

**Saving
children's
lives**

**GAVI Alliance
Pledging
conference for
immunisation**

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Health system strengthening

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Strengthening health systems to achieve better immunisation outcomes

Vaccines are a powerful tool for saving lives and protecting health, and strong health systems are essential to ensure that these vaccines reach those who need them most. The GAVI Alliance's health system strengthening (HSS) support helps GAVI-eligible countries to tackle weaknesses that they have identified in their health systems.

In order to further improve the effectiveness of health systems support, since April 2009 the GAVI Alliance, the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), the World Bank, together with the World Health Organization (WHO), have been working on joint approaches to health system strengthening based on the Paris/Accra principles of greater aid effectiveness which were also reflected in the International Health Partnership (IHP).

Known as the Health Systems Funding Platform (HSFP), this approach aims to support national health plans and systems through a harmonised approach by donors and will become the comprehensive vehicle for future cash-based grants from GAVI. Under the HSFP, all GAVI cash-based grants must have a clear link to immunisation outcomes.

What is health system strengthening (HSS)?

WHO identifies the core components of a strong health system as:

- **Health service delivery** consisting of 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 incentives;
- **Health information systems** to generate quality data and to measure what is being done and achieved;
- **Logistics and supply systems** so that drugs, equipment and fuel are available;
- **Health financing** to raise sufficient funds for health and improve financial risk protection;
- **Leadership and governance** to ensure that strategic policy frameworks exist and there is proper accountability and oversight.

GAVI's HSS support 2005-2010

Recognising that immunisation coverage is often constrained by health systems issues that are not necessarily immunisation-specific, GAVI began providing support to country HSS efforts in December 2005. GAVI's grants under this programme were very flexible to enable countries to design programmes addressing what they identified as their real needs.

Since 2005, GAVI has committed US\$ 568 million for HSS support in 53 countries. Most countries are applying GAVI HSS support to strengthen primary care service delivery - which has immunisation as a core component - at the district and community levels.

In Afghanistan, for example, health care workers are being trained in 13 of the most needy provinces, and a network of new health centres and mobile health teams is being established across five provinces. In Sierra Leone, the capacity for district level supervision of health care facilities is being rebuilt, and in Nepal training and certification of auxiliary midwives and

volunteer health workers is extending community based integrated child health services from 85% to 100% of districts.

Typically, extension health workers in rural and remote areas are responsible for a wide range of basic services including vaccinating children, antenatal care, nutrition, sanitation and some treatment services. GAVI investments have demonstrated wider benefits beyond strengthening immunisation delivery.

GAVI's new strategy for the period 2011-2015

One of GAVI's four strategic goals for the period 2011-2015 is to "contribute to strengthening the capacity of integrated health systems to deliver immunisation". GAVI aims to do this by working with countries:

- 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.

Most of GAVI's support is dedicated to the purchase of vaccines but the GAVI Alliance Board has decided to allocate 15-25% of funding support to achieving these objectives through cash-based support.

Measuring the impact of 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 that include the antigens against diphtheria, tetanus and pertussis (whooping cough), known as DTP3.

The 2011-15 GAVI Alliance Strategy sets out three indicators by which contributions to HSS will be measured:

- drop-out rate between the first and the third dose of DTP;
- 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 the effectiveness of HSS support – the Health Systems Funding Platform

The 2009 High Level Taskforce for Innovative Financing for Health Systems considered not just how to raise more funds for HSS but also how to use funds more effectively – "more money for health" *and* "more health for the money".

It recommended that a Health Systems Funding Platform should be created, bringing together the GAVI Alliance, the Global Fund and the World Bank, with facilitation from WHO and input from country partners and civil society. The Platform is designed to reduce the transaction costs on countries and harmonise the support of three major multilateral funders of HSS.

The Platform supports three key elements at the country level:

- **One plan** (encompassing all stakeholders)
- **One budget** (and financial management process)
- **One results framework** (for monitoring and evaluation)

As developing countries' own planning cycles are at the heart of the Platform approach, it is being progressively implemented in countries as they initiate new planning periods. It builds upon a new tool developed by the International Health Partnership, known as the Joint Assessment of National Strategies (JANS).

The JANS, which varies in detail from country to country, provides for development partners to jointly assess national plans and, through a process of consultation with government and other stakeholders, reach a shared commitment to using the national plan as the basis for providing external support. JANS have already been completed in Nepal, Ethiopia, Vietnam, Ghana and Uganda, and an increasing number of countries are expected to use this approach. GAVI and the Global Fund HSS support will be based on these jointly assessed plans.

As an interim measure, countries that are part way through a planning period will, from August 2011, be able to apply to GAVI and the Global Fund using a common proposal form. GAVI and the Global Fund are also harmonising approaches to monitoring and evaluation and fiduciary management of ongoing HSS support.

The goal is that national plans and processes are reinforced as the foundation for external support. Countries will spend less time managing the disparate requirements of development partners in applying for support, managing that support and reporting the outcomes and be able to focus their resources on their core business.

Together we can ensure better immunisation outcomes, better health outcomes and better development outcomes.