Author's response to reviews

Title: Charting the Evolution of the Approach of Global Alliance for Vaccines and Immunizations (GAVI) to Address Inequities in Access to Immunization--A systematic qualitative review of GAVI policies, strategies and resource allocation mechanisms through an equity lens (1999-2014)

Authors:

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Version: 3 Date: 6 August 2015

Author's response to reviews: see over
August 1st, 2015

**RE:** Charting the Evolution of the Approach by Global Alliance for Vaccines & Immunization (GAVI) to Address Inequities in Access to Immunization--A systematic qualitative review of GAVI policies, strategies and resource allocation mechanisms through an equity lens (1999-2014) by Gian Gandhi

Dear Dr. Silvestre,

I appreciate the thoughtful input and comments from the reviewers. I have acted upon the suggestions and feel that the revised manuscript has been significantly strengthened as a result.

I have responded to each of the reviewer comments individually below.

I hope both you and they will find the revised paper acceptable publication in the journal.

Yours sincerely,

Gian Gandhi

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Reviewer #1 Comments

Reviewer’s report:
I consider this to be a very thorough review of the history of the approach by GAVI to the problem of immunisation equity by the authors. Its very thorough investigation of the topic and I think it will prove invaluable to those who are reflecting on or documenting the history of this Global Health Initiative. I recommend the following major revisions.

Response: Thank you.

Major Compulsory Revisions
1. Although this article is very thorough in describing the changes in approach to equity strategy/policy by GAVI, the reader is left pondering at the end as to what have been the main drivers of policy change. It is recommended in the discussion or conclusion that this be clarified.

Response: Thank you. Agreed—This has now been rectified. Please see the revised Discussion section. I have summarized the main results and asserted the likely drivers of policy change.

2. The conclusion is very long and detailed with a great deal of new information that is not in the preceding sections. There are a number of options the author could take in order to provide more clarity. Firstly, the conclusion should summarise the main findings and answer the research question in my view, and point towards future research questions or policy options. Perhaps the long list of bullet points could be included in a recommendations figure and included in the discussion section, or alternatively be included in a supplementary file.

Response: The Discussion section has been used summarize the results and discuss implications against the research question (in line with other reviewer suggestions). The Conclusions section is now significantly shorter and focused on the limitations of the analysis, possible areas of future research, and the main implications of the results.

3. Section 2.7 on Gender. My understanding of gender policy discussion and analysis at GAVI is that it has evolved from discussions of dis-aggregation of data to analysis of gender barriers to immunisation (the position of women with regards to improved access for immunisation for both boys and girls). This could be better reflected in the description of policy change.

Response: Agreed and this has now been rectified throughout the manuscript.
4. Sections on co Financing. I think the descriptions here could much better reflect the recent transitions in GAVI thinking on this topic from an exclusive focus on co financing of vaccines to a focus on co financing of operational costs and health systems, both of which have a significant potential impact on health equity (i.e. financing of basic health services).

Response: What you describe is certainly the rhetoric of the Alliance with respect to financing however, strictly speaking, GAVI’s co-financing policy is still very narrowly focused on the financing of GAVI-funded vaccines. Since the research is primarily interested in GAVI’s actual policies and programmes, the importance of broader health financing is mentioned but it has not been explored in detail this manuscript.

5. Sections on CSO participation. In section 2.4 in the last paragraph, it mentions successful CSO pilots in Pakistan and Ethiopia, and then documents what appears to be a scaling back of CSO investment by GAVI. Given the humanitarian and conflict related challenges associated with health inequities, I would have thought there would be more description and analysis by the author in relation to the the “light touch” approach by GAVI to CSO participation and investment.

Response: Agreed. These issues have been brought to the fore in the sub-sections of the Results detailing GAVI’s HSS funding.

6. The literature review is excellent, by I am puzzled why Independent Review Committee Reports of GAVI (monitoring Committee and proposals Committee) have not been referred to in this analysis. The IRC has consistently recommended an Equity focus for GAVI since 2010, and consistently provided the evidence base for a more pro equity approach (reports available on line)

Response: Thank you. This is an important point and one that has been rectified. IRC reports are available online as far back as 2013 and as such, the literature review and the results now reflect the key information delineated in these reports. Including this information has greatly improved the discourse and shed a lot of light on the potential pro-equity targeting of GAVI-funded vaccine and cash-based support proposals.

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Reviewer's report:
This is a very important article that has systematically examined how Gavi, the vaccine alliance, has approached equity through its programs. The article is of great policy relevance and would be of interest to the public health readership. While the paper provides a historical perspective of Gavi’s operations, the flow would be improved by illustrating the results by the different kinds of equity described (within country, between Gavi countries, between Gavi and non-Gavi countries, gender equity etc.). It would also be important to discuss how other international institutions including those beyond the vaccine field could learn from Gavi’s lessons.

Response: Thank you. The revised manuscript attempts to draw out the ways in which GAVI’s policy and programming mediates the various forms of equity. In the Conclusions section, the manuscript now briefly discusses the relevance of the findings for other multi-partner global development funding mechanisms that share similarities with GAVI.

Major Compulsory Revisions
1. While the paper provides a detailed historical account of Gavi’s operations by describing the progression of Gavi’s decisions across three time periods, it is currently harder to follow the narrative of equity impact. It would be easier for readers to follow the equity story if all the policies concerning equity between Gavi countries or between Gavi countries and non-Gavi countries, or within Gavi countries etc. could be pulled together. This could perhaps be accommodated by structuring the text under different equity subheadings rather than by time period, or adding a Table with Gavi’s decisions, time period, and illustrating which decision affected which kind of equity.

Response: The research question is built on a chronological assessment given the hypothesis that GAVI’s approach to equity has changed over time. However, the revised paper has been strengthened through restructuring the Results section. Information are now grouped thematically (e.g. by GAVI policy, program) and chronologically. The Discussions then summarizes these results at a higher level – according to the various types of equity that have been analysed. The findings are also summarized in a new/additional Table (Table 1) that categorizes the information according to all aforementioned dimensions (by type of equity, thematically and chronologically).

2. It would be better to separate out equity concerns between Gavi countries from those between Gavi countries and non-Gavi countries. It would also be helpful to separate within country equity (which tends to focus on equity in geographic coverage) from socio-economic or gender equity concerns.
Response: Agreed. As mentioned in my previous response, the proposed revision is now addressed through Table 1 of the Results section, as well as in the structure of the Discussion section.

3. The paper goes into great depth about Gavi and provides suggestions for Gavi in 2016-2020, but leaves room for lessons to be learned for other institutions and other areas in public health. It would be useful to abstract a few lessons learned from Gavi’s 15 years for global health organizations operating across LMICs facing similar equity challenges.

Response: Based on the feedback from other reviewers, the list of recommendations for GAVI have been removed given that they could not be fully substantiated by the preceding analysis. The Conclusions section highlights some high-level lessons for other multi-partner funding mechanisms that share similarities with GAVI.

Minor Essential Revisions

1. The results and discussion are interwoven at times, where some parts of the results appear to be a better fit under the discussion section. It would be better to keep the results to information obtained from the literature search and analysis, with discussion putting it in a greater context.

Response: Agreed. This has been rectified.

2. The result section was sometimes redundant, as each time period started with an introduction and concluded with an overview section. One way to resolve this may be to move some of the overview content into the discussion section.

Response: Agreed. This has been rectified.

3. It would be helpful to define some of the country groupings where possible (e.g. Fragile States, Countries with Large numbers of Unimmunized Children (CLUCs), ‘Low Income Countries Under Stress’ (LICUS countries)).

Response: Agreed however, with the exception of LICUS, none of the other country groupings were ever formally defined by GAVI as pointed out in the Results section. That said, a supporting reference published by the World Bank that describes the definition of LICUS has been added.
4. Please clarify what the cash-based support was actually used for. Was it earmarked towards immunization-specific health systems strengthening, or provided to the Ministry of Health as a lump sum amount?

Response: Within the manuscript, I clarify that GAVI does not specify how countries should spend their cash-based support but rather allows countries to determine their needs and provides guidelines on development of plans/applications. While an in-depth analysis of cash-based support spend (or plans) would be interesting, it is beyond the scope of this assessment, and in any case it is something that the GAVI Secretariat does from time to time. Unfortunately, they do not publish their findings.

5. There were some minor typos of words repeated twice or some verbs missing in sentences. A careful and thorough read is recommended.

Response: Agreed. While I have tried to rectify this, with the wholesale restructuring, a further proof-read may be warranted after the next round of reviews.

Discretionary Revisions
1. Is it possible for some of the assertions to be triangulated through conversations with people who have worked or are working at Gavi? While this adds effort and could introduce different biases, it could help in areas where the literature search was not able to find materials to make conclusions. Since the literature is searching communications documents, it appears that adding in-person communications where literature was not available would be appropriate. This may not be a full-scale interview, but rather a supplemental information gathering process where equity results may not have been put in writing. While this is recommended, if it is not possible to carry this out, it would be good to note as limitations that the methodology relied solely on documentation.

Response: This is an interesting idea but of course an ethnographic analysis (or even a lighter version as proposed) of the last 15 years of GAVI’s operations would be a huge undertaking in and of itself. Accordingly, the proposal has been included in the list of ‘further research’ that are described briefly in the Conclusions section. In addition, the proposed limitation (that the assessment relies on documents alone) has been added too.

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Reviewer's report:
This manuscript addresses an important issue: the evolution and impact of Gavi’s policies on equity, and in particular within-country equity. It is based on an extensive systematic review that highlights key points from many documents in the grey literature such as Gavi board minutes and documents. It also contains a list of useful recommendations to Gavi for improvement. However, there are a number of issues that prevent it from becoming the important contribution to the literature and debate that it deserves to be.

Major essential revisions
1. The manuscript reads like two separate papers. The first paper is a chronologically-organised descriptive review of Gavi’s policies over the past 15 years. The second is a list of recommendations for Gavi to address some weaknesses in its current policies. Both sections have merit, but the links between the two are unclear. Unfortunately, this means that it is often not clear what the evidence supporting each of the recommendations is.

   **Response:** This point is well taken. As mentioned in my response to Reviewer #2, the list of recommendations has been removed as the recommendations themselves could not be fully substantiated by the analysis (as you hint in your comment).

2. In some cases the recommendations are very broad and probably need to be justified based not just on a narrative/subjective appraisal of Gavi’s policies, but also the wider health services research, epidemiology and economics literature on empirical findings of effects of different vaccine delivery, financing and implementation strategies. For instance the removal of the DTP3 filter (and the impact of new vaccine introduction in countries with incomplete coverage) and the use of SIA-like mechanisms such as Child Health Days. It may be that the author is aware of the wider literature and is taking it into consideration in the recommendations, but this is not clear to the readers.

   **Response:** N/A. See previous response.

The problem is that the list of recommendations is so long and wide-ranging that it could easily be the material for several papers. I can think of three possible solutions: (i) conduct a much wider literature review to support it (but this would make the paper even longer and be a massive undertaking), (ii) be much more tentative and limited about the recommendations, removing all that cannot be made from a direct extrapolation of the evidence reviewed, or (iii) write up the recommendations as a separate, provocative editorial piece accompanying the review to make it clear that they are an attempt to generate debate rather than a formal appraisal of the reviewed evidence.

   **Response:** Agreed. I will explore publishing the ‘recommendations’ as a separate and more provocative editorial at a later date.
3. The first section, dealing with the review, clearly represents a great deal of valuable work, but is long and not easy to read. Unfortunately the chronological arrangement contributes to this. It may be useful to keep a chronological timeline of the development of Gavi policy in an appendix for historical interest. However, for the purposes of this article, it may be better to arrange it thematically. For instance, the review could group all the information about a particular topic together (e.g. thresholds, co-financing, within country equity etc.), and review it briefly, focusing on the implications on equity, rather than give a full description of every change of policy.

Response: Agreed. This point is also well taken. As mentioned in my response to Reviewer #2, the research question relies on a chronological assessment given the hypothesis that GAVI’s approach to equity has evolved over time. However, the revised paper has been strengthened through restructuring the Results section. Information are now grouped thematically (e.g. by GAVI policy, program) and chronologically. The Discussions then summarizes these results at a higher level – according to the various types of equity that have been analysed. The findings are also summarized in a new/additional Table (Table 1) that categorizes the information according to all aforementioned dimensions (by type of equity, thematically and chronologically).

Since much of the information on the policies and their changes are neither in the public domain nor well-understood, the review does include additional contextual information where it is relevant to aid the readers’ understanding of the findings (and particularly the equity implications).

4. A thematic arrangement would also help to draw the links between the evidence (i.e. review) and the recommendations more clearly. At the moment it is unclear that the recommendations are evidence-based even though much of the material to show this is there in the narrative summary. The manuscript needs to draw more clearly the links between (i) Gavi policy, (ii) the outcomes of the policy (based on empirical evidence), and (iii) recommendations in order to improve these outcomes by altering the policy.

Response: Agreed. The Results have been organized thematically along with the outcomes of the policies where there was evidence to describe this. The recommendations have been left at a more generic level across policies (e.g. ensuring consistent definitions, clarity on the types of equity in focus, consideration on whether indicators to inform equitable allocations are consistent or not).
5. Although the paper starts by saying that it does not discuss definitions of equity/disparity, it seems quite important to define this from the outset, since many of the issues in the narrative deal with tensions between different kinds of equity (eg. between vs. within country inequities, equity in opportunity vs. outcome etc.). This would help put some of the subsequent discussion on a sounder methodological basis (eg. around large country budget caps and pockets of poverty in middle income countries).

Response: Agreed. The definitional issues have now been addressed mainly in the Methods section. This has been an incredibly helpful suggestion and allowed me to develop a framework for summarizing the findings (Table 1) and a means of organizing the summary (in the Discussions section).

Minor essential revisions
1. Page 9: "it is often argued that cost-effectiveness of an intervention requires high coverage". This is not really true except with vaccines that have negative effects at intermediate coverage levels (e.g. rubella) or extremely high transmission rates (e.g. measles). Some degree of indirect protection can be obtained even at relatively low levels of coverage for most vaccines, and in fact coverage that is very high can lead to "wasted" doses from a pure cost-effectiveness maximising perspective.

Response: Agreed. This statement has been removed.

2. p. 26: "As the Alliance shifts emphasis from facilitating the introduction of new vaccines to ensuring programs reach the unreached," This sentence was incomplete.

Response: Corrected.

3. p. 27: "Should learn from the mistakes of the MDG approach?" What are these mistakes - some background may be needed for general readers.

Response: I have tried to make this clearer and the references associated with this discussion provide further detail for the interested reader.

Discretionary revisions
1. For the literature search, although it is very extensive, one area that may be important is to also include literature from partner organisations such as BMGF, PATH, WHO SAGE, DfID, MSF etc. who fund, assess, cooperate and/or operate in the same space as Gavi as they may be able to provide more of an outsider point of view.

Response: This is an interesting idea but one that is beyond the scope of this assessment. I have however suggested that a broader search of other document repositories may add value to further researches.