

FOR INFORMATION

This paper has been developed from discussions and inputs from the secretariat led health system task team, and a similar paper presented and discussed at the Policy and Programme Committee (PPC) on 15-16 April. It provides an update on GAVI's ongoing work on the International Health Partnership + (IHP+), Health Systems Strengthening (HSS) and issues surrounding possible joint health systems programming between the World Bank, GAVI and the Global Fund to fight AIDS, TB and Malaria (GFATM).

The PPC has taken a view that that the PPC is the Board committee that has the mandate to work with the Secretariat on policy developments in health system strengthening, and will work with the Secretariat to map out what work might be required and how that be commissioned/organised. The Governance Committee took a similar view when it discussed this matter on 15th April.

The Executive Committee is asked to take note, and give any guidance necessary on the proposed next steps for IHP and joint programming with the World Bank and GFATM. WHO has played a key role in providing leadership and input to these developments.

Update on the International Health Partnership (IHP) and Health System Strengthening (HSS)

Background

GAVI introduced Health Systems Strengthening in 2006, recognising that increasing and sustaining vaccine coverage are both critically dependent on strong delivery platforms (health systems) in the public and private sectors. Critical bottlenecks in health systems were recognised as significant constraints to scaling up coverage. Extensive consultation with Ministers of Health in developing countries in preparing GAVI's current 5 year strategy, resulted in a specific GAVI objective to work with others to strengthen health systems and the opening of a health systems window. That window has been capped by the Board at US\$ 800 million, of which about US\$ 500 million is now committed. By the end of 2009 the balance may be largely obligated. GAVI has established an evaluation process that will inform decisions on further HSS funding. This information will also provide valuable inputs to common efforts to health system strengthening. These include:

- an ongoing mid-term GAVI HSS evaluation (HLSP consultancy, complete in September);
- an in-depth tracking study in six countries receiving GAVI HSS support (JSI consultancy, complete in September);
- a review of GAVI HSS monitoring data from 2007-2009 monitoring IRCs, that could also include a review of GFATM support (October);
- an in-depth analysis of GAVI HSS applications (September);
- GAVI Alliance stakeholder consultations (August)
- Consultations with eligible countries

FOR INFORMATION

The Board has further requested that the Secretariat explore how GAVI could work through the IHP+ (International Health Partnership +) first in Mozambique and Ethiopia, and consider other IHP+ countries¹ over the next few months.

Developments

Three significant events have happened in recent months:

- i) ***Ministerial IHP+ Review, February 2009:*** Recommended considering ‘joint assessment’ of national health plans when reviewing funding options² and that GAVI would align itself as much as possible with these principles. The communiqué of that meeting included a recommendation that GAVI and the Global Fund to fight AIDS, TB and Malaria (GFATM) ‘...(should) jointly explore opportunities for common programming and funding support for health systems strengthening...’;
- ii) ***2009 GAVI HSS guidelines and application form released, February 2009:*** makes reference to the IHP processes and aim for better harmonisation and alignment with the IHP principles;
- iii) ***A High Level Task Force on Innovative Financing*** has been established co-chaired by Prime Minister Gordon Brown and director of the World Bank Robert Zoellick. They are joined by several world leaders including Jens Stoltenberg, Prime Minister of Norway and Margaret Chan, Director-General of WHO.

Two working groups have been established. The first is tasked with costing health system needs, and the second is responsible for evaluating innovative finance mechanisms that could build additional resources. GAVI is a member of the latter working group, and IFFIm has been identified as a priority potential instrument. A joint GAVI - GFATM letter was sent to the chairs of High Level Task Force on Innovative Financing in advance of its 13 March 2009 meeting. The letter discussed the potential for leveraging an additional stream of innovative financing by collaborating with the World Bank, and development of joint HSS programme approaches between the World Bank, GAVI and GFATM. An outline of how these joint programme approaches could develop (see below) will be submitted to the Task Force by end May. However, any further work on these potential joint programme approaches would first require separate board approvals from each of the three institutions.

Dr Chan has already offered her full support and leadership for this initiative. GAVI, GFATM and the World Bank (with WHO facilitation) will now draw on the inter-agency work already underway as part of the International Health Partnership+ (IHP+), in particular the work on joint assessment of national health strategies and on monitoring health systems. Dr Chan acknowledged, ‘the leadership you showed by approaching the Task Force this has sent a powerful message to a wide group of development partners that we can work together and more efficiently deliver results in countries if more financial resources can now be raised.’

¹ Mali, Zambia, Cambodia, Nepal and Rwanda are considered

FOR INFORMATION

If this approach is welcomed and looks promising, the aim would be to review options at the June board and work for board approvals before the end of 2009 - in the case of GAVI at our November board meeting.

Other developments

- iv)* International Health Partnership + (IHP+): The GAVI Alliance Board and its committees have discussed options on strengthening the GAVI's business model to reduce transaction costs in countries to increase efficiency and effectiveness. GAVI is already working to pilot this in the context of the principles of the IHP+, and in line with the Paris Principles on Aid Effectiveness. GAVI recognises that adaptations of the model, and joint programming, should focus on content more than process. Changes have to make a significant impact on health outcomes, and particularly child health outcomes. There has to be:
- a shared understanding of the strategic objectives,
 - common understanding of the scope of HSS support,
 - a focus on results based financing, and,
 - agreement on the key success measures.
- v)* Emerging messages from the High Level Task Force on Innovative Financing on constraints and costs (for HSS) particularly working group 1, are guiding the way forward³. The Board requested that the Secretariat explore options with Mozambique and Ethiopia, but experiences with other IHP+ countries over the next few months will also be considered.
- vi)* *GAVI HSS*: 44 countries have now successfully applied for multiyear GAVI HSS support totalling \$523 million. By the end of 2009 it is expected that 18 to 22 more countries will have applied for HSS support and the total \$800 million budget envelope for HSS may be committed. A Board decision on the future of GAVI systems support/service delivery mechanisms will need to be taken at the end of 2009. There are various ongoing processes, including the HSS evaluation, and consultations with countries, that will inform the process. The Board decision will post-date whatever announcements are made arising from the HLTF final meeting in September 2009.

International Health Partnership + (IHP+) – update and next steps

Update: The aim of providing GAVI support following the principles of the IHP+ is to increase the likelihood of health outcomes, reduce fiduciary risk, decrease transaction costs and ensure that support is more aligned to country budget cycles and ongoing partner in-country processes. This will be an iterative process, starting in the short term (3 months), and will result in possible joint funding in Mozambique, and harmonised monitoring in Ethiopia. Planning will be guided by on-going consultation with countries.

Next steps: GAVI will continue to work with the IHP+ working group on joint assessments, along with GFATM and the World Bank, using the joint assessment principles for funding and

³<http://www.internationalhealthpartnership.net/pdf/IHP%20Update%202013/Taskforce/london%20meeting/new/Working%20Group%201%20First%20Report%20090311.pdf>

FOR INFORMATION

assessment tool wherever possible. The selection of countries (in addition to Mozambique and Ethiopia) will be harmonised with the GFATM ‘first wave learning countries.’

Collaboration between GAVI, GFATM, World Bank and WHO on Health System Strengthening

Following the 13 March High Level Task Force on Innovative Financing (HLTF) meeting, the agencies are now undertaking a process to clarify what joint programming will mean in practice. This has great potential to reduce transaction costs to countries and partners, increase efficiency in aid flows and inter-secretariat communications. Above all, potential joint HSS programming could strengthen links between systems and results-focussed programmes needing service delivery to achieve MDG 4, 5 and 6. GFATM already has experience on joint working with PEPFAR, which could be useful experience to draw on, going forward.

Joint programming work has only recently started and, over the next six months, two main issues will need to be addressed:

What does joint programming actually mean?

In practice, work will need to focus on synergies, similarities and differences between the World Bank, GFATM and GAVI systems support, eventually aiming for as many common processes and attributes as possible, within the IHP+ framework. WHO has given strong support for this initiative in preparation for the High Level Task Force on innovative financing meeting in May. Any joint programming for HSS also needs WHO and UNICEF to play to their key strengths within the context of the IHP+. The issues involved with joint programming include overall scope (should the primary focus be primarily on existing grants), on ‘yet to be programmed funds’ (i.e. GAVI \$300 million yet committed, and GFATM Round 9), or a future combined mechanism. Above all, this will need to include feedback from in-country stakeholders and information from country visits.

Strive for common processes but maintain focus on GAVI, GFATM and World Bank specific results and mandate.

Care will need to be taken when investing into any joint funding mechanism to not dilute either the focus on results or the mandate of each body. For GAVI, emphasis should be on child health, immunisation through the mission, goals and principles of GAVI and the Global Immunisation Vision and Strategy (GIVS)⁴.

During its meeting on 15 & 16 April, the GAVI Alliance Programme & Policy Committee welcomed these developments as a ‘positive challenge’. It recognised:

- Engagement- its key role to ensure Board leadership in this process;
- Clarity- the need to work with the Secretariat to articulate what work should be undertaken, how, by when, and by whom;
- Mandate - the need to safeguard the GAVI mandate, while yet creating service delivery platforms that support health outcomes more broadly;

⁴ http://www.who.int/vaccines-documents/DocsPDF05/GIVS_Final_EN.pdf

FOR INFORMATION

- Country context - the need to undertake Health System Strengthening in a context that is grounded in country realities, but also noting that countries are asking for new ways of doing business;
- Implementation and scope - the need to outline what ‘successful joint programming through HSS’ looks like, defining the scope of any joint programmed HSS investments and clarifying operational deliverables for 2009;
- Funding channels - the issue of fund raising and flow should be separated from the programmatic issues surrounding investment attributes, appraisal, monitoring and technical support;
- Normative role - WHO’s role in coordination and technical support in conjunction with World Bank co-leading the IHP; and,
- Learning lessons - lessons learnt from ISS should be incorporated into any performance based funding mechanism for systems investments.

Next steps

The various streams of work, IHP+, joint programming and HSS need to be brought together and presented for Board deliberation in June. An inter-departmental GAVI Secretariat team has been constituted led by Carole Presern to work with stakeholders. It is proposed this be a Board-led process via the PPC. Events are moving quickly.

- i) WHO, the World Bank, GAVI and GFATM have proposed that a short 2-3 page paper outlining a way forward by end 2009 be presented to the High Level Task Force on Innovative Financing by end-May, making it clear that next steps would be subject to respective Board approvals. Such a paper would be structured as follows;
 - The complementary activities that GAVI, GFATM and World Bank have and can fund, with a broad brush stroke on what has been annually funded to date, and what the remaining global funding gap is. In the case of GAVI and GFATM, funding would focus on the peripheral delivery system bottlenecks in the public and private sectors; the World Bank around broader systemic issues and upstream capacity building including matters relating to public financing.
 - The three agencies could move to a single funding window that would include; i) a common programming framework and ii) common appraisal and annual monitoring. This would be consistent with the Paris Principles and the Accra Accords, and would simplify and reduce country transaction costs and support/help drive the IHP+.
 - That such a joint “window” could be an effective and efficient mechanism to channel the necessary additional finance for health systems that might be generated by a complementary set of innovative financing instruments as proposed by the Task Force.
- ii) In depth discussion at GAVI June Board following outcomes from May ask Team discussions and further work by the secretariat and partners, the health system task team and the PPC.
- iii) Outcomes of HSS evaluation - September 2009
- iv) Final decisions and Board approvals November 2009, Board meeting via PPC etc.