

FOR INFORMATION

The first Health Systems Strengthening (HSS) funding has just been made available to countries. This briefing concentrates on the current coordination and technical support for countries preparing proposals, and highlights key ongoing challenges.

This is for information only; no Board action requested.

Health System Strengthening (HSS) Support Update

Health Systems Strengthening (HSS) application rounds

In November 2006, the Health Systems Independent Review Committee evaluated the first 15 proposals submitted for the new HSS window. Five proposals were recommended for complete resubmission; five were requested for revision based on certain conditions, four were recommended for approval with clarifications and only one for approval outright. In February 2007, the GAVI Alliance and Fund Executive Committees reviewed the final five proposals and approved a \$92 million investment to implement them.

In April 2007, the Independent review committee convened for a second time to review newly developed proposals as well as those that were not recommended for approval in November 2006. Two of the new proposals were requested for resubmission and the remaining four were recommended for approval pending clarification of minor issues. The GAVI Alliance and Fund Boards will consider these proposals during their meeting on 11 & 12 May, and will be asked to approve a total investment of \$77.6 million to implement them.

Table 1: Annual expected fund flow to countries reviewed in November 2006 and April 2007 (Figures in US\$)¹

Country	1st IRC review	Current status	2006 Birth cohort	Projected annual budget in US\$					Total US\$
				2007	2008	2009	2010	2011	
Burundi	Nov-06	Approved Feb-07	283,657	2,704,000	2,274,000	1,754,000	760,000	760,000	8,252,000
Cambodia	Nov-06	Approved Feb-07	401,580	1,850,000					1,850,000
Ethiopia	Nov-06	Approved Feb-07	2,995,203	55,839,500	12,629,500	8,025,500			76,494,500
Korea DPR	Nov-06	Approved Feb-07	401,926	450,500	1,308,000	1,027,000	1,026,000	549,500	4,361,000
Kyrgyzstan Rep	Nov-06	Approved Feb-07	111,000	424,000	255,500	255,500	220,000		1,155,000
DR Congo	Nov-06	Approved(tbd) May-07	2,792,535	21,526,000	15,717,500	11,910,000	7,661,000		56,814,500
Georgia	Apr-07	Approved(tbd) May-07	47,500	69,000	122,500	122,500	121,500		435,500
Liberia	Apr-07	Approved(tbd) May-07	173,914	1,022,500	1,022,500	1,022,500	1,022,500		4,090,000
Vietnam	Nov-06	Approved(tbd) May-07	1,492,461	3,648,000	4,705,000	4,439,000	3,493,000		16,285,000
Kenya	Nov-06	Conditions	1,402,126						
Cameroun	Nov-06	Conditions	812,511						
Sierre Leone	Nov-06	Conditions	207,117						
Benin	Nov-06	Resubmission	355,425						
Cent Afr Rep	Nov-06	Resubmission	144,655						
Cuba	Nov-06	Resubmission	112,000						
Guinea Bissau	Nov-06	Resubmission	52,725						
Nepal	Apr-07	Resubmission	806,120						
Pakistan	Nov-06	Resubmission	5,819,757						
Sri Lanka	Apr-07	Resubmission	370,000						
TOTAL HSS COMMITMENTS TO DATE				84,829,500	35,760,500	26,802,000	13,544,000	549,500	161,485,500

All proposals recommended for approval contain activities within the three suggested HSS themes; i) human resources; ii) infrastructure; and iii) management and planning at sub-district level, with some requests for strengthening the Health Information System. The majority of support requested is budgeted for human resources (recruitment, incentives, training or encouragement to strengthen out-reach sessions).

¹ Birth cohorts all 2006, except Burundi and Vietnam (2005) and Liberia and Nepal (2007)

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Information from Ministries of Health and other Alliance partners indicates that up to 30 more countries may apply for HSS funding in June or November 2007. At this early stage, it is difficult to accurately estimate future HSS funding requirements. This will depend on when countries submit their proposals (related to in-country capacity to process applications and the quality of technical assistance), and the duration of a country's health sector plan and budget cycle. A more accurate funding forecast will be provided at the November 2007 Board meetings, at which point many more countries will have applied.

Lessons learned and 2007 HSS guidelines and application form

Six of the 15 countries that submitted proposals in November 2006 were invited to Geneva in January 2007. These countries shared their impressions of the processes and made recommendations to the HSS task team for future application rounds (see annex 1). Together with input from other Alliance partners, this country feedback was crucial for the development of new HSS guidelines for 2007, which were finalised in March and are available at http://www.gavialliance.org/Support_to_Country/Forms/index.php. These revised guidelines do not change the underlying principles of the Health Systems Strengthening window; they merely help to provide greater clarity and reduce administrative burdens for countries, and make it easier to review and evaluate the proposals submitted. Initial feedback from countries on the revised guidelines has been positive.

It has proved challenging to ensure coherence in communication to countries about the HSS window, and to alleviate potential misunderstandings between country immunisation and planning departments. Information sharing at regional meetings and stronger partner engagement in the proposal development process will help to address these issues.

Key components of GAVI Health Systems Strengthening (HSS)

GAVI HSS Task Team

A 10 member core task team has been created, and is currently co-chaired by WHO, World Bank and UNICEF. In consultation with the Secretariat, this task team has finalised its terms of reference and mandate for 2007, which can be seen in annex 2. This team works within the context of a changing and fluid health systems strengthening environment which includes many partners and other global health initiatives². It is the main aim of the HSS Task Team to ensure these groups are able to feed into the GAVI HSS processes and to ensure a free exchange of information. As one of its key activities in 2007, the Task Team will reach out to several countries that are approved for GAVI HSS support, and invite them to share their experiences with the HSS process. This consultation is planned for the last quarter of 2007 and will guide the HSS application and implementation process in 2008.

Technical assistance and training

The provision of technical assistance by partners and regional institutes will be of significant importance for i) developing HSS proposals and ii) supporting countries over the long term to implement and monitor their programmes. To date, 47 countries have requested technical support for proposal development. The majority (41 countries) have approached WHO to either technically assist with the drafting of HSS proposals or act as a fund flow mechanism for countries to fund consultants or stake holder meetings at country level. With GAVI financial

² Apart from the GAVI Alliance partners, these include the scaling up for better health initiative, global health workforce alliance, Partnership for Maternal and Neonatal Child Health, Health metrics Network, Stop TB, UNAIDS, Global Fund for AIDS, TB and Malaria, Alliance for Health Systems research, G8 initiatives to strengthen health systems, Global Economic Forum and MDG 4+5 business plan

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support, WHO has increased its capacity to respond to these requests by retaining additional health systems consultants. The remaining 6 countries have requested support through other partners/mechanisms such as UNICEF or country accounts. GAVI has been able to respond to these requests.

The HSS IRC has expressed concern that some countries may only be receiving limited technical assistance (often provided by consultants who may be expert in one area with little previous experience or knowledge of the GAVI application mechanisms). One of the main challenges for the HSS Task Team and the Secretariat is to respond to country requests to ensure countries have a wider range of technical assistance available to them in a more flexible, sustainable and regional specific manner, with quality assurance checks. The HSS Task Team will discuss this issue at its meeting in April and make recommendations regarding quality checks, preparation of training materials for regional workshops, training of consultants and increasing the variety of technical assistance available to countries.

Four WHO-led GAVI-HSS workshops (Honduras, Harare, Ouagadougou and Libreville) in March and April have increased the country and regional awareness of the GAVI HSS principles and mechanisms for application. These workshops were mainly focussed on sensitisation – especially bringing health planners and immunisation staff together from countries and key GAVI Alliance partners.

In order to encourage robust and well designed proposals, the HSS Task Team has proposed the creation of a peer-review mechanism at the regional level. This mechanism would allow countries to share health systems experiences and best practices as well as resources for technical support in the proposal development process. This will be brought forward in the next few months.

Monitoring and evaluation and principles of annual fund release

The HSS IRC has identified monitoring and evaluation as one the weakest components of proposals received so far. Specifically, there have been few baseline indicators, confusion between output and outcome indicators, and lack of prioritisation of indicators. The Secretariat and the HSS Task Team have responded to these concerns by :

- a) forming a task team sub-group for monitoring and evaluations to work closely with Health Metrics Network (HMN). This group met in December 2006 and April 2007 and has agreed on principles for HSS monitoring and evaluation. These key principles have also received inputs from Global Fund for AIDS, TB and Malaria, CIDA and the Partnership for Maternal and Neonatal Child Health;
- b) placing greater focus on monitoring and evaluation in the 2007 HSS guidelines and application form. HMN is currently developing a 'dashboard' - menu approach to HSS indicators that countries could potentially chose from. For the June and November rounds countries have the flexibility to chose up to 6 output indicators and 6 outcome indicators (of which 3 are compulsory – DTP3 national coverage, % districts achieving >80% DTP3 coverage and national child mortality rate);
- c) committing at least 30% of resources in the 2007 GAVI HSS work plan to strengthen the design of monitoring and evaluation for the HSS window;
- d) adapting the new country annual progress report guidelines to include key HSS indicators.
- e) ensuring that the monitoring IRC will have added capacity to review health systems components within country annual progress reports.

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It is unlikely that the GAVI HSS investment will have any effect on country impact indicators in the first few years. Focus is therefore on assisting countries to identify appropriate and robust output indicators that can be measured easily. Funding will be released to countries annually, contingent on a satisfactory review by the monitoring IRC. This will depend on whether a country has achieved its stated milestones outlined in its original HSS proposal. A mechanism for alerting, diagnosing and supporting countries who are not reaching milestones is currently being reviewed and discussed. A mechanism for potentially detecting, diagnosing and supporting countries that may have issues surrounding potential misappropriation of funds is currently being devised (see separate briefing).

Health Systems Operational research

GAVI HSS funding may be used in the future to support health systems operational research in two separate ways: i) a country may decide to include it within its proposal for GAVI HSS support; and ii) 2-3 priority issues for operational research may be identified and supported through the GAVI HSS work plan. Any global health systems research would need to complement and dovetail with the GAVI Alliance operational research and innovation window (currently being designed).

Other issues of note

- a) Upcoming HSS reviews: The next two HSS reviews, scheduled for June and November, will be critical for the success of the GAVI HSS window. Countries will use the new HSS guidelines to develop future proposals and by November it will be much easier to predict potential fund flows.
- b) Identification of best practices: Several best practices for country proposal development have been identified by the HSS IRC (see separated briefing). These will be shared via the GAVI Alliance website and among countries at various GAVI HSS regional meetings.
- c) High coverage countries: Some countries with high immunisation coverage may not greatly financially benefit from ISS and use HSS funding to fund immunisation services instead. This would not be in keeping with the principles of HSS or ISS. The 2007 HSS guidelines clarify these principles and the issue of countries with high coverage and ISS entitlements is being reviewed.
- d) Need for cold chain for new vaccine introduction: Some countries introducing new vaccines that require extra cold chain (eg. Rotavirus vaccine) may wish to use the HSS investment to fund this extra cold chain. This again may not be in keeping with the HSS principles, unless cold chain is identified as one of the main barriers to increasing DTP3 coverage in a sustainable manner.
- e) India: Although India is not currently eligible for HSS funding, the Secretariat has received a concept note that highlights key elements of a potential HSS proposal (potentially requesting in the region of \$250 million).

ANNEX 1**Annex 1: Strengths, weaknesses and recommendations for HSS processes identified by 6 countries in January 2007****1. COMMUNICATIONS****Strengths:**

- Correspondences were generally made to MOH from GAVI
- Guideline and application forms were necessary and were clear and useful (generally speaking)
- Supplementary information provided from GAVI was helpful
- Some countries got information via regional workshop and country offices of partners

Weaknesses:

- Not all MoH's were fully aware of GAVI HSS = directed to wrong audiences
- Some portions of the guideline and application forms needed clarifications
- Partner organizations were not well informed
- Supplementary information was a bit late and in some cases complex
- Not all countries had access to the information via the regional workshops

Recommendations:

- The need to improve awareness of MoHs about GAVI HSS so that relevant departments will be involved in the process; GAVI could also help by making CC to partners.
- Using workshops, conferences, orientations, websites and in country meetings with GAVI as an opportunity to disseminate information
- Send out guidelines only when they are final
- Enhance the awareness of donors at country level in order to enable them respond to questions from MoHs. Encourage them to have a system of providing information to MoHs regarding GAVI HSS
- Contact person in GAVI Secretariat responsible for clarification of issues (at operational level)

2. PROPOSAL DEVELOPMENT AND REVIEW PROCESS**Strengths:**

- Some countries reported that the GAVI HSS development process empowered the MoH to take the lead role in planning
- Some countries reported that the process helped to take the issue of harmonization and alignment a step forward
- In some countries HSS development process was based on close collaboration within and between MOH and development partners as well as CSO
- Some countries reported that the it helped them to demonstrate that EPI is not only about vaccines
- Some countries reported that GAVI HSS filled critical gap already identified in the implementation of country strategic plan
- Existence of strategic plan, cMYP, evaluations etc
- Planning departments were involved/coordinated in 4 of the 6 countries,
- Most of the proposals were prepared by in country resources/TAs
- In most of the countries (4/6), the proposal development process were coordinated by the existing SWAP or coordinating mechanisms,
- In most of the countries, TA provided by partners at country level
- In country review process was useful

Weaknesses

- The process did not involve all relevant departments in MoHs and donors in some cases
- Involvement of the CSO and Private sector was minimal
- Time devoted to in-country review process was insufficient

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- The in-country review process involved some repetitive actions
- Involvement of the Regional Working Group was not adequate

Recommendations

- All relevant programmes and partners should be involved in the proposal development
- Planning department should be encouraged to be involved in all countries
- Involvement of the CSO and private sector should improve
- More time and resource should be allocated to the in country review process
- Some of the repetitive actions in the in-country review process should be reviewed
- The involvement of the Regional Working Group should be enhanced

3. IMPLEMENTATION ISSUES

- The need to disburse funds soon
- The need to focus more on sector wide indicators as opposed to operational and process for reporting to GAVI
- Building the capacity to manage and monitor in terms of human resource
- The need to develop operational plans after approval of the proposals
- Operational research =varying opinion

4. CONCLUSIONS

- Technical assistance is critical to developing high quality proposal
- Harmonization and synchronization of GAVI support and ongoing Health Sector Reform Strategy
- Good coordination within and between Government and development partners

ANNEX 2

Global Alliance for Vaccines and Immunization (GAVI) HSS Core Task Team and GAVI-led HSS Forum Membership, Mandate and Functions for 2007

Background

The GAVI Health System Strengthening (HSS) window was approved by the GAVI Board in December 2005. The GAVI HSS funding support is to address the bottlenecks in the health system that impede progress in improving and sustaining high immunization coverage and the provision of other linked child and maternal health interventions. GAVI HSS has a strong results focus and can make a major contribution not only to improving immunization coverage but also to achieving Millennium Development Goals (MDGs) for child (MDG 4) and maternal (MDG5) health.

GAVI HSS is fully committed to the key principles of the 2005 Paris Declaration on Aid Effectiveness, ensuring that GAVI is working through key government channels to align its inputs with health sector plans and harmonize its support with those of other donors, including multi-laterals, bi-laterals and Global Health Partnerships. One of the underlying objectives is to ensure immunization is viewed as a central component of a package of basic child health interventions and is included more systematically in government policy documents and health budget lines, Sector Wide Approaches (SWAP) or pooled funding mechanisms.

This is a new window for GAVI support, which requires new approaches to assist countries. To take the work forward in 2007 the GAVI will work through two structures: the Health Systems Strengthening Core Task Team (HSS-CTT) and the GAVI-led Health Systems Strengthening Forum (HSS Forum).

GAVI's Health Systems Strengthening Core Task Team (HSS-CTT)

Composition: The 2007 HSS-CTT comprises 10 members, which includes representatives from the World Bank, WHO, UNICEF, GAVI secretariat, USAID, GATES Foundation, DFID, Norad, a developing country representative, and a civil society representative. Most members have field presence in the majority of GAVI-eligible countries and significant knowledge of in-country health systems issues, especially in maternal child health, as well as on-going relationships with Ministers of both Health and Finance.

The HSS-CTT can create sub-working groups to address specific issues, which may involve non-HSS-CTT members, as required.

Chairmanship: WHO, World Bank and UNICEF share the responsibility of chairing the HSS-CTT operations. Meeting venues for the HSS-CTT are jointly agreed upon by the co-chairs.

Representation on GAVI Working Group: The HSS-CTT will nominate one of its members to sit on the GAVI Working Group. This will support communication between the HSS-CTT and the Working Group and assist in better aligning HSS-CTT work with work carried out by other GAVI task teams.

Terms of Reference: The HSS-CTT supports the formulation and implementation of the HSS components in the GAVI 2007 workplan. It acts as an advisory and consultative body to shape and refine the GAVI HSS policies and procedures. More specifically it provides technical inputs on a variety of GAVI HSS processes and mechanisms as described below:

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- Revise existing guidelines and policy documents. Formulate additional documents, as necessary, that facilitate successful application for funding by countries;
- Provide opportunities to countries to identify strength and weaknesses of the GAVI HSS process, which will lead to recommendations for improving the process;
- Suggest members for the independent review committee (IRC) and provide oversight to ensure adequate skill mix of IRC members. Provide guidance to the IRC to improve its country proposal assessment process;
- Through regular communication with in-country agency representatives of HSS-CTT members, promote more inclusive stakeholder involvement during proposal development and/or the revision and improvement of conditionally approved proposals.
- Communicates with in-country agency representative to assist countries during the proposal development process to identifying areas of Operational Research that strengthens national capacity and generates evidence that informs policy and practice;
- Mobilizes in-country agency representatives to assist national governments to successfully implement the proposed GAVI funded HSS activities;
- Identifies key elements of best practice and compiles lessons-learnt, with a potential to improve GAVI-HSS processes and to contribute to the debate on harmonization and alignment;
- Assists the GAVI Alliance Secretariat in monitoring and evaluating health systems performance indicators in countries that received GAVI HSS support;
- Assist countries, through the support provided by in-country agency representative to monitor and evaluate GAVI HSS specific progress;
- Devise a framework for the planned HSS evaluation in 2009-2010;

GAVI-led Health Systems Strengthening Forum

Composition: The HSS Forum brings together the HSS-CTT and representatives from bilateral and multi lateral donors, agencies, and other networks such as the Health Metrics Network, Alliance for Health Policy Research, Global Fund for AIDS, TB and Malaria, Stop TB, Roll Back Malaria, Global Health Workforce Alliance, Programme for Maternal Neonatal Child Health and UNAIDS.

Terms of Reference: The GAVI-led HSS Forum serves as a forum to:

- Share information on GAVI-HSS activities and strategies with global partners;
- Generate ideas and suggestions for improving GAVI-HSS operations;
- Share lessons learnt to inform the global debate on aid harmonization and alignment; and
- Mobilise and sustain the commitment to health systems strengthening of a wider constituency.