

Q&A: Health system strengthening (HSS)

Q: What is GAVI's support for health system strengthening (HSS)?

A: HSS funds are to address the “bottlenecks” or barriers in the health system that make it difficult to improve the provision of and demand for immunisation and for other child and maternal health services. The GAVI Alliance Board approved an initial US\$ 500 million for HSS between 2006 and 2010. These funds will contribute to the GAVI Alliance's current efforts to reduce child mortality rates (millennium development goal 4) and maternal mortality ratios (millennium development goal 5).

Proposal development and application process

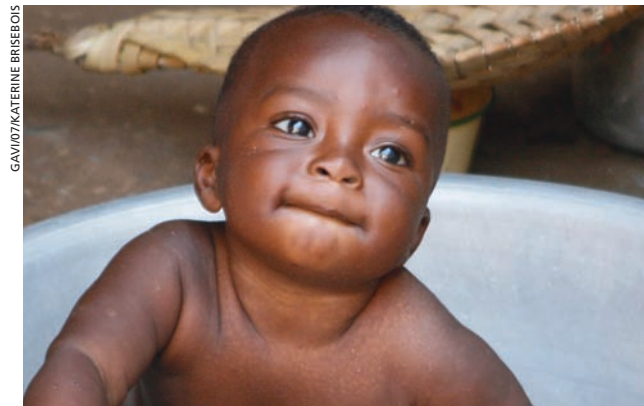
Q: Who can apply for HSS?

A: All GAVI-eligible countries can apply for HSS funds.¹ The proposal should be sent from the country's health sector coordination committee (HSCC) or equivalent, and be developed in consultation with partners. That collaboration must be documented in the proposal.

Q: Who takes the lead in developing the HSS proposal?

A: Almost all countries have an existing forum that includes partners and government planners from different ministries, and which makes decisions that affect the health sector. For GAVI purposes, this group is referred to as a 'health sector coordination committee'. This group may be known by different names in different countries. The HSCC (or equivalent) should coordinate the HSS proposal development. In practice, it will often be the department of planning (or division of planning) within the ministry of health that will lead the proposal development effort and its implementation, together with partners and other key ministry divisions/departments, such as immunisation and child health.

¹ A GAVI-eligible country is defined as one where the gross national income is less than US\$1000 (using 2003 data)



GAVI/KATERINE BRÉBÉOIS

Q: What is the role of the EPI department in drafting and implementing a GAVI HSS proposal?

A: Although the department of planning (or its equivalent) should coordinate the drafting and implementing GAVI HSS process in the ministry of health, the EPI department plays a vital role. EPI departments often have the institutional memory on service delivery modes, constraints and how to complete GAVI procedures. As the objective of the GAVI HSS investment is to overcome health systems barriers to **increasing immunisation** and other child health packages and the ultimate impact indicators include immunisation coverage, it is important that EPI departments are closely involved in the drafting and implementation stages.

Q: How do we identify the health system bottlenecks and barriers?

A: You can identify the system wide barriers either through analysing existing reviews, or carrying out special assessments. The barriers may be at national, subnational or district levels. It may also be worth including subnational entities in this process to increase inputs from 'field reality'. The ministry of health should work with other partners throughout this review process, and that collaboration should be documented in the HSS proposal.

Q: How should the review guide the proposal development?

A: The identified barriers and bottlenecks should guide the development of your proposal objectives and activities. The proposal should spell out how you will use the HSS funds to address the identified bottlenecks. The HSS guidelines suggest three priority areas:

1. Health workforce mobilisation, distribution, and motivation;
2. Organisation and management of health services at the district level and below;
3. Supply, distribution, and maintenance systems for drugs, equipment, and infrastructure.

These areas are for consideration only. If other policy bottlenecks or capacity constraints have been identified, you are free to include these.

Q: How can countries get support for technical assistance to develop and implement proposals?

A: There are two types of technical assistance to develop and implement proposals:

■ **Proposal preparation grant:** The GAVI Secretariat can provide financial support to a maximum of \$50,000 to assist you in developing your proposals. The HSCC should discuss and agree on the need for any technical support. Local consultants or institutes should be sourced where available but external consultants can also be engaged. If the HSCC identifies a financial need, it should send a request from the ministry of health to the GAVI Secretariat with a budget identifying how the funds are to be channeled (via the country account, WHO, UNICEF or a third party) and used.

See page 8 of the current HSS guidelines (<http://www.gavialliance.org/support/how/guidelines/index.php>).

■ **Technical support for implementing proposals:** Any technical support for implementing or monitoring GAVI HSS proposals should be highlighted and budgeted for within the GAVI HSS proposal itself.

Q: What can my country apply for? What can it not apply for?

A: You should use GAVI HSS funds to address identified health system bottlenecks to increasing immunisation and child health services.

You cannot use GAVI HSS funds to purchase vaccines. GAVI has another type of support for new and underutilised vaccines (NVS).

HSS funds should be additional to existing resources; they should not displace resources already allocated to the health sector.

Q: Can HSS funds be used for research?

A: HSS funds should strengthen health systems. Although the emphasis is on interventions or activities, research activities that contribute to improved immunisation coverage would certainly be considered. Several countries have been approved for GAVI HSS funding that included operational research elements.

Q: Can GAVI HSS fund recurrent costs?

A: GAVI HSS funds can be used for capital or one-off expenditures that increase system capacity (such as training, technical support, purchase of vehicles, or development of systems), and for funding recurrent costs (such as fuel, maintenance, daily allowances for outreach etc). You should describe how you expect to sustain the impact achieved with HSS support after it ends, particularly in relation to recurrent costs.

Q: Can GAVI HSS be used to fund cold chain?

A: If the absence or weakness of cold chain is identified as one of the key health system barriers to increasing and sustaining DTP₃ coverage, if it is within the national health plan and if it is not being financed through other funding channels, then an HSS proposal that explicitly makes these links could be considered by the Independent Review Committee.

Partnerships and alignment with national plans

Q: Development partners to become more involved in the GAVI HSS proposal development process?

A: It is crucial that in-country review includes the active engagement of all relevant stakeholders within the HSCC. A simple approval signature, without active engagement in the proposal development process may (and indeed has) led to non-approval of a proposal and/or a proposal that becomes harder to implement. There is also a section within the application form that allows partners to provide feedback on the process and substance of the proposal if there are any concerns.



Q: Which plan should the HSS proposal reflect: the health sector plan or the comprehensive multi-year immunisation plan?

A: Ideally, the comprehensive multi-year plan (cMYP) for immunisation and the health sector plan should be in the same timeframe. In cases where there is a difference between the two, however, the HSS proposal should be aligned with the timeframe of the all-inclusive broad health sector plan.

Q: My country is not at the beginning of a new five-year health plan. Can we still apply?

A: Yes. You can apply at any point in the health plan cycle. If approved, support will be given from the point of application onwards to the end of the duration of your national health plan. Resources should be allocated annually within the planning cycle between proposal submission and the end of the health plan.

Q: My country's health sector plan does not coincide with the 2006-2010 period (it is already ongoing, or it goes beyond 2010). For how many years should my application be submitted?

A: The HSS funding should ideally be used in the same timeframe as the broad health strategic plan, with allocations annually according to needs within your planning cycle. The HSS funding can be used to cover the current health planning cycle. If you have a new health sector plan you will need to prepare a new HSS proposal. HSS funding will be distributed over time according to your annual financial needs and budget cycles, as you specify in the proposal.

Q: My country's national health plan has ended and we do not have a new one yet. Can we apply for GAVI HSS?

A: Eligibility criteria for GAVI HSS include the existence of an overall national health plan and an immunisation cMYP (or its equivalent). You may develop a new national health plan while an HSS proposal is being drafted, but a GAVI HSS submission cannot be accepted without a broad national health plan.

Q: What is the connection between GAVI's CSO and HSS investments?

A: The funding for CSO support available to all GAVI eligible countries encourages CSOs to strengthen their coordination and representation mechanisms. This should enable countries to take advantage of what CSOs have to offer. All countries are encouraged to include CSO representatives in their HSCCs (or equivalent).

The funding for CSO support available to 10 pilot countries (Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan) should help stimulate better coordination while an HSS proposal is being developed or implemented. Details are available in the CSO guidelines (on www.gavialliance.org). Any CSO proposal for country support should be submitted according to the HSS deadline, as CSO proposals will be reviewed by the Independent Review Committee.²

² The Independent Review Committee reviews all country proposals and annual progress reports. It includes three teams: the New Vaccine, Injection Safety and Immunisation Services Support Proposal Review Team; the Health System Strengthening and Civil Society Organisations Proposal Review Team; and the Monitoring Team.

Q: GAVI expects civil society involvement ? How can this be done?

A: You should encourage civil society stakeholders to take part in the HSS proposal development and possibly the HSS implementation processes. Civil society may play a role in technical assistance, increasing community linkages, service provision or advocacy. Appropriate civil society representation and inclusion should be decided on by the health sector coordination committee.



GAVI/07/KATERINE BRISEBOIS

Q: Can GAVI-HSS funds be pooled?

A: Yes. The health sector coordination committee or equivalent coordination mechanism may decide to pool HSS funds in a common basket. Your proposal should include an overview of how funds would flow and an analysis of implications of this decision.

Q: How long will it take between submission of the proposal and disbursement of the money?

A: Proposals submitted by the HSS application deadline will be reviewed within one month. Recommendations for funding will be forwarded to the next GAVI board. It is expected that funds will flow to countries within four months of a successful submission.

Q: How should we allocate the HSS funding over time?

A: Your proposal should allocate HSS funding according to your needs, and specify this in the proposal. Allocation can be frontloaded and tapering off, or make a small-scale start which builds up over time. The key is to look for maximum impact within the context of the broad sector plan.

Q: How will the implementation of HSS activities be monitored?

A: Each country's annual progress reports to GAVI will provide information on progress in reaching milestones and targets, using the output and impact indicators identified in the proposal. It is important to describe progress on ongoing activities (using self-selected process indicators if necessary) to highlight if there are any constraints in achieving annual targets. Please use and strengthen existing monitoring mechanisms rather than creating new, parallel or separate systems.

Fund flows and monitoring

Q: Does an application for HSS funding reduce the amount of funding for my country through other forms of GAVI support?

A: No. HSS funds are additional to other GAVI funds.

Q: How will funds flow?

A: To accelerate the process of prompt flow of funds, countries are advised to identify the most appropriate channels at an early stage, accurately fill out the banking details and inform the GAVI Secretariat at time of submission. Funds will be distributed annually, in accordance with the predicted annual costs as specified in the proposal, as long as the monitoring team of the Independent Review Committee has judged that your country has made satisfactory progress.

Information current as at February 2008
www.gavialliance.org



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