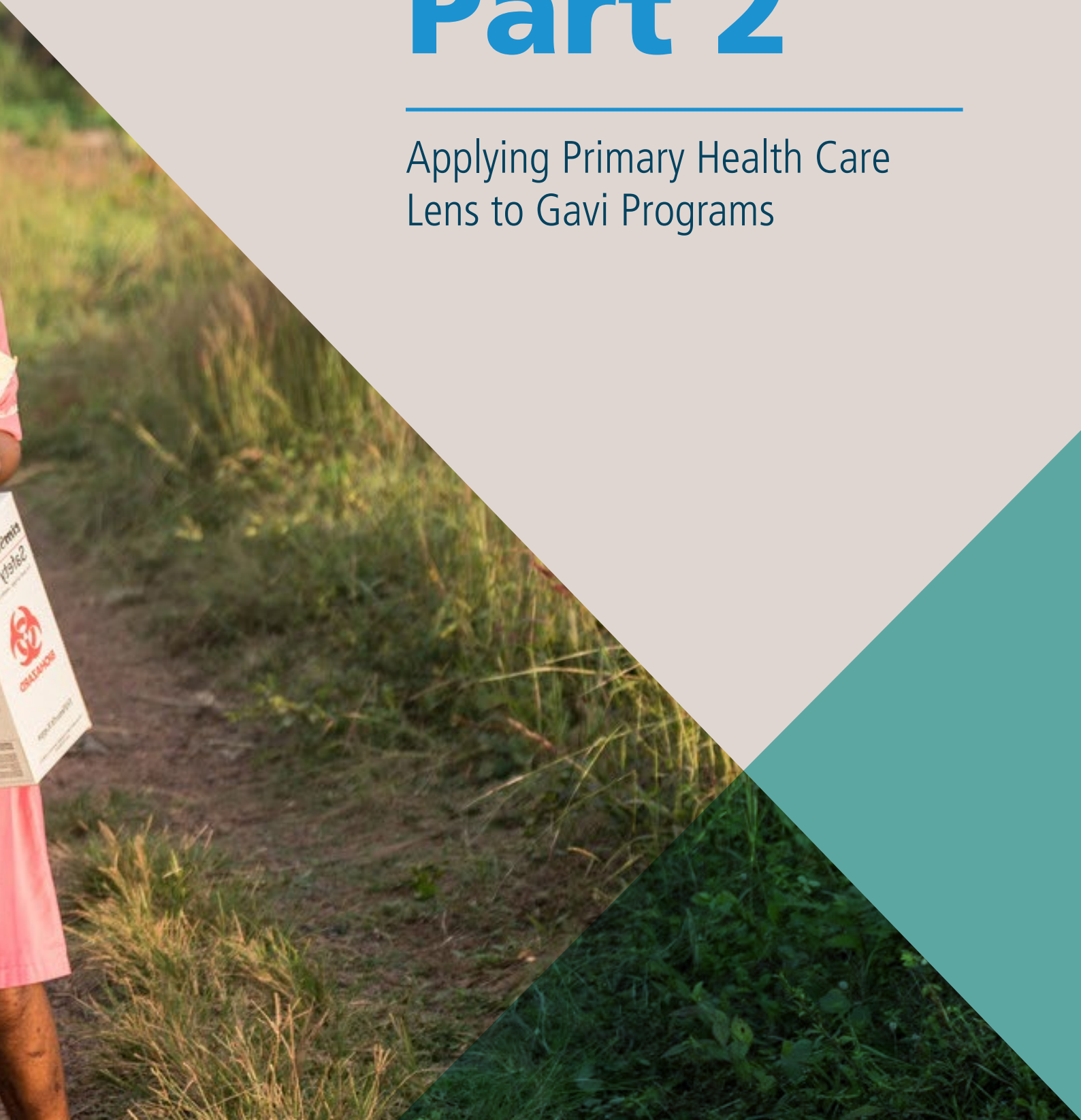




# Part 2

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Applying Primary Health Care  
Lens to Gavi Programs



## 2.1

### A PHC perspective on Immunization

Immunization is a community-based activity that exemplifies PHC across multiple levers. Robust routine immunization services are important for delivery of other non-immunization health interventions at primary care level and vice versa. Considering immunization through the lens of PHC-oriented health system strengthening helps ensure that immunization services are aligned to, supportive of and supported by all relevant institutions and programmes.

[The Immunization Agenda 2030 \(IA2030\)](#) sets a global vision and strategy for vaccines and immunization for the decade 2021–2030. For immunization programmes to be effective in strengthening PHC through IA2030, domestic financing and Overseas Development Assistance (ODA) ah need to be harmonized across the full spectrum of development partners, as well as aligned to national objectives. Further, health ODA needs to be contextualized so that it clearly aligns to domestically defined priorities for health by enhancing capacities of the national institutions that deliver PHC interventions. Capacity building would also mean bringing coherence between central and subnational perspectives and priorities – particularly taxed in situations of fragility. Even in the most fragile settings, local authorities should be partners in deciding on priorities and allocations of resources for health.

To help strengthen health systems and increase equity in immunization, one of the main objectives is to help countries extend immunization services to regularly reach under-immunized and zero-dose children, while expanding full immunization through routine services and contributing to build a stronger PHC platform. Moving forward, this creates an opportunity for PHC to be strengthened through immunization strengthening efforts. Below are some recommendations provided on how UHC/ PHC/HSS experts can actively engage at the country level, to ensure effectiveness, efficiency, and sustainability of Gavi’s investments using a primary health care lens. We acknowledge that some of the proposed recommendations might not be exactly applicable in certain countries, however, the experience working with Gavi programs in countries has revealed that these areas could be helpful supporting grant submission and implementation. More so, the [Equity Reference Group](#) for immunization provides resources with recommendations on innovative ways of achieving equity in immunization programs.

## 2.2

### Optimize Gavi Full Portfolio Planning for immunization outcomes

The full portfolio planning (FPP) is the planning process that a country undertakes to map out their Theory of Change for Gavi support, including goals, objectives, activities, and accompanying request for financing. Gavi Full portfolio planning process provides opportunity for countries to detail how immunization targets will be reached using a PHC framework. This could be done by mapping FPP strategic outcomes to PHC levers (figure 10), strengthening PHC opportunities through Gavi FPP Theory of Change development, and identifying priority activities for support. FPP process is a critical area for WHO staff engagement.

The success of Gavi support to countries depends in large measure on how well WHO's HSS, PHC and UHC expertise is applied to all elements of programming and implementing Gavi support. The [IRMMA \( Identify-Reach-Monitor-Measure-Advocate\)](#) framework provides a guidance towards reaching zero dose children and strengthening PHC.

The [PHC-GHI Toolbox](#) has resources to support those working on the FPP to identify specific ways in which

- Gavi funding can strengthen PHC (both what activities to support and how support is designed and provided).
- PHC more broadly supports immunization activities and results.

The full application and material are found [here](#), and cover in depth

1 Application process	2 Application kit	3 Analysis
4 Ongoing portfolio management, reporting & renewals	5 Financial management & reporting	6 Joint appraisal and multi-stakeholder dialogue

Figure 1 illustrates how the analytical questions and resources in the [PHC-GHI Toolbox Resource database](#) help the user create a link from desired outputs of the Gavi FPP Theory of Change for grant-making, to relevant PHC strategic and operational levers. Blue arrows show primary links from FPP objectives and outcomes to specific PHC levers to operationalize. Yellow dashed lines indicate relevant secondary linkages, while green dashed lines show additional linkages to consider. The yellow and green lines show the interlinkages between the PHC-levers; a specific outcome might not be directly linked to only one lever, but the activities needed to operationalize it could be at the interlink of several levers. For example, for immunization-oriented activities such as optimization of delivery strategies including integrated approaches, the analytical questions help the user consider what is needed to optimize such actions. The blue arrow shows that the user is first directed towards guidance on analyzing models of care. The yellow arrow leads to resources looking at aligning engagement with communities and other stakeholders as well as appropriate allocation of resources the new optimal approach might need. The green arrow then encourages a further discussion looking beyond and considering either other actors such as the private sector, or technological advancements through digital technologies for health. All linkages lead to best references and case studies detailing practices and options for optimization of service delivery strategies.

Figure 3: Mapping FPP Strategic outcomes to PHC levers

Gavi FPP Theory of Change Strategic Outcomes and Objectives	Primary Links	Secondary Links	Additional Linkages	KEY PHC Operational Framework Levers	
				Icon	Description
Leadership, management & coordination Policies, plans & budgets	1 2	3		1	Political commitment & leadership
Resources, costs, financing, sustainability Immunization finance	3		10	2	Governance & policy frameworks
Demand, communities & gender CSOs & partnerships	4	1 2		3	Funding & allocation of resources
Delivery strategies Service delivery Service availability Target populations	5	3 4	9 10 11 12	4	Engagement of communities & other stakeholders
Health worker training Human resources for health	6	5	12	5	Models of care
Cold chain, logistics, vaccine management Supply chain Waste management & injection safety	7 8	6	12	6	PHC workforce
HMIS & data HIS M&E; M&L Innovation	11 14	2	13	7	Physical infrastructure
				8	Medicines & other health products
				9	Engagement with private sector providers
				10	Purchasing & payment systems
				11	Digital technologies for health
				12	Systems for improving the quality of care
				13	PHC-oriented research
				14	Monitoring and evaluation

## 2.3

### **Use PHC to expand access to health services, improve equity and reach the people not currently accessing health services**

Striking inequalities and inequities are observed within and between communities where children have missed their vaccination or never been vaccinated (Zero Dose or under-immunized children). More so, existing health and economic inequities are being exacerbated by the COVID-19 pandemic, putting the most disadvantaged and marginalized communities at even greater risk (gender, but also conflict settings, different ethnic groups, religious groups, etc)<sup>5</sup>. Gavi support can be adapted to maintain and restore immunization and implement measures to strengthen programmes at PHC level in the COVID-19 era<sup>6,7</sup>. PHC can be leveraged in Identifying communities with these missed children and getting them vaccinated.

UHC/PHC/HSS experts from WHO and other in-country stakeholders have a key role to play in promoting the mainstreaming of immunization and other disease-specific efforts into the PHC and system strengthening efforts led by the MoH. This is vital to putting in place an efficient, integrative PHC approach to sustainably attaining UHC. These persons bring an expertise which complements disease-specific knowledge, by helping to identify and find solutions to cross-cutting barriers that prevent achievement of IA2030 objectives. For example: poor compatibility across various health information systems; fragmented and inefficient trainings; or lack of a system-wide diagnosis of implementation barriers that can drive integrate planning that embeds immunization into PHC. Ensuring active engagement of the MoH planning and budgeting staff broadens the base of support within the MoH to promote revisions to health system components that are beyond the domain of the individual health programmes, but critical for achieving and sustaining programmatic goals.

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<sup>5</sup> Kuruvilla S, et al.; Success Factors for Women's and Children's Health study groups. Success factors for reducing maternal and child mortality. Bull World Health Organ. 2014 Jul 1;92(7):533-44B. doi: 10.2471/BLT.14.138131. Epub 2014 Jun 5. Erratum in: Bull World Health Organ. 2014 Aug 1;92(8):620. Jacks, Susan [corrected to Jack, Susan]. PMID: 25110379; PMCID: PMC4121875.

<sup>6</sup> Use of Gavi support to maintain, restore and strengthen immunization in the context of COVID-19. <https://lnct.global/wp-content/uploads/2020/11/Gavi-Guidance-immunization-during-COVID-19.pdf>

<sup>7</sup> WHO COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows <https://www.who.int/news/item/15-07-2021-covid-19-pandemic-leads-to-major-backsliding-on-childhood-vaccinations-new-who-unicef-data-shows>.



This includes facilitating integration within PHC, enhancing synergies with other interventions for health systems support and development, and better positioning of immunization and other critical health programmes into the health sector governance structures. Strengthening the primary health care system is important in expanding access to immunization services, sustaining community demand and addressing gender inequality barriers are key in reaching zero dose children and missed communities.

## 2.4

### **Support Gavi to harmonization joint work across donors**

Effective coordination and harmonization between different GHIs in countries, is often challenging to realize. A core objective of PHC is to improve Aid Effectiveness through better coordination across sectors and partners to ensure integration of services across a spectrum of health services. This is important in the optimization of Gavi investments in countries with other GHI. Coordination and harmonization have the potential of minimizing duplication of efforts and resources. WHO is committed to supporting Aid Effectiveness by supporting health authorities to establish functional and effective health sector coordination mechanisms, planning and budgeting processes<sup>8</sup>.

#### **2.4.1 For each donor, improve alignment to national planning, implementation and performance monitoring processes and institutions**

WHO plays a leading role in ensuring how Gavi and other donors align to national priorities and planning. One of WHO's objectives is to promote a sector-wide review of lessons learnt from past implementation of Gavi and other donor funding<sup>9</sup>. This should consider how well past objectives and activities were coordinated with support from other donors. Equally, it should look at achievements and challenges in efforts to promote integration of national programs and donor-supported efforts into national strategies for improving commodities management, data quality, integrative supervision, HR capacity building and training, and other health systems functions.

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<sup>8</sup> [https://www.effectivecooperation.org/system/files/2020-06/GPEDC\\_2020-2022\\_Work\\_Programme\\_FINAL\\_15May\\_0.pdf](https://www.effectivecooperation.org/system/files/2020-06/GPEDC_2020-2022_Work_Programme_FINAL_15May_0.pdf)

<sup>9</sup> WHO: World Health Organization – Office of the Secretary-General's Envoy on Youth ([un.org](http://un.org))

## **2.4.2 Strengthen country ownership of GHI processes, inclusive of civil society and other voices**

As empowering communities is a core component of a PHC approach, it is especially important for communities to contribute towards planning and designing policies from which they will benefit. Civil society organizations have played a great role for decades in representing the voices of communities and are key stakeholders in Gavi country processes. At country level, CSOs also contribute toward increasing immunization outcomes. Civil society organizations are vital in delivering health services and immunization to those who need them the most. The revised Gavi country FPP application supports grant requests that were developed from national country planning processes involving all key stakeholders including civil society organizations. This approach encourages country ownership and sustainability<sup>10</sup>.

## **2.4.3 Identify stakeholders, their roles, responsibilities and build relationships**

To optimise Gavi's investments at country level, the WHO will work with the health ministry and other partners to map key stakeholders and the support, both technical and financial, they provide. This draws upon an annual health sector assessments by governments, pre-existing stakeholders' mappings, and assessments by or for other donors and GHIs, such as the Global Fund. The stakeholder's mapping exercise should include a diversity of all stakeholders involved in health, and not just those engaged in immunization issues. Of value to the Ministry of Health to identify areas where Gavi, Global Fund, and other donors can pool or align support to achieve common objectives for strengthening health systems. Further, as part of the process to map and identify stakeholder roles in country, it is necessary to make use of existing or develop tools to map and update a national data base on overall HSS funding (e.g. to support MoH's planning department), which also helps ensure coherence, efficiency in resource allocation and coordination across all GHI funding in the country. This is important because every country grant and implementation is developed based on the specificities of that country.

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<sup>10</sup> [cso-implementation-and-results-frameworkpdf.pdf \(gavi.org\)](#)

The process of mapping stakeholders enables the user to identify potential GHI partners with whom collaboration may be strengthened. Mapping relevant TA from other donors is extremely helpful in avoiding gaps and overlaps for TA, and supports [Aid Effectiveness principles](#). WHO has put together a [country planning database](#) to aid in health planning, governance, aid effectiveness and support towards universal health coverage.

The GHI-PHC focal point database can be used to identify and reach out to WHO and partner staff able to bring diverse expertise into development and implementation of grants.

#### 2.4.4 Identifying populations that are not currently accessing services

An important aspect in supporting countries in Gavi application and implementation processes includes helping to collect, collate and analyse data from health sector surveys/studies, annual health sector reviews, and other reviews to better understand the critical gaps in delivery of integrated immunization services<sup>11</sup>. Also, data could be collected within countries using cost-effective innovative approaches like those described in Gavi's Innovation Catalogue<sup>12</sup>. It is also important to support countries in collecting sub-national data, especially in settings with poor data reporting systems. In conflict settings where health systems have been weakened, the [health cluster](#) reporting system could be strengthened and used as a point to obtain data on immunization. PHC-oriented experts can also support countries during the reporting and review process to monitor and evaluate previous actions taken.

Cost-effectiveness analysis might help highlight the strengthen in integrating immunization services with other services to avoid overburdening health worker. A landscape review by [Portnoy et al \(2022\)](#) summarizes research done on cost effectiveness of integration of immunization and primary care services.

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<sup>11</sup> [Zero-dose children and missed communities \(gavi.org\)](#)

<sup>12</sup> [Gavi\\_Innovation-catalogue.pdf](#)

For instance, WHO leads the COP on Measuring Social Accountability and Outcomes, which gives a voice to underserved populations. It is important to give underserved populations a voice in identifying what solutions will work best in their settings to reach Zero-dose children. This is important to ensure there is a clear theory of change to reach zero-dose children, and their communities and caregivers that is context specific and will achieve the targeted outcomes and improve immunization coverage and equity.

#### **2.4.5 Promote country leadership in developing Gavi funding proposals, inclusive of CSOs**

Health systems investment are aligned with national priorities, capacities, systems and contexts. A key role of PHC, HSS, immunization and other WHO staff is to work with partners and all stakeholders, including communities, to adapt Gavi processes to national needs and circumstances. To promote alignment and efficiency of HSS efforts, UHC/PHC/HSS focal points should promote the participation key HSS stakeholders from the MoH (e.g. senior ministry staff from Human Resources, HMIS, Finance, Planning, governance), as well as other government sectors (e.g. Ministry of Finance), to work with all donors and civil society organizations to develop a country-owned and contextually appropriate Theory of Change. This is important in ensuring country ownership and sustainability of actions beyond Gavi Supported period. Inclusiveness of civil society in the country processes ensures communities' realities, challenges and perspectives are considered in the Theory of Change.



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## 2.5

### **Operationalising the Gavi grant during implementation**

Mainstreaming the implementation of Gavi grants through integrated service delivery, Health Workforce (HWF) training/capacity building, integrated use of pragmatic data to assess progress, coordination and efficiency is important in operationalising Gavi grants.

## Integration

Integrating immunization programmes into broader health systems and primary health care systems is crucial to the achievement of the SDGs related targets including UHC. Integration is defined by WHO as “The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs, over time and across different levels of the health system”.<sup>13</sup> Immunization programs are most often implemented at primary care level and provide an opportunity for integration with other services provided at primary care level<sup>14</sup> Integrated health services, when based on strong primary care and essential public health functions, strengthen people-centred health systems and potentially contribute to the best use of resources<sup>15</sup>.

Integration can be partial or full depending in the context and types of interventions to be integrated. In addition to the fact that integration is in degrees (partial), integration rarely happens at all levels at the same time. For example, services can be integrated through one provider, or one service delivery point can integrate services from several different providers, or one information system in which different providers input their services can integrate management and performance monitoring across a department, division or ministry (3). Worth noting is the fact that integration has a cost for all parties concerned, from frontline HR, to supervisors, all the way up to donors.<sup>16</sup> Guidance on what and considerations for integration of immunization services at primary health care is described in “[the Reaching Every District Strategy; Reaching Every District \(RED\) 2017 Edition: A guide to increasing coverage and equity in all communities in the African Region](#)”. A series of case studies on integration from different countries are found in WHO’s publication on “[Working together: an integration resource guide for immunization services throughout life course.](#)” An additional core reference is the “[Immunization Agenda 2030 Strategic priority 4 Life Course Vaccination and Integration.](#)”

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<sup>13</sup> [Working together: an integrated resource guide for immunization services throughout the life course](#)

<sup>14</sup> Technical series on primary health care: Integrating health services. <https://www.who.int/docs/default-source/primary-health-care-conference/linkages.pdf>

<sup>15</sup> Technical series on Primary health Care: Integrated Health services. <https://www.who.int/docs/default-source/primary-health-care-conference/linkages.pdf>

<sup>16</sup> Portnoy A, Regan MC, Brenzel L and C Resch S. Landscape report on the economics of integration of immunization and primary health care services in low- and middle-income countries [version 1; not peer reviewed]. *Gates Open Res* 2022, 6:61 (document) (<https://doi.org/10.21955/gatesopenres.1116876>).

## Capacity building

Workforce capacity building is a key strategy to achieve strong immunization programs as identified in the [Global Vaccine Action Plan](#). Health care workers are capital to immunization systems and their skills and capacities are crucial to the success of the immunization programme<sup>17</sup>. To support programme managers and health workers in strengthening their capacities on immunization, WHO developed the [MLM training website](#) with courses on different areas of immunization. More so, within the context of the COVID-19 era, Gavi discourages investments in traditional models of cascading face-to-face trainings, and encourages the use of innovative, evidence-based blended learning approaches<sup>18</sup>.

## Coordination

In many recipient countries, coordination between different actors is needed to cope with the challenges of different reporting requirements, conflicting time frames in planning and funding cycles and parallel bureaucracies<sup>19</sup>. For Gavi funded programs, coordination with different stakeholders at country level is ensured through the Inter-agency Coordination Committee (ICCs) reporting to a section wide coordination mechanism. Though country experiences can vary due to contextual realities, an example of the coordination role played by the ICC in mobilising resources and coordinating partners in the fight against Ebola in DR Congo is seen in this [model](#)<sup>20</sup>.

## Efficiency

An efficient use of Gavi funds would maximize impact and minimize waste. Efficiency around Gavi programs could be improved through the use of a combination of approaches which reflect country-specific political economies to allow for sufficient funds to be secured from domestic resources<sup>18</sup>. Efficiency could also be improved through collaboration with other donor agencies, like the Global Fund as presented in a paper on “ [Enhancing impact and efficiency: collaboration between the Gavi and the Global Fund](#)”, presented at the 39th Board Meeting of the Global Fund. An additional reference is that [Immunization Agenda 2030: A Framework for Action. Discusses importance of coordinated operational planning and M & E.](#)

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<sup>17</sup> The elements of a strong immunization program and why we need to invest in them. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/281528/Elements-of-a-strong-imm-prgm.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/281528/Elements-of-a-strong-imm-prgm.pdf)

<sup>18</sup> [Gavi\\_Programme\\_Funding\\_Guidelines.pdf](#)

<sup>19</sup> Maximising positive synergies between health systems and Global Health Initiatives. <https://www.who.int/healthsystems/MaximizingPositiveSynergies.pdf>

<sup>20</sup> IMPLEMENTING THE IMMUNIZATION AGENDA 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability, and Communications & Advocacy <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>



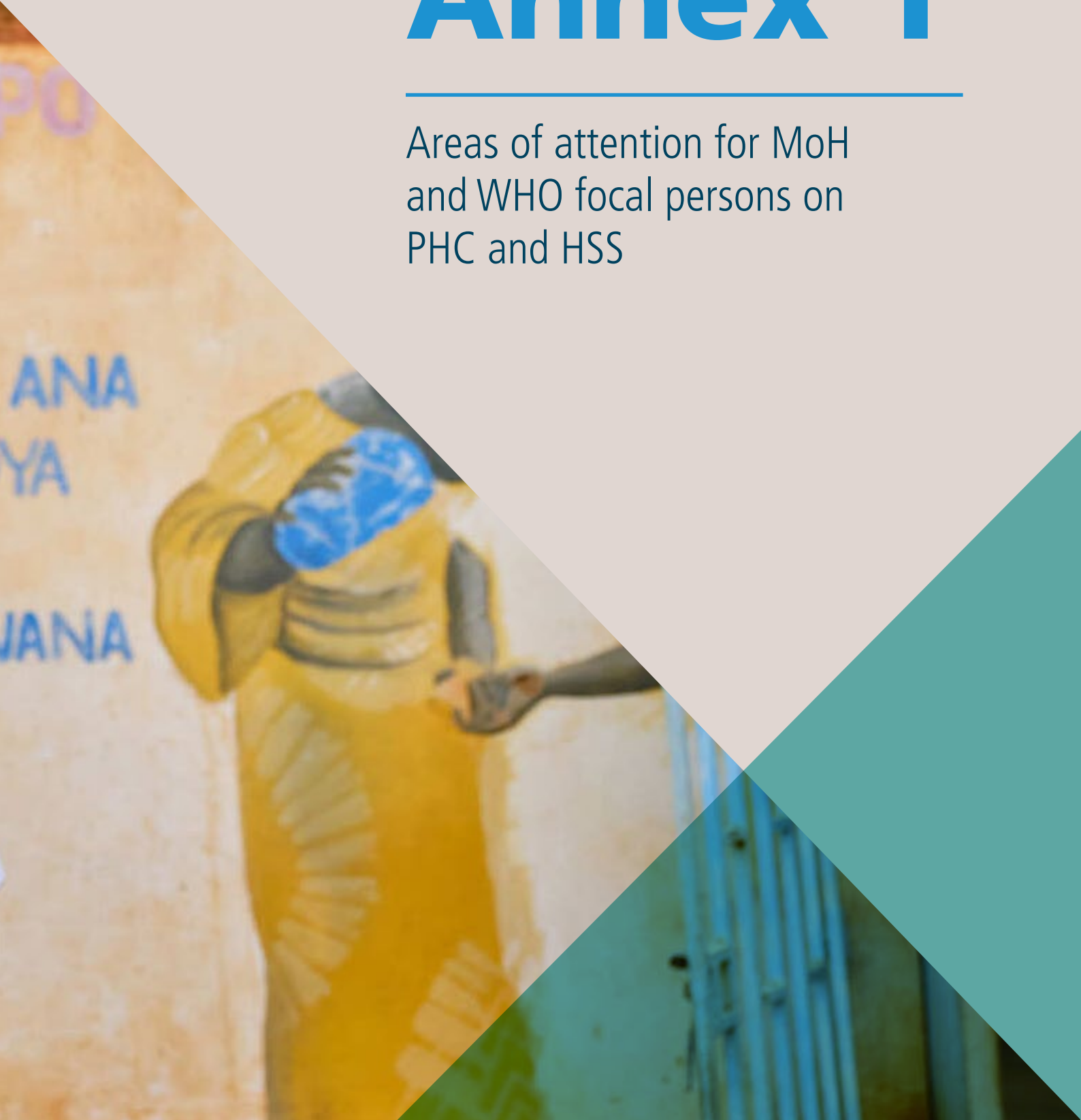




# Annex 1

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Areas of attention for MoH  
and WHO focal persons on  
PHC and HSS



# Engagement opportunities for WHO staff supporting PHC-focused HSS to attain UHC based on the [IRMMA framework](#)

Engagement opportunities	Rationale
<p>Participate in initial country engagement and the definition of high-level processes and milestones using evidence to make a case for political commitment.</p>	<p>A key objective for the WHO country office is to ensure the full and active participation of the Ministry of Health Planning, Budgeting and health workforce Departments, who can provide guidance to the ICC and grant design team on integration of services, coordination of donor funding, and alignment of grant objectives with national priorities and financing mechanisms.</p>
<p>Support government-led national strategic planning processes, programme reviews, JAs, and other elements of the multi-stakeholder dialogue to facilitate adaption of country tailored approaches that address the supply and demand side barriers of immunization.</p>	<p>A critical aim for WHO is to promote a sector-wide review of lessons learnt from past grant implementation. This should include relevant support from other donors, such as efforts to promote integration of commodities management, improved data quality, integrative supervision, HR capacity building and training, and similar areas. Specific to assessing the performance of immunization services, WHO has published a <a href="#">Guide and Workbook for Conducting a Situation Analysis of Immunization Programme Performance</a>. This includes helping to collate and analyse data-from health sector surveys/studies, annual health sector reviews, and other UHC/PHC/HSS reviews to better understand the critical gaps in delivery of integrated immunization services, identify communities who are not being reached with immunization and assess the barriers to reaching them.</p>
<p>Support analyses on the immunization coverage and equity situation with data obtained through monitoring real time measurable outcomes.</p>	<p>Support and provide a systems perspective to the dialogue and technical development of the Programme Support Rationale (PSR, see section 1.20), as well as the operational budget, workplan and performance framework for Gavi support proposals. Help ensure there is a clear theory of change for how countries will achieve the targeted outcomes and improve immunization coverage and equity using Gavi support. Support country during the reporting and review process to identify what worked, and what did not, in terms of strengthening the health systems foundations necessary to ensure equitable and sustainable coverage.</p>



