

Building a movement for advancing towards the next generation of immunization supply chains



TechNet Day 1 | 16 October

www.gavi.org

There are several types of problems

Simple

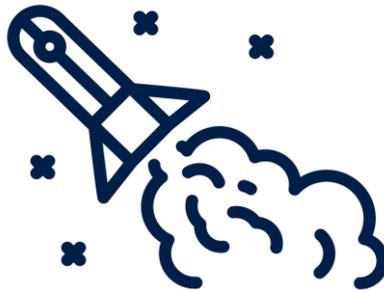
step-by-step recipes



...baking a cake

Complicated

technical solutions



*...building a rocket
to send to the moon*

Complex

emergent systems



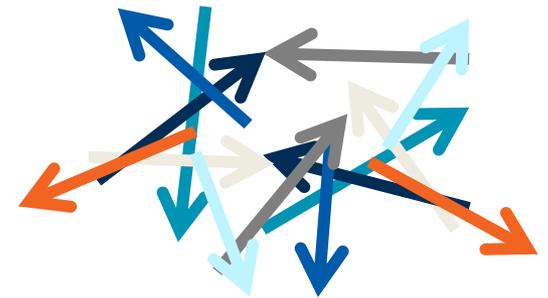
...raising a child

***Traditional approaches to social change are
not solving our most complex problems***

Traditional approaches are not solving our most complex social problems

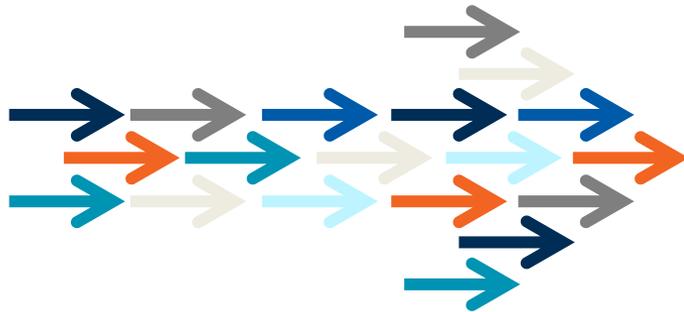
- Funders select **individual grantees**
- Organisations **work separately** and **compete**
- Corporate and government sectors are often **disconnected** from donors and NGOs
- **Evaluation** attempts to **isolate** a particular organisation's impact
- Large scale change is assumed to depend on **scaling organisations**

Isolated Impact



Imagine a different approach – multiple players working together to solve complex issues

Collective Impact



- Understand that social problems – and their solutions – arise from **interaction of many organisations within larger system**
- **Cross-sector alignment** with government, non-profit, philanthropic and corporate sectors as partners
- **Organisations actively coordinating** their action and sharing lessons learned
- All working toward the **same goal and measuring the same things**

All of these efforts share key characteristics



Designed for
OUTCOMES AT SCALE

Population-level change

Aimed at
SYSTEMS CHANGE

Shifting policies, funding flows, or social norms to create lasting change

Anchored in
ROOT CAUSES

Addressing structural inequity

Collective impact principles help operationalize systems change at scale...and can be seen in iSC

Principles of collective impact...

...applied to immunization supply chains



Common agenda



Comprehensive Multi-Year Plan (cMYP)



Shared measurement



EVM & iSC Indicators



Mutually reinforcing activities



Annual EPI Workplan



Continuous communication



Regular Dialogue
(e.g., Immunization
Logistics Working Group)



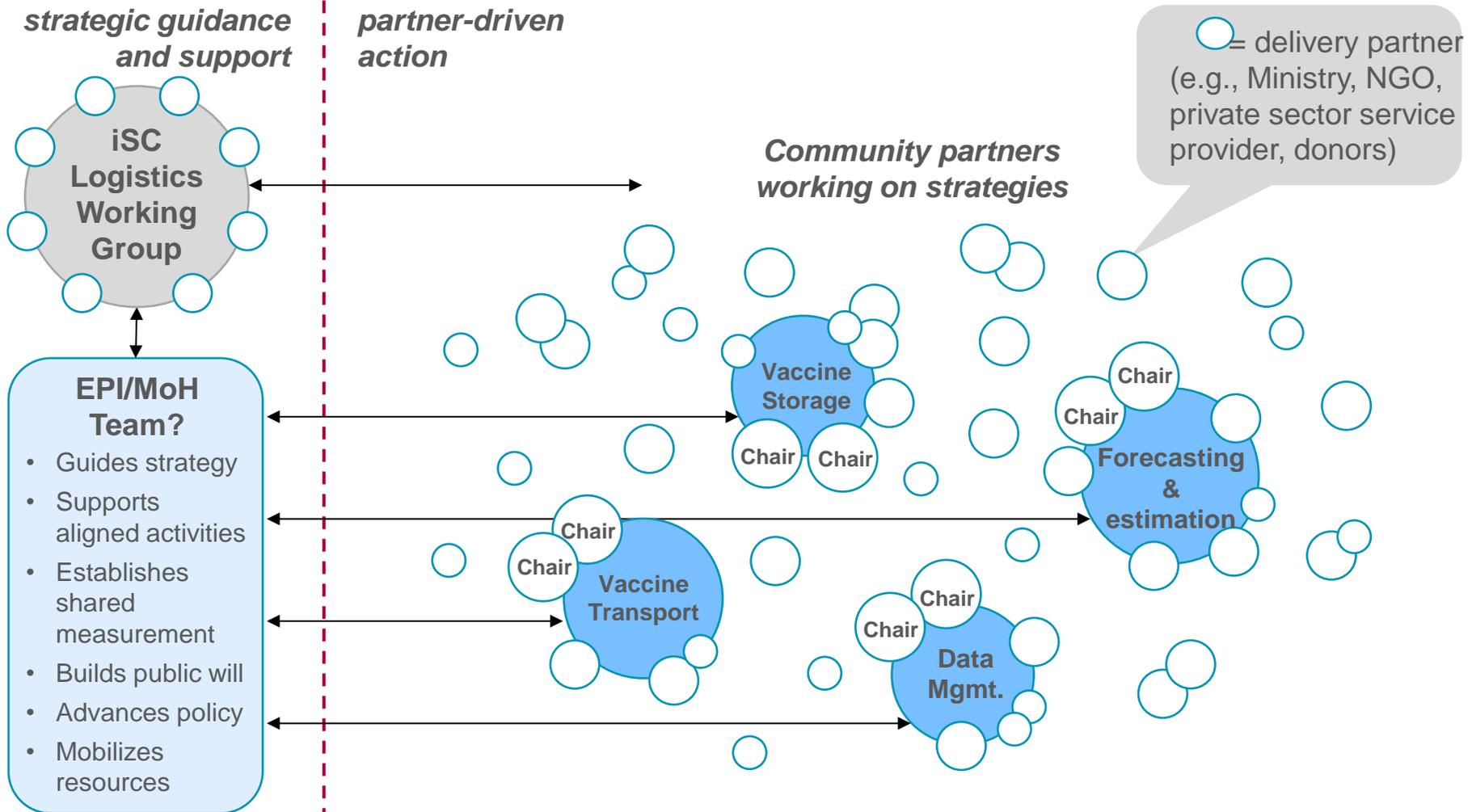
Backbone support



EPI Team/MoH?

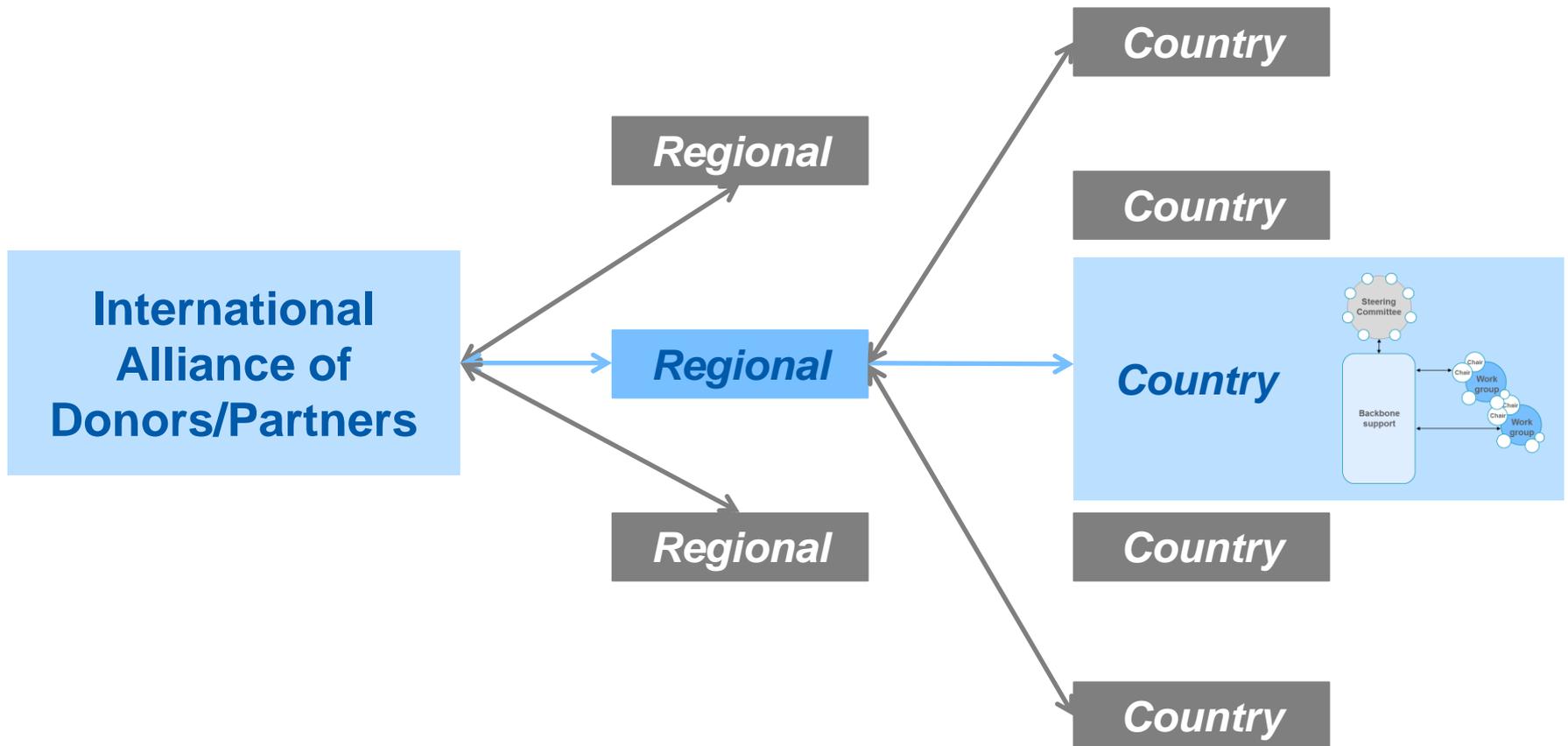
Collective impact in action looks like this... *but how do you get there?*

cMYP and Shared iSC Indicators



Collective impact with global and local coordination can look like this

Common Agenda and Shared Metrics



For a collective impact approach to work, there needs to be a “readiness” for doing things differently



**Influential
Champions**



**Urgency for
Change**



**Basis for
Collaboration**



**Availability of
Resources**

As you all go back to your day jobs, remember there are several **pitfalls** in collective impact to avoid



Rushing through the common agenda development process



Not allowing disparate views at the table



Not celebrating quick wins along the way



Self-declaring as a backbone



Confusing program collaboration with systems change



Not embracing that collective impact means *doing things differently*

Panel Discussion

- **Dr. Tariku Berhanu**, Health Officer, UNICEF, Ethiopia
- **Mr Brian Atuhaire**, PATH, Program Officer Immunization Supply Chain, Uganda
- **Dr. Francis Mwanza**, National Expanded Programme on Immunization Manager, MoH, Zambia
- **Ms. Cheryl Rudd Mallaghan**, Deputy Director of the Centre for Infectious Disease Research in Zambia
- Moderator: Laura Herman, Managing Director, FSG