GAVI ALLIANCE

Health system strengthening

Much of the world's burden of disease could be prevented or cured. There are known, affordable technologies to achieve this. The problem is getting those drugs, vaccines, and other forms of prevention, care, or treatment to those who need them – on time, reliably, in sufficient quantity, and at reasonable cost.

"If I had to select a single development over the past year that encouraged me most, it would be this. International agencies working in health, the major funding agencies, foundations and donors now fully understand the absolute necessity of investing in basic health systems and infrastructures. This is a major step forward."

Dr Margaret Chan, WHO,
The 2007 David E. Barmes Global Health Lecture

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"Poor health too often goes hand in hand with poverty and blunted economic prospects, with clear evidence in developing countries that weak health systems are a significant roadblock to improving the health of their citizens. As development partners, we must now mobilise behind this important new initiative to strengthen health systems, and build on the existing political will and coordination at the country level to help communities and their governments achieve long-term, sustained good health."

Joy Phumaphi, World Bank,
launch of the International Health Partnership
5 September 2007

Failing or inadequate health systems are one of the main obstacles to scaling up effective distribution of such life-saving interventions, and therefore also a key barrier to achieving the internationally agreed Millennium Development Goals (MDGs) and goals set in the WHO/UNICEF Global Immunization Vision and Strategy (GIVS).

The GAVI Alliance Board is investing US$ 500 million for health system strengthening (HSS) between 2006 and 2010. Funding may be extended to 2015, depending on the results of an evaluation in 2009.

These funds will contribute to the GAVI Alliance's current efforts to sustain and increase immunisation coverage and to reduce child mortality (MDG4) and maternal mortality (MDG5).

Vaccine introduction needs a strong health system

In 2006, 9.7 million children died before their fifth birthday. Of these, almost half were in sub-Saharan Africa, and almost one third in South Asia. GAVI provides support to countries with gross national income per person of less than $1000 per year, the majority of which are in Africa and Asia.

This support is helping to bring effective new and underutilised vaccines to people who might not otherwise be able to afford or access them.

The principal objective of GAVI's support for health system strengthening is to achieve and sustain increased immunisation coverage.[1]

What is health system strengthening?

Health system strengthening means improving critical components of health systems to effectively improve health outcomes.

These include:

- **Stewardship/governance/leadership:** defining sector strategies, clarifying roles, managing competing demands
- **Health financing:** ensuring fair and sustainable financing, including financial protection
- **Human resources:** having a sufficient and productive workforce
- **Information and knowledge:** ensuring the generation and use of information
- **Technology and infrastructure:** ensuring adequate drugs, equipment, infrastructure
- **Service delivery:** improving organisation, management, and quality of services

[1] Using 2003 GNI per capita data

GAVI and health system strengthening

The need to go beyond immunisation

Despite increased support for immunisation, countries report that large numbers of children are still not being reached. To find ways to bring life-saving vaccines to all children, the GAVI Alliance commissioned a study in 2004 on the barriers to sustainably increasing immunisation coverage. The conclusion: health system issues beyond the immunisation system alone constrained the majority of the developing partner countries trying to increase or maintain high immunisation coverage. Problems included unpredictable funding for salaries, transport, and outreach, shortages of adequately trained human resources at all levels, and management issues at peripheral levels.

Overcoming some of these health system barriers will also improve access to other child and maternal health services – increasing synergy.

Coordination

At global level a GAVI HSS task team gives technical input and provides oversight as well as ensuring that strong communication mechanisms exist between partners and between global and regional levels. This group is currently co-chaired by WHO, UNICEF and the World Bank and also includes representatives from DFID, Norad, USAID, the Bill & Melinda Gates Foundation, developing countries and civil society.

At regional level, the GAVI Alliance partners work with countries to coordinate pooled resources and strengthen inter country reviews and collaboration.

It is important not to create any new coordination mechanisms in countries. A national health sector coordination committee (or its equivalent), chaired by the government oversees the health sector planning processes including the GAVI HSS processes. This includes all relevant stakeholders, including civil society. In contrast to GAVI activities between 2000 and 2005, HSS includes a set of stakeholders with a broader health planning mandate. In countries, it is coordinated by the department of planning (or its equivalent) rather than the EPI (Expanded Programme on Immunization) department.

There are 10 key principles of this funding:

Country-driven GAVI HSS should address problems identified by countries themselves. Countries are encouraged to use recent immunisation programme and health sector analyses, the national health sector plan and similar documents to identify critical areas for GAVI HSS support and to target gaps in current funding.[2, 3]

Country-aligned GAVI HSS should be consistent with the objectives, strategies and planning cycles of existing government health sector policies and frameworks. GAVI HSS support should be in line with government management systems and financial management procedures and reflected in the national budget wherever possible.[4]

Harmonised GAVI HSS should add value to or complement (but not compete with) current or planned efforts to strengthen the health system by government, civil society and health sector partners.

Predictable GAVI HSS support is, in principle, available for the life of the national health sector plan (or country equivalent).[5]

Additional GAVI HSS funds must be additional to the government's existing budget – the funds should not displace resources previously allocated to the health sector.

Inclusive and collaborative All key stakeholders in health system strengthening (beyond the immunisation programme) should be involved in GAVI HSS. Government entities, partners, civil society, and the private sector should all be informed and involved, as appropriate, in the planning, implementation and evaluation stages.

Catalytic GAVI HSS is not intended to stimulate the creation of stand-alone, independently managed projects. It is expected however, that GAVI HSS will be an agent for catalytic change where possible, for example to support small-scale approaches or strategies in a geographically discrete area that could subsequently be scaled up by government.

Innovative GAVI encourages the development of innovative models or approaches. GAVI HSS can therefore be used to try something completely new, to pursue a different approach to that tried in the past, or to adapt approaches found to be useful in other countries.

[2] Useful immunisation programme and health sector analyses can include a recent health sector review, a recent report or study on sector constraints, a situation analysis (such as that conducted for the comprehensive multi-year plan for immunisation (cMYP), or any combination of these.

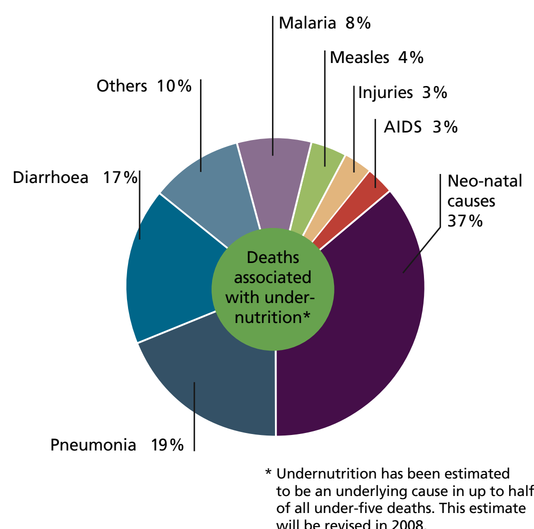
[3] If national health sector plans are not available, GAVI HSS funding may be used to develop these plans.

[4] Policies and frameworks include the national health sector plan or equivalent; cMYP; poverty reduction strategy paper (PRSP); and medium term expenditure framework (MTEF).

[5] The GAVI Board has approved the funds for all countries to receive GAVI HSS support up to 2010, with a possible extension to 2015. The extension will depend on the outcome of an evaluation due to take place in 2009.

Major causes of child mortality

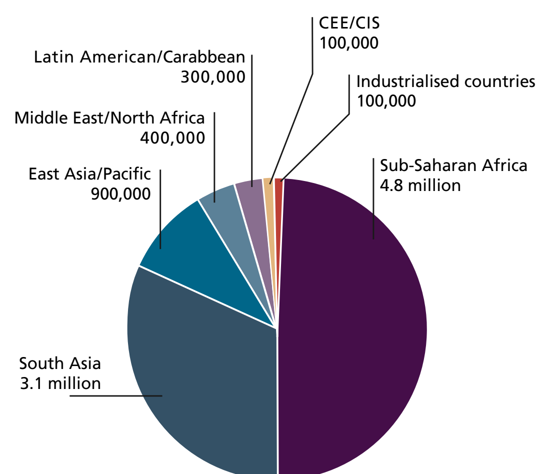
Global distribution of under-five deaths by cause (2000-2003)



Five diseases – pneumonia, diarrhoea, malaria, measles and AIDS – account for about 50 per cent of under-five deaths. Most of these lives could be saved by expanding coverage of existing interventions.

9.7 million children died in 2006 before they reached their fifth birthday

Estimated number of under-five deaths, by region



Half of the world's child deaths occur in Sub-Saharan Africa.

Results-oriented Countries must link their strategies for tackling "bottlenecks" or barriers in the health system with specific indicators that can show how the GAVI HSS funds will ultimately result in improved immunisation coverage and other child and maternal health outcomes. The ultimate impact and results of the proposal should be evidenced at the peripheral level (i.e. district and service delivery levels).

Sustainability-conscious Countries should consider the financial and technical sustainability of GAVI HSS support and describe how they expect to sustain the recurrent costs and impact of GAVI HSS support beyond the life of GAVI funding where relevant.

Three main non-exclusive themes

There are three non-exclusive themes for the GAVI HSS window. These also correspond to the most common health system barriers in delivering immunisation:

- Health workforce mobilisation, distribution and motivation, targeting those engaged in immunisation and other health services at the district level and below
- Drugs, equipment and infrastructure supply, distribution and maintenance for primary health care
- Organisation, monitoring and management of health services at the district level and below.

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Countries may also apply for funds (that are not covered by other funding sources) to cover more general health system-related areas, specific to their own needs, through coordination among partners and government planners at the country level. These may include 'upstream' policy level barriers or health information system barriers, as identified in the countries' assessment of health system barriers.

Applying and implementing

All GAVI-eligible countries (those with a gross national income per capita of less than US$1000 in 2003) can apply for health system strengthening funds. Applications for these funds should be coordinated by the national health sector coordination committee (which should involve health sector stakeholders including civil society) and must be approved by ministries of health and finance. The proposals are synchronised with

the duration of the health planning and budget cycle, with clear linkages to contributing to national health plans.

Implementation of the proposal will be mainly through ministries of health and partners, including civil society. The GAVI Alliance has also invested in supporting civil society organisations. Ten pilot countries are targeted for this approach and CSO investment should contribute to either the country's GAVI HSS proposal or the comprehensive multi-year plan for immunisation.[6]

Review

All proposals received by the Secretariat are reviewed by an independent review committee – the HSS IRC. This body of multi-skilled experts is constituted to review proposals thoroughly and make recommendations for funding to the Board.

Current status

Between November 2006 and December 2007, 40 of the 72 GAVI eligible countries have applied for GAVI HSS funding. Twenty-nine of these applications have been approved and this corresponds to a multi-year, predictable investment of $403 million to strengthen health systems in these countries. There will be two other opportunities for applications in 2008.

GAVI/07/KATERINE BRISEBOIS

Measuring success

Monitoring and evaluation

The GAVI Alliance will track the use of investment in health system strengthening by measuring performance through the annual progress report submitted by the countries. Countries are encouraged to measure six output and six impact indicators according to the specific objectives of the proposal. Three impact indicators are compulsory – under-five mortality, national DTP_3 coverage rates and numbers/percentage of districts achieving more than 80% DTP_3 coverage. Countries provide narrative on activity implementation or constraints in achieving milestones so that the Independant Review Committee (IRC) can review and assess the annual progress reports.

Countries having difficulty in achieving agreed milestones will be offered diagnostic and technical support or changes to fund flows. The impact of the investment may not be apparent for four to five years. Strengthening in-country monitoring systems with specific focus on HSS indicators will be coordinated among partners such as the Health Metrics Network, WHO, UNICEF, and the World Bank.

The HSS Task Team, monitoring IRC, HSS, IRC and Health Metrics Network continue to provide inputs into strengthening the monitoring of the HSS investment with specific focus on improving country performance. An evaluation of the health system strengthening investment is planned for 2009 and will guide possible future investments.

Auditing

The GAVI Alliance will review country reports and compile a global report on an annual basis, as it does for other funding streams. The GAVI Alliance will request audit reports generated through the country system before the close of the following financial year. A steering committee will review findings across countries to identify problems and consider how these can best be addressed.

[6] Afghanistan, Burundi, Bolivia, Democratic Republic of Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan

Information current as at January 2008

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