

Health system strengthening

In December 2005 the GAVI Alliance Board agreed to invest US\$500 million for health system strengthening from 2006 to 2010.

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

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. Failing or inadequate health systems are one of the main obstacles to scaling-up effective distribution of such life-saving technologies, and therefore also a key barrier to achieving the internationally agreed Millennium Development Goals.

“African governments and their partners need to do more to build and reinforce health systems to deliver essential health care interventions to people living on this continent”

H.E. Prof. Alpha Omar Konaré, Chair of the African Union Commission

GAVI Alliance support is helping to bring the newest and most effective vaccines against deadly childhood diseases to the people and the places that might not otherwise be able to afford or access them. As of December 2006, 138 million children had been reached with new vaccines (WHO projection for 2006). In November 2006, a first investment of US\$ 200 million was announced for new-generation vaccines against rotavirus and pneumococcal disease - diseases that kill an estimated 1.5 million children every year in the world's poorest regions. Without strong effective

delivery systems, new and traditional vaccines will not be delivered to where they are most needed and investments could be wasted.

Health system strengthening (HSS) improves critical components of health systems, such as:

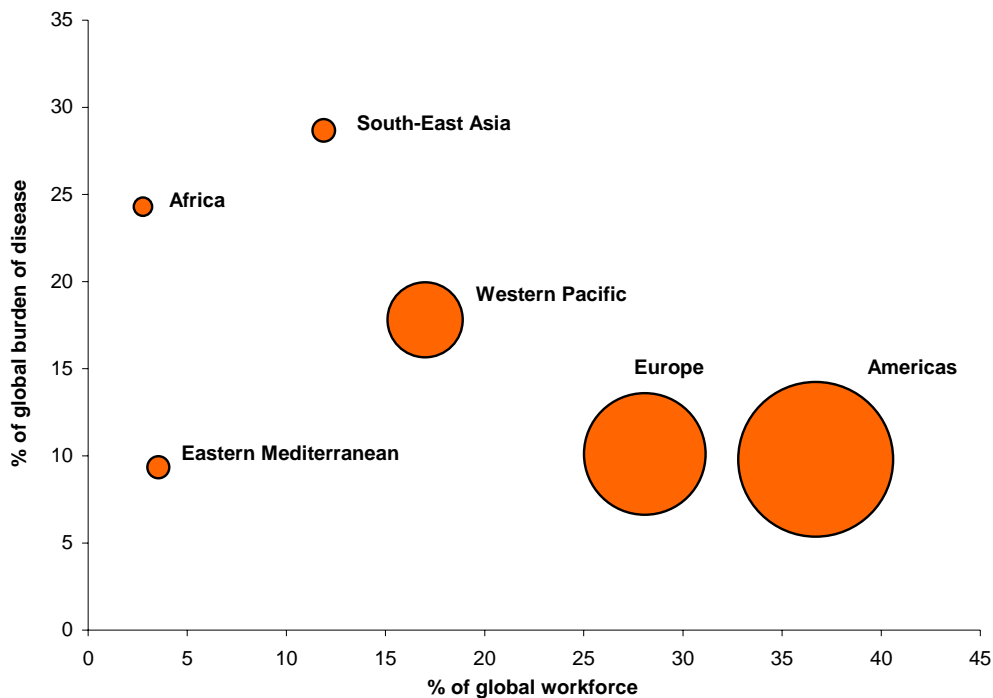
- **Stewardship/governance/ leadership:** *defining sector strategies, clarifying roles, managing competing demands*
- **Health financing:** *ensuring fair and sustainable financing, with financial protection*
- **Human resources:** *having a sufficient and productive workforce*
- **Information and knowledge:**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

(World Health Report, WHO, 2000)

GAVI AND HEALTH SYSTEM STRENGTHENING

THE NEED TO GO *BEYOND* IMMUNISATION
Despite increased support for immunisation, countries reported that large numbers of children were still not being reached. To find how to bring life-saving vaccines to these children too, the GAVI Alliance commissioned a study in 2004 on the barriers to sustainably increasing immunisation coverage. The conclusion: health system issues constrained the majority of the developing partner countries trying to increase or maintain high immunisation coverage. Their problems included unpredictable funding for salaries, transport, and outreach; shortages of adequately trained human resources at all levels as well as management issues at peripheral levels.

Distribution of health workers by level of health expenditure and burden of diseases, WHO regions



Size of dots is proportional to total health expenditure
Source: WHO, 2006

The figure above emphasises the need for investment in one of the priority areas of health systems – the health workforce.

FLEXIBLE, COUNTRY-DRIVEN APPROACH
Bringing together the strengths of its partners, the GAVI Alliance combines public and private sector resources to bring the benefits of health services to children in greatest need. The focus is on the areas where the Alliance can provide the highest added value to the improvement of immunisation coverage and reduction of child mortality.

Three key principles of this funding window include:

- Country driven approach – the design is flexible enough to incorporate lessons learnt from countries;

- Maximum impact at peripheral (sub district) level;
- Flexible sustainable financing – in comparison to other sources of funding, this window is multi-year and without ‘ties’.

Examples of investment generated from country analyses include:

- **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; and
- **Organisation, monitoring and management** of health services at the district level and below.

However, countries can also apply for funds to cover more general health system-related areas, specific to their own needs, through coordination among partners and government planners at the country level.

APPLYING AND IMPLEMENTING

All GAVI-eligible countries (those with a gross national income per capita of less than US\$1000) can apply for health system strengthening funds. Applications for these funds must be led by the Department of Health Planning (or its equivalent) in collaboration with the Health Sector Coordination Committee (which includes other health sector stakeholders) and must be approved by ministries of health and finance. The proposals are synchronised with the duration of the health planning cycle and others, and adapted to national health plans.

Implementation of the proposal will be mainly through ministries of health and partners, including civil society.

CURRENT STATUS

In February 2007, five countries are expected to receive final approval for a total of US\$92 million investment for health system strengthening. Another five (totaling another US\$106 million) have been approved, although with conditions still to be met in 2007 for the funds to be released. A further 30 to 45 countries are expected to apply for funding to strengthen health systems this year.

MEASURING SUCCESS

MONITORING

The GAVI Alliance will track the use of investment in health system strengthening by measuring performance indicators with a focus on process indicators for the first three years. Although impact indicators will be measured throughout, the ultimate impact of the investment (including immunisation coverage rates and under-five mortality rates) may not be apparent for four to five years. Monitoring will be coordinated among partners such as the Health Metrics Network, WHO, UNICEF, and the World Bank.

An Independent Review Committee will conduct a peer review of progress. If a country is not achieving its process indicator targets, support steps may be taken, for example, a diagnostic review or changes to fund flows. The HSS Task Team will review the situation and take steps to help the country improve its 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.