



## Report to the GAVI Alliance Board

16-17 November 2011

<b>Subject:</b>	<b>Third Annual Report on Implementation of the Gender Policy</b>
<b>Report of:</b>	Helen Evans, Deputy CEO
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<b>Agenda item:</b>	A
<b>Category:</b>	For Information
<b>Strategic goal:</b>	Affects all strategic goals

### **Section A: Overview**

#### **1. Purpose of the report**

- 1.1 The purpose of this report is to update the GAVI Alliance Board on progress in 2011 in implementing the GAVI Alliance Gender Policy, which was adopted by the GAVI Board in 2008.

#### **2. Recommendations**

- 2.1 This report is for information only.

#### **3. Executive summary**

- 3.1 Since the last update to the Board, the focus of the GAVI Gender Policy work has been on strengthening capacity within the Secretariat, in line with outcome four of the 2009-2010 Implementation Plan on introducing gender sensitive approaches.
- 3.2 The Secretariat has put in place an external Gender Help Desk mechanism to ensure easy access for Secretariat staff to gender and health expertise. The Secretariat has also taken steps internally to strengthen capacity on gender by establishing a Gender Working Group, comprised of staff representatives from each team, to provide input and track progress on its gender-related activities.
- 3.3 In the past year, there have also been key developments related to GAVI programmes: the PPC has made recommendations to the Board related to the introduction of rubella and HPV vaccines. In addition, Health Systems Funding Platform (HSFP) application materials now request information about gender-related barriers to accessing vaccination services.
- 3.4 Other GAVI Alliance structures, such as Board and the IRC, have seen positive changes to their composition and gender balance.

- 3.5 Finally, recent research has provided a better understanding of the differences in vaccination coverage rates for boys and girls globally, as well as the impact of gender-related barriers to accessing vaccination services.

#### 4. Context

- 4.1 In 2008, the GAVI Alliance Board approved the Gender Policy and requested that the Secretariat develop an implementation plan in support of that policy. The Gender Policy Implementation Plan spanned 2009-2010 and focused on four specific outcomes, linked to the four strategic goals of the policy:
- (a) Outcome 1: New evidence on gender issues in relation to immunisation coverage and access to health services generated, reported and analysed;
  - (b) Outcome 2: Gender sensitive funding and policies in place;
  - (c) Outcome 3: Advocacy for gender equality used as a means to improve immunisation coverage and access to health services;
  - (d) Outcome 4: GAVI Alliance structures introduced gender sensitive approaches.
- 4.2 The Second Report to the Board on Implementation of the Gender Policy (December 2010) provided a final update on deliverables included in the Implementation Plan 2009-2010.
- 4.3 **Progress within the Secretariat**
- 4.3.1 At the end of 2010, the Secretariat undertook a scoping exercise to identify needs related to gender within the Secretariat, and following a competitive Request for Proposals, put in place a Gender Help Desk mechanism in early 2011 with an associated plan of activities. The selected service provider for the Gender Help Desk in 2011 was Indvelop, a Swedish consulting firm.
- 4.3.2 The Plan of Activities on gender for 2011 includes the following:
- (a) A series of eight workshops for Secretariat staff, facilitated by Gender Help Desk consultants - several targeting specific teams, focusing on how the Gender Policy impacts on their work; one targeting the Executive Team; as well as a training course for all staff;
  - (b) The all-staff training sessions on gender mainstreaming in October were made mandatory to ensure a common level of familiarity with gender issues as they relate to GAVI's work. Evaluations of the sessions show that staff felt they had a better understanding of the GAVI Gender Policy and of key gender concepts following the sessions;
  - (c) The provision of ad hoc support by the Gender Help Desk, which to date has included the preparation of brief reports on gender-related issues and the review of draft materials and governance documentation for gender aspects; and

- (d) The provision of a biannual report on developments in the global research agenda and debate on gender and immunisation.
- 4.3.3 An internal Gender Working Group, comprised of staff representatives from each team, was established to provide input and track progress on the Plan of Activities on gender. The group meets on a monthly basis and is chaired by a representative of the Executive Office. Key pieces of work undertaken by the Gender Working Group in follow-up to training sessions in the Secretariat include:
- (a) Developing an information note on gender-related barriers to vaccination services to accompany the HSFP guidelines;
  - (b) Finalising a messaging framework on gender and immunisation; and
  - (c) Developing a script on GAVI and gender for donor relations officers.
- 4.3.4 As part of the Business Plan reporting process in 2011, a Key Performance Indicator on Gender was developed and is reported to the Board each quarter. The KPI tracks the percentage of activities in the Gender Working Group Workplan<sup>1</sup> that are completed on time. The latest result on this KPI for Quarter 3 is 94% completed activities.

#### 4.4 Progress within GAVI Programming

- 4.4.1 The PPC has made recommendations to the Board at this meeting on opening windows for rubella and HPV vaccines that have several gender dimensions. If these windows are opened, this would be a groundbreaking development for women's health outcomes, including for congenital rubella cases and cervical cancer cases and deaths.
- 4.4.2 There has also been a concerted effort to ensure that gender-related barriers to accessing vaccination services has been addressed in funding requests through the Health Systems Funding Platform.
- (a) HSFP application materials:
- The GAVI-Global Fund Common Application Form requires applicants to include gender-related barriers when defining key health systems constraints and requires applicants to outline how proposed HSS activities contribute to reduction of these gender-related barriers.
  - In the GAVI-Global Fund Request Template, the M&E framework section requires that countries describe how gender and other equity issues will be monitored and recommends that national women's health or gender strategies be included as supporting documentation.

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<sup>1</sup> The Gender Working Group Workplan includes the 2011 Plan of Activities as well as Secretariat-led follow-up activities.

- The Request Template Guidance Note explains that gender considerations should be taken into account in both the funding request and in grant implementation. It also provides a link to GAVI and Global Fund gender information, including the GAVI “HSFP Gender Information Note: Gender Related Barriers to Vaccination Services.”
- (b) Country Communications: The package of application materials sent to countries in August 2011 included gender-related documents, such as the instructions and guidance note addressing gender.
- (c) GAVI HSFP Website: The HSFP-specific “How to Apply” website page includes the HSFP Gender Information Note in a downloadable form.

### 4.5 Progress within other GAVI Alliance structures

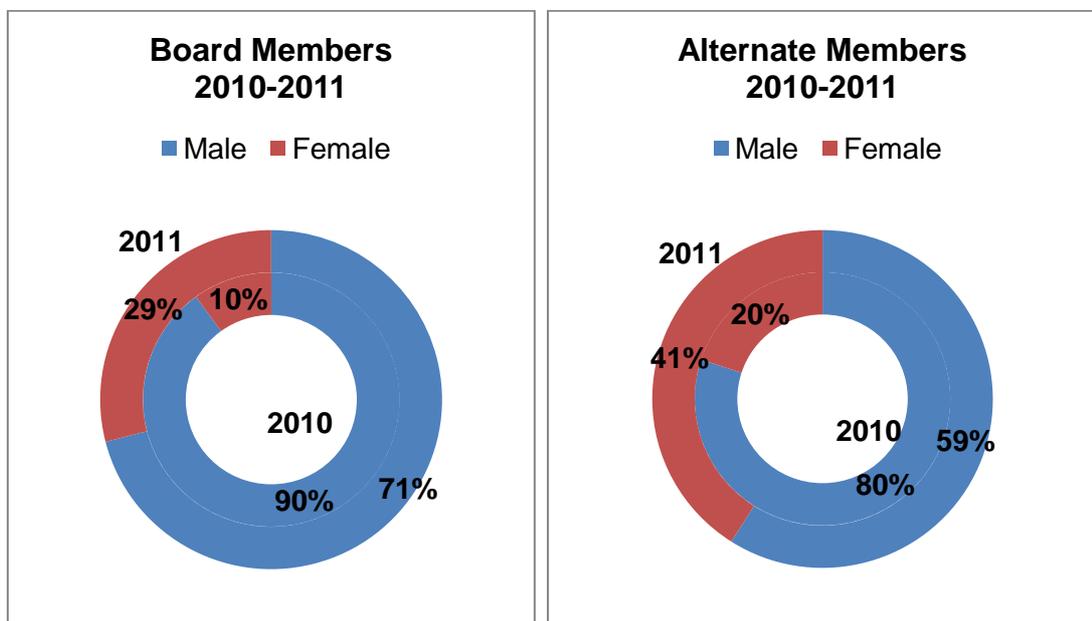
4.5.1 The IRC has seen considerable progress on gender issues since the last update to the Board.

- (a) IRC Capacity Strengthening:
  - Both of the IRC panels in 2011 received training from Gender Help Desk facilitators on gender mainstreaming as it applies to the independent review process.
- (b) IRC Gender Balance and Composition:
  - In response to the HLSP IRC Review, the GAVI Secretariat rolled out an Open IRC Recruitment in April 2011 with a focus on recruitment of female IRC reviewers. The result was that 10 of the 23 new IRC members endorsed by the PPC were women.
  - For the first time, at its July session, the Monitoring IRC achieved gender parity among its members (9 men/9 women).
  - Also for the first time, the Monitoring IRC included a dedicated gender and social development expert, who prepared a gender analysis and recommendations on gender as part of the overall IRC report.
- (c) IRC Recommendation on Gender:
  - On the basis of the Annual Progress Reports reviewed, which for the first time requests that GAVI-supported countries report on gender-related progress, the Monitoring IRC recommended that GAVI develop a more sensitive instrument to measure gender-related barriers and gender equity issues, and that GAVI consider tying gender issues to broader socio-economic equity issues. The management response to these recommendations will be reported to the next PPC.

4.5.2 The GAVI Alliance Board has also seen progress on gender issues since the last update to the Board.

(a) Board Gender Balance:

- The GAVI Alliance Board has seen a significant improvement to its gender balance since the adoption of the Guidelines on the GAVI Alliance Board Gender Balance in June 2010. At the time, only 3 of 28 (10%) Board members were women. As of July 2011, 7 out of 24 Board members are women (29%). For the Board Alternates, the composition has shifted from 2 out of 10 (20%) women in June 2010 to 7 out of 17 (41%) women in July 2011.
- The Guidelines set a target range of 60-40 (men-women).



(b) Mainstreaming Gender in Board Papers:

- The general template for Board papers has been modified to include a dedicated section on gender implications.

**4.6 New evidence related to gender and immunisation**

(a) WHO Study on Gender and Immunisation<sup>2</sup>

- The GAVI-financed WHO/IVR global study on gender and immunisation, released in 2010, reported that although there were no significant sex discrepancies between boys and girls in terms of access to vaccines globally, some of the reports reviewed within the study did show gender inequality and discrimination against boys

<sup>2</sup> Hilber AM, McKenzie O, Gari S, Stucki C, Merten S. (2010). Gender and Immunisation. Summary Report. Geneva: Swiss Centre for International Health, Swiss TPH.

and girls with regards to vaccination in some areas. In addition, the study identified gender-related barriers to immunisation services on a local or regional basis.

- Since the last update to the Board on the implementation of the Gender Policy, this study was reviewed at SAGE in November 2010 in the context of the session 'Update on the epidemiology of the unimmunized and gender-related issues.'
- SAGE noted that there are no significant differences in immunization coverage between girls and boys. However, some of the reports reviewed indicated that immunisation coverage is higher for boys in a few known countries with gender inequity and son preference, while in a few sub-groups girls are more likely than boys to be vaccinated.
- In countries where women have low status and therefore lack access to immunization and other health services for their children, both girls and boys, are less likely to be immunized. One conclusion was that empowering women and increasing their status is critical to improving immunisation coverage.

(b) UNICEF Report on Boys and Girls in the Life Cycle<sup>3</sup>

- UNICEF's recent report *Boys and Girls in the Life Cycle* presents the latest available sex-disaggregated statistics on indicators used to monitor children's wellbeing in the developing world.
- The report supports the findings of the WHO study and shows that globally children under 5 years have the same immunisation coverage rates, although some regional differences remain (eg, South Asia).

- (c) The findings in both these reports have informed GAVI's approach to gender in its programming, and as described above, the Secretariat has modified the HSFP guidelines and associated guidance on gender accordingly.

## 5. Next steps

5.1 A review of the Gender Policy and its implementation is planned for 2012. Results of the review will be provided to the Board in November 2012.

5.2 During 2012, the Secretariat will:

- (a) continue its internal capacity strengthening activities, with a focus on gender issues in the workplace and human resources development; and

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<sup>3</sup> UNICEF. *Boys and girls in the life cycle: sex-disaggregated data on a selection of well-being indicators, from early childhood to young adulthood*. New York: United Nations Children's Fund, 2011.

- (b) continue to ensure that gender aspects are part of its programme delivery and advocacy work.

### **6. Conclusions**

- 6.1 Over the past year, the Secretariat has undertaken a set of activities in relation to the Gender Policy, focused primarily on strengthening staff capacity on gender issues within the Secretariat. However, those activities and their follow-up by the Gender Working Group have impacted other structures of the GAVI Alliance, such as the IRC and the Board.

### **Section B: Implications**

#### **7. Impact on countries**

- 7.1 Countries applying for funding through the HSFP will be requested to provide an analysis of gender-related barriers to accessing services. An information note has been developed by the Secretariat to facilitate this analysis. The Secretariat is also currently reviewing the format of the Annual Progress Report and new vaccines application and will include gender aspects where possible.

#### **8. Impact on GAVI Stakeholders**

- 8.1 In 2011, the primary focus of the GAVI Gender Policy work was strengthening capacity within the Secretariat. In 2012, the Secretariat will need to engage further with GAVI Alliance partners, such as WHO and UNICEF, reinforcing the work through joint efforts that will impact on country programming.

#### **9. Impact on the Business Plan / Budget / Programme Financing**

- 9.1 Funding for the implementation of the Gender Policy for 2012 has been requested under the Business Plan and the Executive Office budget lines.

#### **10. Risk implications and mitigations**

- 10.1 Not applicable

#### **11. Legal or governance implications**

- 11.1 Not applicable

#### **12. Consultation**

- 12.1 Not applicable

### **13. Gender implications / issues**

13.1 This report is an update to the Board on the GAVI Gender Policy.

### **14. Implications for the Secretariat**

14.1 Now informed about the new evidence collected by WHO and UNICEF, and equipped with a basic training in gender issues, GAVI staff need to focus more on how to detect and reduce gender-related barriers that have an impact on the core of vaccination services rather than only focus on sex disparities in vaccination coverage, which was the original concern and reason for the development of the Gender Policy.

14.2 The topic of gender-related barriers is complex, which means that staff awareness and capacity to deal with these matters will likely increase gradually. The challenge now is how to transfer this concern to countries through the GAVI instruments and mechanisms available, working with core partners such as UNICEF and WHO at the country level.