

Health system strengthening

Stronger health systems to achieve increased immunisation

Strong health systems are central to increased immunisation coverage and to ensuring that life-saving vaccines reach the world's poorest children. With the help of health system strengthening (HSS) support, countries can tackle weaknesses they have identified in their health systems.

What is health system strengthening (HSS)?

Contributing to strengthening the capacity of integrated health systems to deliver immunisation is one of the GAVI Alliance's four strategic goals for the period 2011-2015. In support of national health strategies, the objectives are to contribute to resolving major constraints to immunisation delivery; to increase equity in access to services; and to strengthen civil society engagement in the health sector.

The World Health Organization identifies six key components:

- **Health service delivery:** a network of health facilities to provide access to primary and secondary care
- **Health workers:** in the right place at the right time with training, experience and appropriate incentives
- **Health information systems:** to generate quality data and to measure what is being achieved
- **Logistics and supply systems:** so that drugs, equipment and fuel are available
- **Health financing:** to raise sufficient funds and improve financial risk protection
- **Leadership and governance:** to ensure that strategies and policies exist and there is proper accountability and oversight

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GAVI's HSS funding to countries

Between 15-25% of GAVI funding is directed to achieving these objectives. Between 2000 and 2010, the GAVI Alliance committed US\$ 568 million for HSS to 54 countries.

Measuring HSS support

Routine immunisation coverage rates are widely accepted as a measure of the strength of a national health system. Coverage is measured by the percentage of infants receiving all three required doses of vaccines against diphtheria, tetanus and pertussis (whooping cough) – known as DTP3. GAVI will measure its contribution to HSS through the drop-out rates between the first shot and the third dose of DTP3; the percentage of children receiving all three doses; and an equity measure of the difference in DTP3 coverage rates between the wealthiest children and the poorest children in a country.

Improving HSS support

In order to further improve the effectiveness of health systems support, the GAVI Alliance, the Global Fund to Fight AIDS, TB and Malaria (GFATM) and the World Bank, with facilitation from the World Health Organization, are developing common approaches to health system strengthening support based on principles of greater aid effectiveness.

Known as the Health Systems Funding Platform (the Platform)¹, the initiative aims to support national health strategies through a harmonised approach by donors, and will become the comprehensive vehicle for future cash-based support from GAVI.

In working with partners to roll-out the Platform, GAVI ensures that immunisation outcomes are clearly articulated. GAVI also makes certain that funds remain available for countries during transition from existing GAVI HSS support to the Platform.

Putting “harmonisation and alignment” into practice

Support through the Platform will be aligned with national strategies, and fiscal cycles. It is also inclusive of country stakeholders including civil society and the private sector.

Common frameworks will be used by donors for financial management, monitoring and evaluation. Countries will also benefit from international development funding which is more predictable over the course of a country's planning cycle. As a result, transaction and management costs will be reduced and processes simplified.

As an interim measure, a common application form for GAVI and GFATM health system strengthening support is being introduced in 2011, and GAVI and GFATM are harmonising approaches to monitoring and fiduciary management.

The impact of HSS funding



In Afghanistan, GAVI support to HSS has been used to boost access to immunisation and other health services through CSOs. Activities include establishment of health centres and in-service training programmes for health workers. Between 2007 and 2009, Afghanistan reported a 6% increase in its basic immunisation coverage, while the child mortality rate fell from 191 to 161 deaths per 1,000 live births. HSS support to Cambodia has focused on improving child and maternal health in 10 districts with low immunisation coverage. In 2006, when the HSS support began, only 1 of the 10 districts had a basic immunisation coverage above 80%. Three years later, this number had increased to nine.

¹The Platform is based on the principles of the International Health Partnership (IHP+) in line with the Paris Declaration on Aid Effectiveness. While much of the focus in the early stages is on harmonising and aligning GAVI, GFATM and the World Bank health systems support in countries, the Platform is inclusive to other development partners, civil society and the private sector.

Information current as of August 2011