Routine Immunization Strengthening Program Learning Consortium

Overview

BACKGROUND

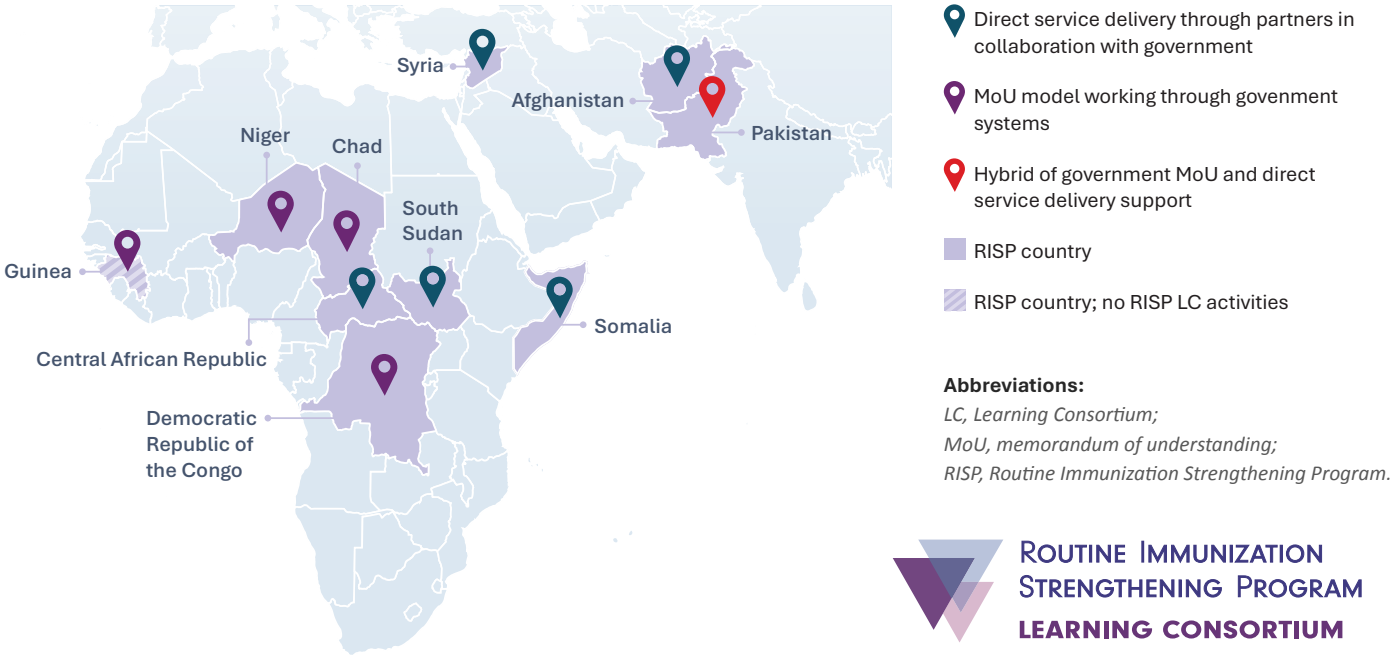
Immunization prevents an estimated 3.5 million to 5 million deaths each year,[1] and every dollar spent on immumization in countries supported by Gavi, the Vaccine Alliance returns approximately US$21 in health and productivity gains.[2] Yet reaching children in humanitarian and conflict-affected settings remains a defining challenge. In 2025, 13.5 million children received no routine vaccines,[3] and wild and vaccine-derived polio continued to circulate where coverage was lowest.

The **Routine Immunization Strengthening Program (RISP)**, launched by the Gates Foundation in 2019, works in subnational areas with low routine immunization (RI) coverage and high polio risk. RISP is a portfolio of country-led and tailored efforts to strengthen RI systems across diverse contexts. Across countries, investments have included service delivery, governance and accountability mechanisms, community engagement, data systems and performance management, access negotiation, capacity strengthening, microplanning, coverage surveys, financial management, and transition planning.

RISP investments span multiple countries and implementation models, reflecting the diverse political, health system, security, and access challenges that influence RI delivery and performance across settings. Broadly, these approaches can be grouped into three implementation archetypes:

- **Direct service delivery** through partners collaborating with government.
- **Government memorandum of understanding** that strengthens immunization through government systems, pooled basket funds, and cofinancing arrangements.
- **Hybrid approach** that combines elements of both.

FIGURE 1: RISP LC countries by archetype.



Abbreviations:
LC, Learning Consortium;
MoU, memorandum of understanding;
RISP, Routine Immunization Strengthening Program.

ROUTINE IMMUNIZATION STRENGTHENING PROGRAM LEARNING CONSORTIUM

The diversity of RISP investments created a unique opportunity to generate learning across countries, implementation approaches, and operating environments. From 2023 to 2026, the Gates Foundation partnered with PATH to lead the RISP Learning Consortium (LC), which synthesizes evidence across program countries to explain how and why different approaches contributed to outcomes, identify transferable lessons, and generate practical evidence to inform governments, donors, and implementing partners. By examining experiences across the portfolio, the LC sought to identify lessons that could inform future RI investments both within and beyond RISP-supported settings.

This overview describes the LC's scope, learning priorities, methods, and evidence framework across Afghanistan, Central African Republic, Chad, the Democratic Republic of the Congo, Niger, Pakistan, Somalia, South Sudan, and Syria.

LEARNING PRIORITIES OF THE RISP LC

The RISP LC was established to generate evidence on how RI programs can be strengthened across diverse political, health system, and humanitarian contexts. Drawing on evidence synthesized across multiple countries, implementation models, and data sources, the LC sought to explain how and why different approaches contributed to outcomes, identify lessons that may be transferable across settings, and generate practical evidence to inform future RI investments.

Across countries, the LC examined a set of interconnected learning areas related to the effectiveness of RI strengthening approaches, service delivery in fragile and humanitarian settings, data use and adaptive management, sustainability and transition, and the costs and resource implications of different implementation approaches. Evidence was synthesized to understand how RI programs can strengthen health systems, reach underserved populations, adapt to changing contexts, and sustain gains over time.

LEARNING AREA	ILLUSTRATIVE LEARNING QUESTIONS
EFFECTIVENESS OF RI STRENGTHENING APPROACHES	• How effective were different approaches to strengthening RI systems? • What outcomes were achieved, and what factors contributed to those outcomes? • Which approaches show promise for adaptation, sustainability, or scale?
SERVICE DELIVERY IN FRAGILE AND HUMANITARIAN SETTINGS	• How can immunization services be delivered effectively in fragile, humanitarian, and conflict-affected settings? • What role do integrated service delivery approaches play in improving access and use? • How can programs reach populations facing insecurity, geographic barriers, and limited access to health services?
DATA USE, LEARNING, AND ADAPTIVE MANAGEMENT	• How can data and contextual information be used to improve decision-making and program performance? • What approaches support monitoring, adaptation, and course correction in complex implementation environments? • How can evidence be translated into actionable improvements in program implementation?

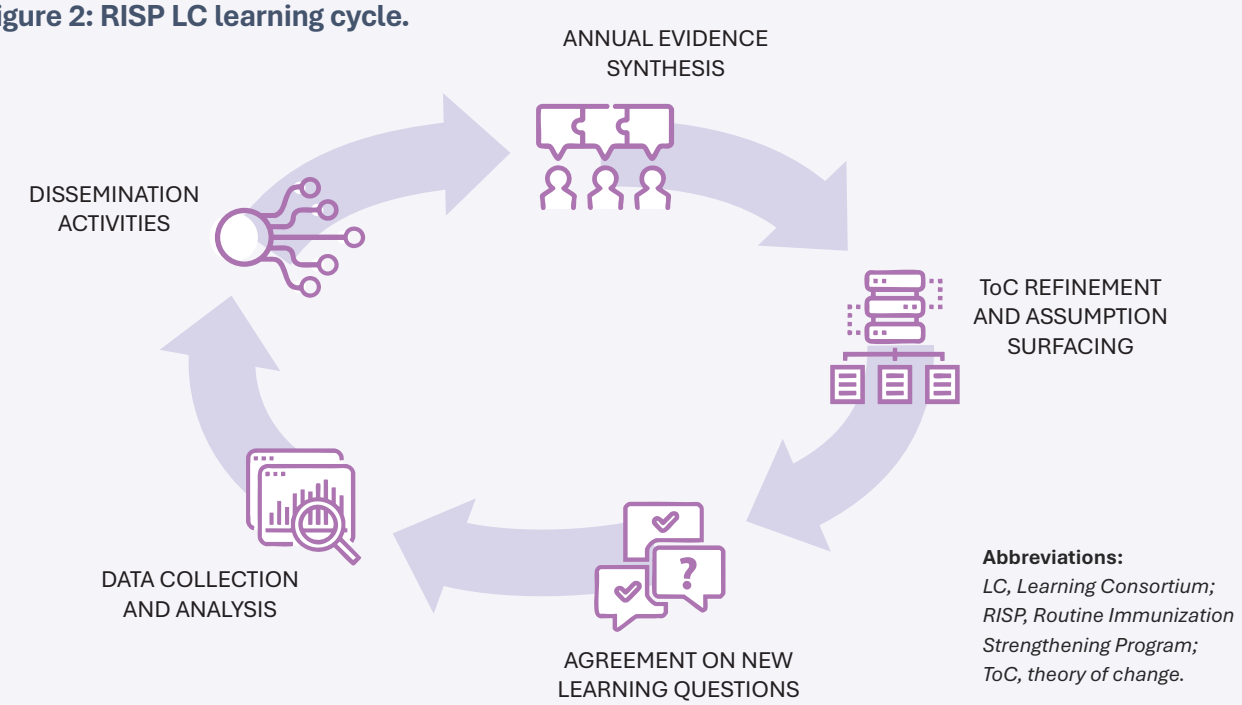
LEARNING AREA	ILLUSTRATIVE LEARNING QUESTIONS
SUSTAINABILITY AND TRANSITION	• What factors contribute to long-term sustainability of RI investments? • How can responsibilities, financing, and program functions be successfully transitioned to governments and other stakeholders? • What lessons can inform future transition planning and implementation?
COSTS AND RESOURCE USE	• How are resources deployed across different implementation approaches? • What can expenditure analyses reveal about the costs of strengthening RI systems and delivering services in fragile settings? • How can resource allocation inform future investment decisions?

LEARNING APPROACH AND METHODS

The RISP LC applied a robust, theory-driven mixed-methods approach to generate evidence on RI implementation across diverse contexts. The methodology was anchored in country-specific and thematic theories of change, which guided data collection, testing of assumptions, and analysis. By combining qualitative and quantitative evidence across countries and thematic areas, the LC sought not only to assess outcomes, but also to understand the mechanisms through which different approaches contributed to those outcomes.

The learning cycle followed an iterative cadence in which evidence synthesis informed refinement of the theories of change, generated new learning questions, and guided subsequent rounds of data collection, analysis, and dissemination. Through this process, the LC continuously tested assumptions, refined its understanding of implementation pathways, and generated evidence to inform learning across countries, implementation models, and operating environments.

Figure 2: RISP LC learning cycle.



Abbreviations:
LC, Learning Consortium; RISP, Routine Immunization Strengthening Program; ToC, theory of change.

STRENGTH-OF-EVIDENCE FRAMEWORK

To support transparent interpretation of findings, the RISP LC applied a strength-of-evidence rating (strong, moderate, or limited) to each case study finding. Ratings reflected the degree of convergence across qualitative and quantitative evidence sources, the richness and credibility of available evidence, and the level of uncertainty associated with findings.

STRENGTH OF EVIDENCE

The RISP LC applied a strength-of-evidence rating (strong/moderate/limited) to each finding, reflecting the level of convergence across sources:

STRENGTH OF EVIDENCE: STRONG

- Clear convergence across multiple, diverse sources; rich and credible evidence supporting program theory; minimal uncertainty.

STRENGTH OF EVIDENCE: MODERATE

- Partial convergence or convergence within a smaller set of data sources; theory-supported with some remaining uncertainty.

STRENGTH OF EVIDENCE: LIMITED

- Mixed or inconsistent signals; lower information power; exploratory interpretations.

RISP LC PARTNERS

The RISP LC brought together global, regional, and country partners to support evidence generation, learning, validation, and dissemination across the RISP portfolio.

PATH

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

CESAG

Impetus

SCIDaR
SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH

[1] *World Health Organization. Vaccines and immunization. Accessed August 11, 2026.* https://www.who.int/health-topics/vaccines-and-immunization

[2] *Gavi, the Vaccine Alliance. Mission & vision. Accessed August 11, 2026.* https://www.gavi.org/our-alliance/about

[3] *World Health Organization. Immunization coverage. Accessed August 11, 2026.* https://www.who.int/news-room/fact-sheets/detail/immunization-coverage

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