



**Revised Guidelines for:**

**GAVI Alliance Health System Strengthening (HSS) Applications**

**March 2007**

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## Abbreviations and Acronyms

APR	Annual Progress Report
ARI	Acute Respiratory Infection
cMYP	Comprehensive Multi-Year Plan for Immunisation
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFID	Department for International Development
DTP	Diphtheria Tetanus and Pertussis
GAVI	Global Alliance for Vaccines and Immunisation
GNI	Gross National Income
HMIS	Health Management Information System
HMN	Health Metrics Network
HSCC	Health Sector Coordination Committee
HSS	Health System Strengthening
ICC	Inter-Agency Coordinating Committee for Immunisation
IRC	Independent Review Committee
ISS	Immunisation Services Support
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOF	Ministry of Finance
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NGO	Non Governmental Organisation
Norad	Norwegian Agency for Development Cooperation
OECD	Organisation for Economic Co-operation and Development
PMU	Project Management Unit
PRSP	Poverty Reduction Strategy Paper
RED	Reach Every District
SWAp	Sector Wide Approach
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation

## Guidelines for GAVI Alliance Health System Strengthening Applications

### 1. Rationale

Between 2000 and 2005, the GAVI Alliance made significant investments to improve immunisation in many GAVI-eligible countries. Countries used GAVI resources to introduce new and under-used vaccines, to strengthen immunisation services, and to improve injection safety.

By the end of 2005, the Alliance recognized that investing in immunisation programs alone was necessary but not sufficient to increase and sustain immunisation coverage or contribute to achievement of the Millennium Development Goals (MDGs). It was agreed that health system constraints, such as demotivated health workers, inadequate management skills and unpredictable financing in the periphery, impede progress toward improved immunisation coverage, health care delivery for mothers and children and other health outcomes and also need to be addressed<sup>1</sup>.

In December 2005, the GAVI Alliance Board decided that a share of future GAVI Fund resources would be devoted to investing in health system strengthening.

### 2. Introduction

These guidelines describe the objectives of GAVI Health Systems Strengthening Support (HSS), the guiding principles, eligibility criteria, activities the funds can be used to support, the application development, review and approval processes and the funding, monitoring, evaluation and reporting arrangements.

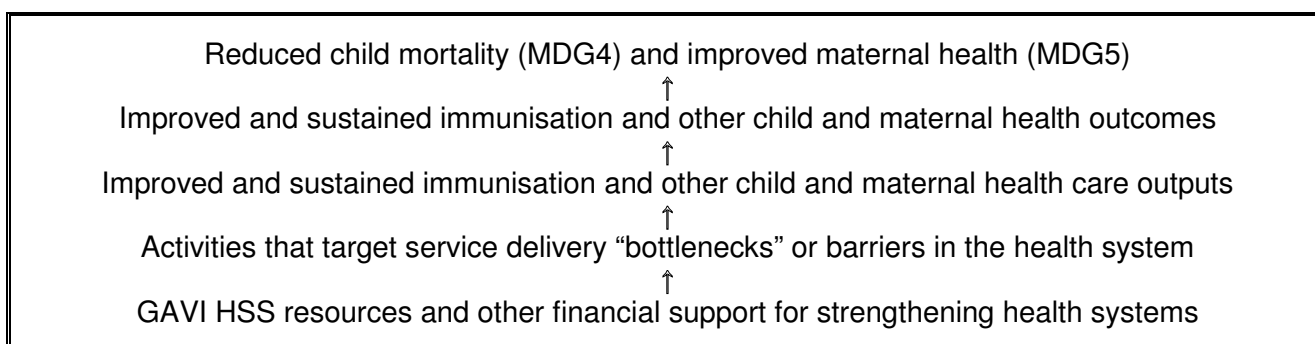
These GAVI HSS guidelines and accompanying application form represent a 2007 revision to the original GAVI HSS guidelines and application form. The 2007 revision is based on feedback from the first countries that submitted applications (in November 2006), GAVI Alliance partner organisations, the GAVI HSS Independent Review Committee (IRC), and other sources.

### 3. Objective

The objective of GAVI HSS is to achieve and sustain increased immunisation coverage, through strengthening the capacity of the health system to provide immunisation and other health services (with a focus on child and maternal health).

Countries are encouraged to use GAVI HSS funding to target the “bottlenecks” or barriers in the health system that impede progress in improving the provision of and demand for immunisation and other child and maternal health services.

#### Figure 1: GAVI HSS Framework



<sup>1</sup> Highlighted in a 2004 study, commissioned by GAVI and led by Norad, into system barriers to increasing immunisation coverage

Amongst other benefits, this will contribute to the reduction in child and maternal mortality in line with the Millennium Development Goals. The framework for GAVI HSS is shown in Figure 1.

## 4. Guiding principles

### *Country-driven*

GAVI HSS should address problems identified by countries in their own context. Countries are encouraged to use recent immunisation program and health sector analyses<sup>2</sup>, the National Health Sector Plan<sup>3</sup> and similar documents to identify critical areas for GAVI HSS support and to target gaps in current funding.

### *Country-aligned*

GAVI HSS should be consistent with the objectives, strategies and planning cycles of existing government health sector policies and frameworks<sup>4</sup>. GAVI HSS support should be in line with government management systems and financial management procedures and reflected in the national budget wherever possible.

### *Harmonized*

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)<sup>5</sup>.

### *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 program) 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.

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<sup>2</sup> Useful immunisation program 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 cMYP), or any combination of these.

<sup>3</sup> If national health sector plans are not available, GAVI HSS funding may be used to develop these plans.

<sup>4</sup> Policies and frameworks include the National Health Sector Plan or equivalent; Comprehensive Multi-Year Plan for Immunisation (cMYP); Poverty Reduction Strategy Paper (PRSP); and Medium Term Expenditure Framework (MTEF).

<sup>5</sup> 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.

### **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 and other child and maternal health outcomes<sup>6</sup>. 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.

## **5. Eligibility**

- All GAVI eligible countries<sup>7</sup> that have completed a Comprehensive Multi-Year Plan for Immunisation (cMYP) – or its equivalent<sup>8</sup> - which spans the duration of the GAVI HSS proposal. The cMYP and the GAVI HSS proposal may be developed simultaneously.
- Only national governments can submit applications. Exceptions may apply for countries in emergency situations<sup>9</sup>.
- Countries that apply for GAVI Immunisation Services Support (ISS) or support for the introduction of new and under-utilized vaccines can also apply for GAVI HSS support<sup>10</sup>.

## **6. Use of GAVI HSS support**

GAVI HSS should address identified health system barriers that are known to impede the demand for and delivery of immunisation and other child and maternal health services. Although the ultimate impact of GAVI HSS should be at the service delivery and sub district levels, it is recognised that health system barriers need overcome at all levels. One such example includes issues of fund flow from national to peripheral levels.

The nature and degree of system barriers will vary both within and between countries, as identified by a health system review, EPI review or desk review. Although not exclusive, GAVI recommends that countries consider three main areas for GAVI HSS support, all focusing on strengthening health systems.

The three main priority areas are based on assessments of health system barriers in GAVI-eligible countries and they are:

- 1) **health workforce mobilization, distribution and motivation** *targeted at those engaged in immunisation and other health services at the district level and below*
- 2) **organization and management of health services** *at the district level and below (including financial management)*
- 3) **supply, distribution and maintenance systems for drugs, equipment and infrastructure** *for primary health care*

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<sup>6</sup> The objectives and proposed strategies included in the GAVI HSS application must be linked to annual progress milestones and SMART (Specific, Measurable, Achievable, Realistic and Time bound) indicators with clear baseline data.

<sup>7</sup> GAVI eligible countries are those where the latest GNI figures are equal to or less than \$1000 per capita per year.

<sup>8</sup> This may also be a costed Government immunisation plan or FSP with immunisation plan.

<sup>9</sup> In special cases where Government is unable to produce an application, the GAVI Alliance may accept applications developed and signed by key partners.

<sup>10</sup> Countries applying for ISS or new vaccine support should use the application forms developed for those purposes.

These areas are **not exclusive**. GAVI HSS can target one of these areas, all three of these areas, or other areas altogether that impede the delivery of immunisation and other child and maternal health services, as long as the application shows how the GAVI HSS activities will improve and / or help sustain immunisation coverage in the country.

Countries may wish to use immunisation opportunities to deliver other health care packages, which may actually increase demand for immunisation; for example strengthening links between increasing birth doses of hepatitis B and improved ante-, peri- and neo-natal care or more integrated approaches to monitoring. The activities required to achieve these objectives cover all three areas.

Illustrative examples for each of these areas are provided in Figure 2.

**Figure 2: Examples of areas for GAVI HSS support**

**Area 1: Health workforce**

- Innovative approaches to the allocation and motivation of existing human resources
- Pay for performance and other incentive-based schemes
- Skills transfer training and regulation
- Quality assurance and accreditation for improved performance

**Area 2: Organization and management of health services**

- Contracting with non-government organizations (NGOs)
- Performance-based incentive grants to districts
- Overcoming administrative hurdles that impede flow of funds from national to peripheral levels
- Innovative ways of reaching beyond the primary series of vaccines (e.g. birth doses, school boosters or adolescent target groups)
- Improved information systems, including strengthening of monitoring and evaluation
- Publication of district-level performance data
- Improved use of data for action at local levels
- Strengthened supervision practices at all levels
- Identifying 'hard to reach' populations and improving local micro-plans and session plans to reach these populations
- Linking immunisation opportunities with other health interventions

**Area 3: Supply, distribution and maintenance systems (at various administrative levels)**

- Drug management (procurement, storage, distribution, use)
- Equipment management (including cold chain if identified as key system bottleneck to improving and sustaining immunisation coverage)
- Transport management (fuel, maintenance, bicycles etc.)
- Infrastructure development

Although GAVI HSS support focuses on local service delivery and its impact should be demonstrated at local level, not all GAVI HSS activities have to take place at this level. National support functions such as commodity management (procurement, storage and distribution), fund management (disbursement to the periphery) and health information systems are also all essential for the provision of services at the sub-national level. Applications for support in these areas will therefore also be accepted if the application clearly shows how the support will eventually lead to increased and sustained immunisation coverage.

GAVI HSS support can be used for one-off expenditures that increase system capacity (such as pay for performance, contracting with non-government organizations, publication of district-level data, incentive grants to districts that improve their performance, training, technical support, purchase of equipment, or development of systems) and for recurrent expenditures (such as fuel, maintenance, and per diems for outreach). The application should show how these expenditures (especially the use of funds to cover recurrent costs) will be sustained when GAVI HSS are no longer available.

GAVI HSS support **cannot** be used to purchase vaccines. GAVI's window of support for new and under-utilized vaccines is reserved for this purpose.

Although the emphasis of GAVI HSS is on implementation rather than research, applicants can use GAVI HSS funds to support operational research if they wish, as long as they can show how it can contribute to a reduction in the bottlenecks identified. Countries may also use GAVI HSS funds to strengthen country level monitoring and evaluation systems where these are deficient.

GAVI HSS support differs from GAVI ISS support in a number of important ways:

- GAVI HSS is intended to increase the capacity of the health system, beyond the control of the immunisation program, and so requires a set of indicators, while ISS is focused on the immunisation program only, and so is monitored by the number of children immunized.
- A National Health Sector Coordination Committee (HSCC) or equivalent<sup>11</sup>, in collaboration with the Ministry of Health planning department (or similar), has overall responsibility for GAVI HSS application preparation, review, approval, submission, implementation, monitoring, and evaluation. Responsibility for GAVI ISS lies with the immunisation program and the Inter-Agency Coordinating Committee (ICC).
- GAVI HSS requires the development and successful implementation of a plan for the use of funds. ISS does not require a plan for the use of funds to be submitted in advance.
- GAVI HSS funds are allocated based on birth cohort and per capita income, for the duration of the National Health Sector Plan (in principle). The release of ISS rewards is based on the increase in the number of children vaccinated over the previous year. If there is no increase, ISS rewards are withheld (hence limited predictability).

## 7. Application Development and Review Process

### *Leadership*

Under the guidance of the HSCC, the Ministry of Health Planning Department (or its equivalent) should take the lead in preparing, submitting and implementing the GAVI HSS application. This should be in collaboration with the national immunisation program, other departments in the Ministry of Health, the Ministry of Finance, partners and other key stakeholders to complete the GAVI HSS application.

### *Application preparation*

Development of a high quality GAVI HSS application takes time - for team building, consultation, composition, revision, review, and re-drafting. Countries applying for GAVI HSS support are encouraged to take all the time necessary to build proper ownership around a sound application. Countries should submit just the application form, and not prepare a separate narrative proposal.

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<sup>11</sup> Most countries have a forum for partners and Government planners who make decisions that affect the health sector (not restricted to immunisation). This group is known by different names in different countries (such as the health donor coordination group or national steering committee) but for GAVI purposes is referred to as the 'Health Sector Coordination Committee'. A new committee should not be created if an existing committee fulfils the required functions.

Countries are expected to take the lead in developing and completing their GAVI HSS applications. Additional information, clarification, and guidance may be obtained from in-country and regional partners including World Health Organization (WHO), United Nations Children's Fund (UNICEF), World Bank (WB), and bilateral donors (such as DFID, USAID, Norad etc). All partners should be encouraged to participate in the process of developing and reviewing the GAVI HSS application.

### ***Inclusion of civil society and private sector***

Civil society is broadly defined as those non-governmental agencies, institutes, partnerships or community based organisations that provide i) immunisation or child health care services; ii) technical advice or iii) social mobilisation and advocacy for immunisation and child healthcare. Countries are strongly encouraged to include, and benefit from, Civil Society Organisations (CSOs) and the private sector contributions to stakeholder analyses, GAVI HSS proposal drafting and review and possible implementation.

Additional GAVI support is available to all GAVI eligible countries to strengthen civil society coordination and representation through a separate civil society support window using a CSO specific application form. Additional GAVI support is also available for use by civil society organisations in 10 pilot countries<sup>12</sup> (2007 – 2008) to support activities identified in the GAVI HSS proposal or cMYP, using a separate CSO specific application form.

### ***Technical support***

Country and regional partners can help to identify technical support, above and beyond the support traditional partners in-country can provide, that may be necessary to assist the Health Sector Coordination Committee and Ministry of Health Planning Department (or equivalent) to develop certain aspects of the application.

The GAVI Alliance Secretariat can provide countries with one-time financial support to assist with the application process. Requests for funds for technical support should describe:

- the nature of technical support required (this can include contracting expert advice to help with the preparation of the application, funds to hold necessary stakeholder meetings etc);
- the planned activities that the technical support will be focused on;
- a budget (not to exceed 50,000 US\$); and
- the preferred account or agency (Government, HSCC, SWAp, WB, UNICEF, WHO or other) through which funds should be channelled to the country.

Any country wishing to access this support should contact Dr Craig Burgess in the GAVI Alliance Secretariat:

Dr Craig Burgess  
Senior Program Officer  
Health Systems Strengthening  
GAVI Alliance Secretariat  
[cburgess@gavialliance.org](mailto:cburgess@gavialliance.org)

### ***Application peer review***

Prior to the Ministries of Health and Finance signing the completed application form, countries should have the application reviewed and endorsed by a group of stakeholders at country level who have the skills and knowledge to ensure that the application adheres to the guiding principles of GAVI HSS. This 'country level peer review' should be coordinated by the HSCC, and examine a number of aspects of the application, illustrated in Figure 2).

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<sup>12</sup> Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan

## Figure 2: Country level peer review considerations

### **The country level peer review should look at a number of aspects, including whether:**

- ✓ the development process was inclusive, and involved all major stakeholders;
- ✓ the application is based on recent immunisation and health sector analyses;
- ✓ the application is aligned with major policy and planning frameworks
- ✓ it adds value to or complements current or planned health system strengthening activities;
- ✓ the proposed strategy is appropriate and addresses priority 'bottlenecks' or barriers that impede the achievement of immunisation and other child and maternal health outcomes;
- ✓ the activities can be implemented in the suggested timeframe and in a sustainable manner;
- ✓ the application adequately addresses how progress will be monitored;
- ✓ the financing plan is robust and well aligned with national health system financing plans; and
- ✓ the application makes a compelling case for GAVI HSS investment.

Countries are encouraged, but not obliged, to invite external reviewers to participate in this peer review. Arrangements for identifying and securing external peer reviewers (if required) can be made through partners at country or regional level, or by contacting the GAVI Secretariat. Regions may wish to consider a 'regional peer review' process before countries submit their proposals, which may not only add to technical robustness, but also to regional technical capacity and information exchange at regional levels.

## 8. Independent External Review

A GAVI HSS Independent Review Committee (IRC) will evaluate all applications and make recommendations to the GAVI Alliance Board on the suitability of each application for funding. The four IRC decision options are as follows:

- approval;
- approval pending minor clarification;
- conditional approval pending additional information;
- or resubmission.

The mandate of the IRC is to confirm that each submission meets the application requirements and the guiding principles of GAVI HSS (in a similar way to the country level peer review).

## 9. Funding arrangements

### **Allocation**

GAVI HSS funds are allocated to countries on the basis of the annual number of births and gross national income (GNI) per capita. Countries with a latest GNI figure of less than \$365 per capita can receive up to \$5 per new born child per year for the period of the application. Countries with a latest GNI figure of \$365 per capita or more can receive up to \$2.50 per new born child per year.

### **Duration**

GAVI HSS support is available for the length of the National Health Sector Plan (or country equivalent) or less - typically three to five years<sup>13</sup>. Countries can re-apply for GAVI HSS support as often as a new National Health Sector Plan or Strategic Policy or cMYP is developed<sup>14</sup>.

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<sup>13</sup> In cases where there is a difference between the two, the application should be aligned with the timeframe of the broader health sector plan.

<sup>14</sup> 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.

If countries are mid-way through a planning cycle, GAVI HSS support can be provided to cover until the end of the current cycle. Another application will need to be submitted to cover (up to) the next full cycle of the National Health Sector Plan (or country equivalent). GAVI HSS support is not appropriate for countries with less than a year before the end of the current planning cycle, but should be planned for the start of the next Health Sector Strategic Policy or cMYP.

### **Disbursement**

GAVI HSS funds will be disbursed on an annual basis (based on achievements highlighted in the Annual Progress Report and review by the Independent Review Committee for Monitoring) in accordance with normal government procedures. Countries may request these annual tranches to cover the annual estimated costs of the planned activities. The annual costs may therefore vary year on year (more or less than the annual budget allocation), but the total overall budget required for the whole GAVI HSS proposal should not exceed the sum total estimated in the allocation.

GAVI HSS funds should be reflected in the national budget (be on budget) wherever possible, however GAVI HSS funds can be pooled in a common basket (a SWAp arrangement or other mechanism) if the HSCC believes this is the best way to maximize the benefit from GAVI HSS funds. Countries should indicate their chosen mechanism for channelling GAVI HSS funds into the country and for disbursing GAVI HSS funds from the central level to the periphery (if appropriate) in their application.

### **Audit**

GAVI will need to receive audit reports within one year of the close of the financial year. These should be generated through the existing country system. GAVI reserves the right to request an external audit be conducted. GAVI in-country partners, the Government and the HSCC can raise any concerns they might have about the use of funds to the GAVI Alliance Secretariat at any time.

### **Displacement**

Countries should be prepared to show that during the life of GAVI HSS support, real per capita government health spending did not decline from pre-GAVI HSS support levels.

## **10. Monitoring, evaluation and operational research**

### **Monitoring**

Monitoring should be able to demonstrate outputs and outcomes / impact of the GAVI HSS investment through the measurement of carefully chosen prioritized indicators that will be measured accurately and used on a regular basis to guide program direction. Indicators should be linked with objectives and not necessarily activities. Priority choice should be given to SMART<sup>15</sup> indicators (with baseline data) that the country already measures and uses as not to place any greater burden on the existing Health Information System.

Both national and sub national levels need to monitor and use data on a constant basis to better inform decision makers at all levels. The selection of and use of indicators should benefit peripheral levels, as outlined in the WHO / UNICEF Reaching Every District (RED) strategy. If deemed a priority, GAVI HSS funds may be used to strengthen the Health Information System.

**Three overall impact / outcome indicators** will be used to evaluate the GAVI HSS investment:

- 1. National DTP 3 coverage**
- 2. Numbers / % districts<sup>16</sup> achieving ≥80% DTP3 coverage**
- 3. Under five mortality rate**

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<sup>15</sup> Specific, Measurable, Achievable, Realistic and Time-bound

<sup>16</sup> Or equivalent administrative unit

These three impact / outcome indicators must be included in all applications. Up to three more **impact / outcome indicators** may be selected and could include other co-coverage indicators. Examples of such indicators may be seen in section 6 of the application form.

Up to six **output indicators** may be included but at least one output indicator should be included for each objective and its related activities. These indicators need to be chosen carefully to ensure that baseline data are available, milestones and targets are achievable as they need to be reported in the annual progress report.

Any of these indicators may be further disaggregated (if the country feels this would be useful) to include information on geographic / gender / urban rural or private / public differences, which could help further guide program implementation.

Although not a mandatory requirement for a GAVI HSS proposal, countries should be aware that GAVI HSS proposals and the GAVI HSS investment evaluation will be monitored in the context of indicators for Aid Effectiveness<sup>17</sup> outlined by the OECD Development Assistance Committee (DAC) and detailed in the Paris declaration on AID effectiveness, March 2005.

During the timeframe of the proposal, it may be necessary for countries to adjust activities according to indicators and feedback from various sources. Any changes to activities and reasons for these changes should be highlighted in Annual Progress reports, which will be reviewed by the Independent Review Committee for Monitoring.

### **Evaluation**

The GAVI HSS investment will be evaluated in 2009 to inform the GAVI Alliance and Fund Boards on potential further steps or investments for GAVI HSS.

### **Operational research**

If a country identifies health systems operational research that better informs decisions and processes for overcoming health systems barriers to deliver immunisation, countries may use GAVI HSS funds for this. The research areas must be directly linked to the health system bottlenecks identified areas within the GAVI HSS proposal and funded with GAVI HSS funds. The operational research programs should be implemented through a close collaboration between policy/decision makers, researchers, academics and non-governmental organizations where appropriate.

## **11. Reporting arrangements**

Implementation of GAVI HSS activities will be monitored via the country's Annual Progress Report (APR). This report will provide information on progress in reaching milestones and targets against the baseline data for indicators identified in the application. The APR will also include a financial report on the use of GAVI HSS funds. In countries where GAVI HSS funds are pooled in a common basket or SWAp mechanism, the joint / SWAp report (including a report on the activities and utilization of funds) should be attached to the GAVI APR.

The timing of the Annual Progress Report submission is 15 May of each year (for all GAVI Phase 2 support). All countries should submit an APR, even if the GAVI HSS support has been received for less than 12 months by 15 May of the following year.

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<sup>17</sup> 12 indicators broadly classified as ownership, alignment, harmonisation, managing for results and mutual accountability