

# Improving Reach to Zero-Dose and Under-Immunized Children



## Considerations for GAVI 6.0

The GAVI, Vaccine Alliance's Strategy 6.0, is a strategic blueprint for navigating the complex landscape of global immunization, with the potential to significantly influence immunization programs across implementing countries, vaccine manufacturers, donors, and technical partners. This strategy is not just about sustaining or expanding vaccine coverage: it's about integrating these efforts into broader health systems to strengthen access to primary health care (PHC), making progress towards all health-related sustainable development goals (SDGs), and strides toward the ambitious goal of Universal Health Coverage (UHC). The stakes of this endeavor cannot be overstated, as achieving UHC is critical in closing the health service gap worldwide.

This policy brief highlights areas for GAVI 6.0 consideration to address barriers to vaccine access and coverage. It is critical to leverage GAVI's Strategy 6.0 as a catalyst for change to reach zero-dose and under-immunized children, including ones posed by the COVID-19 pandemic and climate change.

## The Challenge

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The World Health Organization (WHO) estimates that approximately half of the global population lacks access to essential health services, a fundamental component of UHC. In Africa, 615 million people remain outside the reach of essential health services<sup>1</sup>. Among the most vulnerable are millions of zero-dose and under-immunized children, who represent not just a missed opportunity for individual health and well-being but a broader failure to protect public health. Globally, the percentage of children who received the third dose of the diphtheria, pertussis and tetanus vaccine (DTP3) fell five percentage points between 2019 and 2021, from 86 percent to 81 percent. As a result, 24 million children were un/under-vaccinated in 2021 – which is six million children more than in 2019. Of these, 18 million were zero-dose, meaning they did not receive a single dose of DTP<sup>2</sup>.

The COVID-19 pandemic, compounded by the impacts of climate change, has also severely disrupted progress toward achieving vaccination targets, marking this the largest decline in childhood vaccination coverage witnessed in approximately 30 years<sup>3</sup>. This scenario is particularly dire in low- and middle-income countries (LMICs) reliant on GAVI's support, where millions of lives hang in the balance unless substantial efforts are made to restore and enhance pre-pandemic immunization coverage levels.

## Policy Considerations for GAVI 6.0

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Improving vaccination reach and coverage will require a global integrated approach that addresses immediate immunization gaps and broadens health systems. VillageReach recommends five policy considerations for GAVI 6.0 to

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<sup>1</sup> AHAIC. (2021). The State of Universal Health Coverage in Africa: Executive Summary of the Africa Health Agenda International Conference Commission. <https://ahaic.org/download/executive-summary-the-state-of-universal-health-coverage-in-africa/>

<sup>2</sup> UNICEF Division of Data, Analytics, Planning and Monitoring – Data and Analytics Section (2023), *Progress on Children's Well-Being: Centring child rights in the 2030 agenda – For every child, a sustainable future*, United Nations Children's Fund (UNICEF), New York

<sup>3</sup> <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

improve reach for zero-dose and under-immunized children in low- and middle-income countries, especially in hardest-to-reach areas.

## 1. Elevate the Role of Community Health Workers (CHWs) in Immunization Service Delivery

CHWs are the backbone of primary health care systems in LMICs, often serving as the first and sometimes the only link between under-reached communities and the health care system. CHWs play a key role in demand generation for immunization services and, in many countries, are charged with vaccine administration<sup>4</sup>. As trained, trusted members of their local communities, CHWs are in a prime position to expand the immunization workforce and increase vaccination coverage in under-reached communities.

Their potential is frequently under-utilized due to a lack of formal recognition, inadequate training, and insufficient support, with over 60% of CHWs in LMICs receiving no pay<sup>5</sup>. Studies have consistently shown that strong CHW programs significantly enhance immunization coverage in LMICs. A survey in Kenya proved that a CHW-led PHC intervention increased infant vaccination by 10.1% from a suboptimal level of 88.7% at the baseline survey to an optimal level of 98.8%<sup>6</sup>. Rwanda's community health program increased immunization coverage through pro-CHW policies and formalized the role of CHWs. The rates of essential vaccinations rose to over 90%, and there was a significant improvement in equity in health access across urban and rural areas<sup>7</sup>.

Leveraging CHWs as vaccinators is a promising practice that can help bridge the gap in human resources and extend vaccination coverage to under-reached populations. In a case study conducted in Malawi, CHWs were trained to administer routine immunizations without needing support from other health workers. This model has significantly reduced the vaccination burden on nurses in Malawi and produced consistently high vaccination coverage rates. With innovative technologies for simplified vaccine delivery, such as pre-filled injections and Vaccine Microarray patches (vMAPS) that do not require injection or a cold chain, there are increasing opportunities for CHWs to play an elevated role in immunization service delivery<sup>8</sup>.

Aligning with the WHO Guidelines on health policy and system support for community health workers is a critical step toward achieving GAVI 6.0's objectives of increasing immunization coverage among the world's most vulnerable children. The strategy should aim to encourage implementing governments and stakeholders in LMICs to:

- Promote pro-CHW policies in delivering immunization services to under-reached communities through, among other things, funding initiatives that provide training, support, and supplies to CHWs.
- Support countries in developing financing mechanisms to provide CHWs with fair compensation and incentives.
- Foster strong community ties and ownership of CHW programs to enhance trust and cooperation between CHWs and the populations they serve.
- Facilitate task shifting of immunization responsibilities to CHWs in low resource settings.
- Promote implementation and evidence generation on leveraging CHWs for vaccine administration.

## 2. Improved Governance and Procurement for Operational Excellence

GAVI 6.0 is an opportunity to improve governance and procurement processes to help manage risk areas such as delays in procurement and project implementation, corruption and fraud. Investing in better governance and procurement

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<sup>4</sup> Community Health Workers as Vaccinators: A Rapid Review of the Global Landscape, 2000–2021. Community Health Workers as Vaccinators: A Rapid Review of the Global Landscape, 2000–2021 | Global Health: Science and Practice

<sup>5</sup> <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2822%2900311-4>

<sup>6</sup> Nzioki, J. M., Ouma, J., Ombaka, J. H., & Onyango, R. O. (2017). Community health worker interventions are key to optimal infant immunization coverage, evidence from a pretest-posttest experiment in Mwingi, Kenya. *The Pan African Medical Journal*, 28, 21. <https://doi.org/10.11604/pamj.2017.28.21.11255>

<sup>7</sup> <https://reachalliance.org/wp-content/uploads/2017/03/ReachProject-Rwanda3.pdf>

<sup>8</sup> <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-023-00827-3>

systems ensures better financial performance for countries, more efficient and cost-effective service delivery, strong accountability, and fiscal sustainability.

Improved governance and procurement systems ensure that resources allocated for vaccines reach their intended destinations, minimize wastage, and even improve public trust in immunization campaigns. Rwanda has achieved one of the highest immunization coverage rates globally by establishing a transparent procurement system, rigorous monitoring and evaluation frameworks, and community engagement. The country's commitment to accountability has ensured the efficient use of funds, with over 95% of children receiving basic vaccinations, a significant leap from its status two decades ago<sup>9</sup>.

For operational excellence and impact GAVI 6.0 should prioritize:

- The GAVI Transparency and Accountability Policy (TAP) to encourage countries to publicly disclose GAVI programs' funded audit reports reflecting procurement and expenditure data and empower CSOs to monitor implementation and audit reports. This includes providing CSOs with longer-term visibility on funding and expenditure and co-creating forecasting processes.
- Improving procurement systems to enable a systematic approach, better accountability and continuity of the necessary control and oversight functions. This can be achieved by establishing clear, accessible procurement and CSO operations guidelines.
- Expediting procurement processes by streamlining contract processing to reduce delays, consider multi-year grants and other measures to enhance operational efficiency.

### **3. Encourage Integrated and Responsive Primary Health Care Approaches**

Reducing inequities in access to immunization for all zero-dose children and improving vaccine coverage relies on the collective ability to design health care systems that overcome barriers under-reached communities face. Integrated and responsive primary health care systems contribute to improved understanding of the obstacles individuals and communities face in the design and delivery of their care, leading to increased availability, access and improved vaccine coverage for these populations.

GAVI 6.0 has an opportunity to shift vaccine delivery approaches towards integration and responsiveness with the WHO Health Systems Strengthening (HSS) as the foundation.<sup>10</sup> Integrated and responsive systems ensure that vaccines are available when and where they are needed, immunization programmes can adapt to changes in demand, are functional even when there are shocks and stresses, routinely factor and respond to the needs and preferences of individuals and communities, and specifically address gender-related inequalities in the system.<sup>11</sup>

Growing evidence shows that such approaches are transformative and effective in increasing immunization numbers for zero-dose children. Through the Bate-Papo Vacina! (Let's Talk About Vaccines!) project implemented in the Mozambique provinces of Gilé and Namorroj, 6,989 children were fully immunized in the first 9 months of implementation, accounting for 84 percent of the target numbers for the year.<sup>12</sup> In the DRC, 1,700 children were fully

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<sup>9</sup> <https://reachalliance.org/wp-content/uploads/2020/02/Rwanda-Published-Manuscript.pdf>

<sup>10</sup> World Health Organization. (2007). Everybody's business—strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization. <https://apps.who.int/iris/handle/10665/43918>

<sup>11</sup> <https://www.villagereach.org/resource/our-2030-strategy-a-vision-to-reach-universal-health-coverage/>

<sup>12</sup> <https://www.villagereach.org/2023/07/13/bate-papo-vacina-boosts-immunization-rates-in-zambezia/>

vaccinated within 6 months of implementation across two hard-to-reach health districts (Mimia and Oshwe) in the Mai-Ndombe province.<sup>13</sup>

Through 6.0, GAVI needs to emphasize the shift from fragmentation and siloed immunization approaches towards more integrated and responsive systems by:

- Encouraging countries to implement interventions designed through the identification of systematic barriers that face un- and under-vaccinated children and address the barrier with a specific equity and gender lens.
- Encouraging countries to implement interventions that leverage individual and community insights and data to drive decision-making along with opportunities for increased community participation and accountability.
- Encouraging country strategies and policies that prioritize empowering individuals and communities to shape health service delivery to respond to their needs and preferences.

#### **4. Civil Society Organizations (CSOs) as Implementation Partners**

The GAVI civil society organization's (CSO) implementation framework and the civil society and community engagement strategy have significantly improved engagement with CSOs, including allocating 10% of Health Systems Strengthening, Equity Accelerator Fund and Targeted Country Assistance for CSOs.

CSOs are already significantly improving immunization coverage and providing health services independent of government programs in many GAVI-eligible countries. CSOs offer 43% of medical services in Tanzania, 40% in Malawi, 34% in Ghana, 15% in India (which has over 200 CSO hospitals), 13% in Bangladesh, 12% in Indonesia, and 9% in the Democratic Republic of Congo. CSOs are also instrumental in vaccine delivery, providing up to 60% of immunization services in some countries<sup>14</sup>. They bring a wealth of local knowledge and expertise that enhance the design and implementation of immunization programs. They are adept at navigating local cultural, social, and logistical challenges, making them invaluable partners in tailoring immunization strategies to specific community needs, including capacity building, education, and mobilization efforts, facilitating a deeper understanding and acceptance of immunization among communities.

GAVI 6.0 can significantly enhance its impact, reaching more children with life-saving vaccines and building more robust, more resilient health systems through strategic partnerships with CSOs by:

- Institutionalizing the role of CSOs as crucial implementation partners, ensuring their involvement in joint decision-making, accountability, and monitoring processes.
- Protecting the earmarked 10% funding for CSOs and gradually increase it to 15% throughout the Gavi 6.0 strategy will ensure they are adequately funded and empowered to contribute effectively to immunization efforts.
- Promoting inclusivity by ensuring CSO engagement reflects diverse voices and expertise, which can also include building the capacity of local and smaller CSOs, ensuring that they are not excluded due to capacity or compatibility with GAVI processes.

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<sup>13</sup><https://www.villagereach.org/2024/02/05/operationalizing-cita-in-the-drc/>

<sup>14</sup> <https://www.gavi.org/programs-impact/types-support/civil-society>

- Strengthening GAVI's partnership model to ensure it is adaptable to local contexts and can address gender norms and political fragility while recognizing CSOs' unique ability to navigate these challenges at the community level.

## 5. Catalyze National Coordination for Sustainable Financing

GAVI 6.0 presents a vital opportunity to focus on immunization efforts and strengthen broader health systems and access to PHC in line with the [Lusaka Agenda](#)<sup>15</sup> on the future of the Global Health Initiatives process. GAVI can address inefficiencies across the health system by leveraging funds to foster national coordination among governments, donors, and multilateral partners. Enhanced donor coordination through mechanisms such as in-country Interagency Coordination Committees can ensure that resources are directed towards immunization and strengthening the overall health infrastructure, thereby improving PHC access. This approach recognizes the interconnectedness of immunization programs with broader health system goals, emphasizing the need for integrated strategies and actions that support comprehensive health system strengthening and ensures that investments are aligned with national health priorities, reducing fragmentation and increasing the efficiency and impact of health interventions.

## 6. Private Sector Engagement in Immunization Supply Chains

The evolving landscape of global health, characterized by increased vaccine development, greater diversity in product types, and the need for rapid deployment, necessitates a more flexible and scalable approach. Outsourcing presents an opportunity to enhance the supply chain's flexibility, efficiency, and responsiveness. By partnering with the private sector in logistics, cold chain management, and supply chain optimization, GAVI can leverage global best practices, innovative technologies, and economies of scale to better respond to future demands. While in countries with significant private sector presence, equity, efficiency, and reach of its immunization programs can be enhanced.

Supporting GAVI-implementing countries to create an enabling environment for private sector engagement and government capacity in the immunization supply chain at the national level should be vital for GAVI 6.0. While the [GAVI Immunization Supply Chain Strategy \(ISC\) 2021–2025](#) has been instrumental in encouraging strong supply chains that deliver life-saving vaccines to every person when needed, private sector engagement remains an under-utilized opportunity to improve immunization coverage.

The private sector has financial resources, specialized skills and expertise, physical assets, and technologies governments need. Leveraging these resources to meet immunization targets requires creating an enabling environment for private-sector engagement. Mozambique's Ministry of Health (MISAU) has improved medicines and vaccine delivery nationwide through private sector engagement, resulting in increased focus on management, transport cost-savings, and increased health workforce efficiency<sup>16</sup>. Therefore, GAVI 6.0 should:

- Prioritize the facilitation and financial support for governments to outsource transport logistics. This move will optimize vaccine delivery through specialized services and foster efficiency and cost-effectiveness, ensuring vaccines reach their destinations promptly and safely.
- Support governments in creating a more favorable and less risky environment for private sector actors by establishing and implementing policies and frameworks that reduce operational and financial risks not only in vaccine manufacturing but across the supply chain spectrum, including transport and warehousing.
- Support the adoption of advanced market commitments or volume guarantee strategies to incentivize private sector involvement. These mechanisms can give the private sector the certainty needed to invest in vaccine supply chain solutions, from production to delivery. Ensuring a predictable market and return on investment

<sup>15</sup> [Lusaka-Agenda.pdf \(d2nhv1us8wflpq.cloudfront.net\)](#)

<sup>16</sup> [https://www.villagereach.org/wp-content/uploads/2023/05/Product-integration.OTRC\\_Final\\_-1.pdf](https://www.villagereach.org/wp-content/uploads/2023/05/Product-integration.OTRC_Final_-1.pdf)

significantly enhances private sector contributions to immunization efforts, making vaccines more accessible and supply chains more robust.

These strategic directions will build a more robust, collaborative immunization supply chain by integrating the innovative and operational strengths of the private sector.

## Conclusion

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GAVI 6.0 stands at the precipice of a monumental shift in global health. It transcends traditional vaccine delivery, weaving immunization into the fabric of broader health systems, thereby accelerating progress toward UHC and SDGs. In this light, GAVI 6.0 is not merely an operational plan but a beacon of hope for zero-dose and under-immunized children worldwide. It is a clarion call for all stakeholders—governments, private sector, civil society, and beyond—to partake in a concerted effort to not only enhance immunization outreach but also fortify the very foundation of health systems across the globe towards a future where every child is immunized, no health opportunity is missed, and universal health coverage becomes a reality for all.