

At its meeting in December 2005 the GAVI Alliance Board approved the health system strengthening (HSS) investment case and agreed to set aside \$500m for this support from 2006 to 2010. Further, it agreed to open the support to all eligible countries whose applications would be reviewed according to criteria to be developed.

The Secretariat was requested to work with partners and other global health partnerships to develop the review process and criteria for country applications for approval by the Alliance EC, and to clarify how funding will flow to countries. This document outlines the progress on the above.

The Alliance EC is asked to approve:

- Financial allocation, or funding 'ceiling', of \$5 per child cohort for countries with <\$365 annual GNI per capita and \$2.50 per child cohort for countries with >\$365 annual GNI per capita.
- The criteria for country applications, on page 2, including criterion regarding willingness to introduce new vaccines into routine systems.
- The review process – including a pre-review by an HSS global task team and a 'light touch' review by the IRC.
- Criteria and process for selection of 'intensive learning set' of countries.
- Giving special consideration for early submission of an HSS application to Ethiopia, and to other countries with similarly advanced health systems planning.

Update on Health Systems Strengthening (HSS)

Background

As requested by the GAVI Alliance Board at its December 2005 meeting further information on the funding flow to countries, criteria for country applications and a summary report on consultations with other Global Health Partnerships is now provided.

The consultant engaged to develop the HSS investment case, HLSP, has continued to work on the criteria and country application forms and guidelines in consultation with the HSS reference group as outlined below. Country allocations have been calculated on the basis of the Board decision. Consultations with other partnerships have been held.

Eligibility and financial allocations

The Board agreed to open the support to all GAVI eligible countries except India, for which there is a special arrangement. Based on the eligibility criteria as approved by the Board including double allocation to the poorest countries (with less than \$365 annual GNI per capita), and the total \$500

million approved envelope from 2006-2010, the following financial allocations, or ceilings of support, are proposed:

- Countries below \$365 annual GNI per capita: \$5 annually per child cohort.
- Countries above \$365 annual GNI per capita: \$2.50 annually per child cohort.

The above allocations are based on the assumption that 25% of eligible countries will apply annually over the period 2006 – 2010.

Criteria for country applications

The criteria as outlined in the HSS investment case have been consolidated with the addition of a criterion to help ensure that GAVI meets the Best Practice Principles for Global Health Partnerships as outlined by the High Level Forum.

1. Activities are critical for raising and/or sustaining immunization coverage.
2. The level and nature of GAVI support will make a difference.
3. The activities are integrated into national plans and HSS support builds on existing country systems and processes for planning, implementation and monitoring.
4. Progress can be monitored (through country selected process indicators in the first 3 years and outcome indicators in later years).
5. The proposal is approved by the Ministry of Finance and endorsed by key in-country development partners.

In addition it is proposed to give strong consideration to countries that have shown willingness and interest to introduce new vaccines into their routine immunization services. Of the 71 HSS-eligible countries (not counting India) seven have not introduced, or applied to introduce, any new vaccine during phase 1, and an additional five have introduced only yellow fever vaccine – one of which, Nigeria, subsequently dropped this vaccine. Furthermore, GAVI may wish to consider whether its HSS support should remain less than 50% of each countries' total funding from GAVI, given that one of GAVI's strengths is its focus on vaccines and immunization, and not in general health systems support. This concept would need further discussion.

Review Process

It is difficult to predict how many countries will apply for HSS in the first round, and how many of these applications will be successful. There have been concerns both that too few countries would be prepared to apply or that too many countries would submit too weak applications by that time.

In order to ensure that the early applications meet basic criteria for review, applications will be pre-assessed with the help of a small Global Task Team with relevant expertise (see Annex).

During GAVI phase 1, the independent review of country applications was seen as a key strength, ensuring objectivity and transparency in the application process. Review of health system strengthening support proposes a different challenge; proposals will be based on existing health sector plans with budgets already endorsed by national health partners. There may be a need to modify the approach for the review of HSS proposals. Options include strengthening dialogue with

country partners on feasibility of the proposals while ensuring consistency with GAVI processes. In order to ensure that the GAVI independent review process is not undermined, a light touch approach is proposed where reviewers with considerable country experience and also with maternal and child health, health systems and health financing expertise will check that the proposals for GAVI funding is consistent with the health sector plan and GAVI principles for HSS support

Intensive Learning Set of countries (called 'pathfinder' countries in the investment case)

GAVI will learn lessons on the introduction and progress of HSS in all First Round Countries, and all approved countries will be included in the evaluation in 2009. In addition some early round countries will work with GAVI on more intensive lesson-learning activities, development of analytic tools and indicators, more intensive monitoring, operational research and sharing of experiences. These countries are referred to below as the 'GAVI HSS Intensive Learning Set'. The criteria for participating in the GAVI HSS Intensive Learning Set will be:

1. Willingness to work with GAVI and other partners at a country level to assist GAVI (and others) to learn from the GAVI HSS assessment, planning, implementation and monitoring.
2. Major national stakeholders and development partners in the health sector (within and beyond immunization) committed to ensuring that GAVI support is well coordinated with other health sector program and systems strengthening activities.

In selecting countries for the Intensive Learning Set, GAVI will seek a range in terms of the following characteristics:

- immunization coverage levels
- countries using sector wide approaches (SWAp) or with strong donor coordination; and countries without these
- fragile states or countries in crisis and those with more stable conditions.

It is essential to get a selection of countries with low and high coverage and adequate geographic diversity. However, it may not be likely or necessary that all combinations will be represented in the early rounds of applications (for example, it is perhaps unlikely to find high coverage and a SWAp in a fragile state). If there is not an adequate range of countries in the first round additional countries where the timing would fit with their national planning processes will be approached to apply in the next rounds.

In connection with the sending out of country guidelines and applications forms in April 2006 countries that are considering applying for GAVI HSS in October 2006 will be asked to indicate their interest to be part of the Intensive Learning Set.

Special consideration for Ethiopia

At the invitation of the Minister of Health of Ethiopia, GAVI was asked to coordinate a mission to assess support to scale up basic services. GAVI coordinated a mission from 13-16 March to Ethiopia, closely with the Global Fund to Fight AIDS, TB and Malaria (who asked GAVI to represent them during the visit). The mission was joined by WHO, UNICEF, USAID and the new head of the Partnership for Maternal, Neonatal and Child Health (PMNCH). The purpose of the

visit was to assess the potential for scaling up health services in line with the post-High Level Forum (HLF) harmonization agenda. GAVI and GFATM both have a strong interest in coordinating around scaling up health systems.

It is proposed that Ethiopia, a country with a large population but very low GNI (~\$100) which has been provided additional support successfully in previous GAVI work plans to increase immunisation coverage should be provided the opportunity to apply for support in the first half of 2006. The country has systems in place for strategic planning, monitoring and evaluation of the health sector and has shown key improvements in immunisation coverage and child health indicators over recent years. (DTP3 coverage has increased from 42% in 2000 to 66% by 2004.) There is an effective national health coordination mechanism in place which oversees a health sector review process. A costed health sector development plan (HSDP3) with a detailed plan for scaling up health service delivery was finalized and endorsed by major health partners in October 2005. A national Child Survival Strategic plan that addresses 90% of child mortality has been prepared and is being implemented. There are however significant funding gaps in the rapid scale up plan to achieve the Millennium Development Goals. There is a risk of a delay in release of funds for programme implementation due to political challenges the country is facing. The GAVI Alliance can facilitate the expansion of services by providing flexible GAVI HSS support on a timely basis through channels endorsed by the country and its development partners.

If Ethiopia is given special consideration it may also be appropriate to offer other countries with similarly advanced health systems planning the opportunity to apply for HSS support in the first half of 2006.

Funding flow to countries

The HSS support will follow the general procedures for GAVI country support with applications, pre-assessment, independent review and GAVI Alliance and Fund Board decisions.

Collaboration between the immunization services and those that are responsible for broader health sector development is a prerequisite for successful implementation of HSS. Funding will therefore be controlled by Ministry of Health mechanisms that are above specific programmes and involving higher level health sector coordination than ICCs.

The mechanism for transfer of funds to countries will have to be specific to each country, depending on their type of coordination mechanism and administrative arrangements (for example if they have SWAp mechanisms in place). It is expected that funds will be transferred into existing sector accounts used by the Ministry of Health. In many countries the accounts used for transfer of ISS funding may not be suitable for HSS. The details of funding transfers will be developed based on the early country proposals.

Harmonization and alignment

Consultations have been held with The Global Fund, the Stop TB Partnership, the Roll Back Malaria initiative (RBM), the Partnership for Maternal, Newborn and Child Health (PMNCH) and the Health Metrics Network (HMN) as part of the preparation for HSS. They were informed of the planned GAVI HSS support. All expressed their support and interest for closer collaboration.

Discussions with the Global Fund follow a special process with external participation. The Stop TB Partnership has established a task force for health systems strengthening and is developing a plan to do more in this area. The Health Metrics Network is committed to developing health systems performance indicators that are of interest to all Global Health Partnerships in addition to working on health outcomes that relate to the MDGs. Specific collaboration with HMN is being further explored with the intention of moving towards common health systems performance indicators.

Some other ideas for collaboration that will be explored further are

1. To study coordination at country level in selected countries (could be done as part of the intensive learning process)
2. To align coordination mechanisms
3. To ensure and strengthen integrated reporting systems
4. To work together on human resources development and technical support
5. To seek synergies in civil society/private sector approaches
6. Joint support of laboratory networks
7. To align processes for country applications and reporting

Next steps

The guidelines and application forms for countries will be finalized and sent out in April 2006. Countries that wish to join the intensive learning set of countries will be invited to indicate their interest for doing so in their annual progress report in May. Based on these expressions of interest and on first round approvals 8-12 countries will be selected for the intensive learning set.

A small group has been formed with the main global partners; WHO, UNICEF, WB and bilateral agencies in order to develop the modus operandi for technical support. The group will draw upon experiences from the work plan project on System-wide Barriers. All countries will be eligible to receive support for planning and preparing their barriers analysis and applications. The intensive learning set of countries will be offered additional support to develop and later to monitor their country specific indicators and track progress and for operational research as may be required.

ANNEX

A Global Task Team for managing the GAVI Health Systems Strengthening Support

Background:

The GAVI HSS window was approved by the GAVI Board in December 2005. This is a new window for GAVI support and will require new approaches to coordinate country support activities. A small Global task team is being proposed to urgently initiate roll out activities for HSS support. It is proposed that the activities of this task team will be absorbed into the Phase 2 country support Task Force.

Membership

Task Team members (10 -12) will be from WHO, UNICEF, WB, bilaterals, representatives of Civil Society and the GAVI Secretariat. Co-chairs will be selected by Team members. All members should have significant experience working on MCH, health systems or health financing programmes, preferably at the country level, and should be senior representatives of their agencies. All agencies (with exception of GAVI secretariat) represented should have significant existing in-country presence in the majority of countries and on-going relationships with Ministers of Health and Finance.

Terms of Reference

- Undertake mapping of information on country plans & coordination mechanisms (availability of cMYPs, national health sector plans, health sector review reports and timelines for national plans; information on key development partners by country)
- Provide demand forecast for country applications for HSS based on mapping exercise and feedback from countries and development partners offices
- Provide a timetable and coordinate requests for technical assistance for HSS applications based on demand forecasts and country requests.
- Propose a mechanism for pre-review and review of HSS proposals and follow up support after the review process
- Report regularly to the GAVI Executive Secretary

Timelines

The activities of the GTT will be absorbed into the Phase 2 country support when the latter is fully functional