

# Towards harmonised health systems funding

*GAVI Alliance Board meeting  
2 June 2009*



# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# Background – why?

- Strong health systems are required to introduce new vaccines + reach ‘hard to reach’
- Increase efficiency, equity and effectiveness of service delivery platforms
- Align with country planning cycles
- Long term predictable - avoid stop / start funding
- Decrease fragmentation of health architecture

Torgrim Halvari/WHO



# Without strong, integrated and equitable systems: An example from Orissa

- High staff turnover and low training
- Salaries / incentives not paid on time
- Poor supervision
- Interrupted vaccine supply
- Lack of data for planning
- No outreach transport
- Weak planning and management
- Low demand and poor quality

Craig Burgess



# Outline

- Background
- Recent developments /current status
- High Level Task Force
- Joint GFATM, GAVI WB systems programming
- International Health Partnership (IHP+)
- Next steps

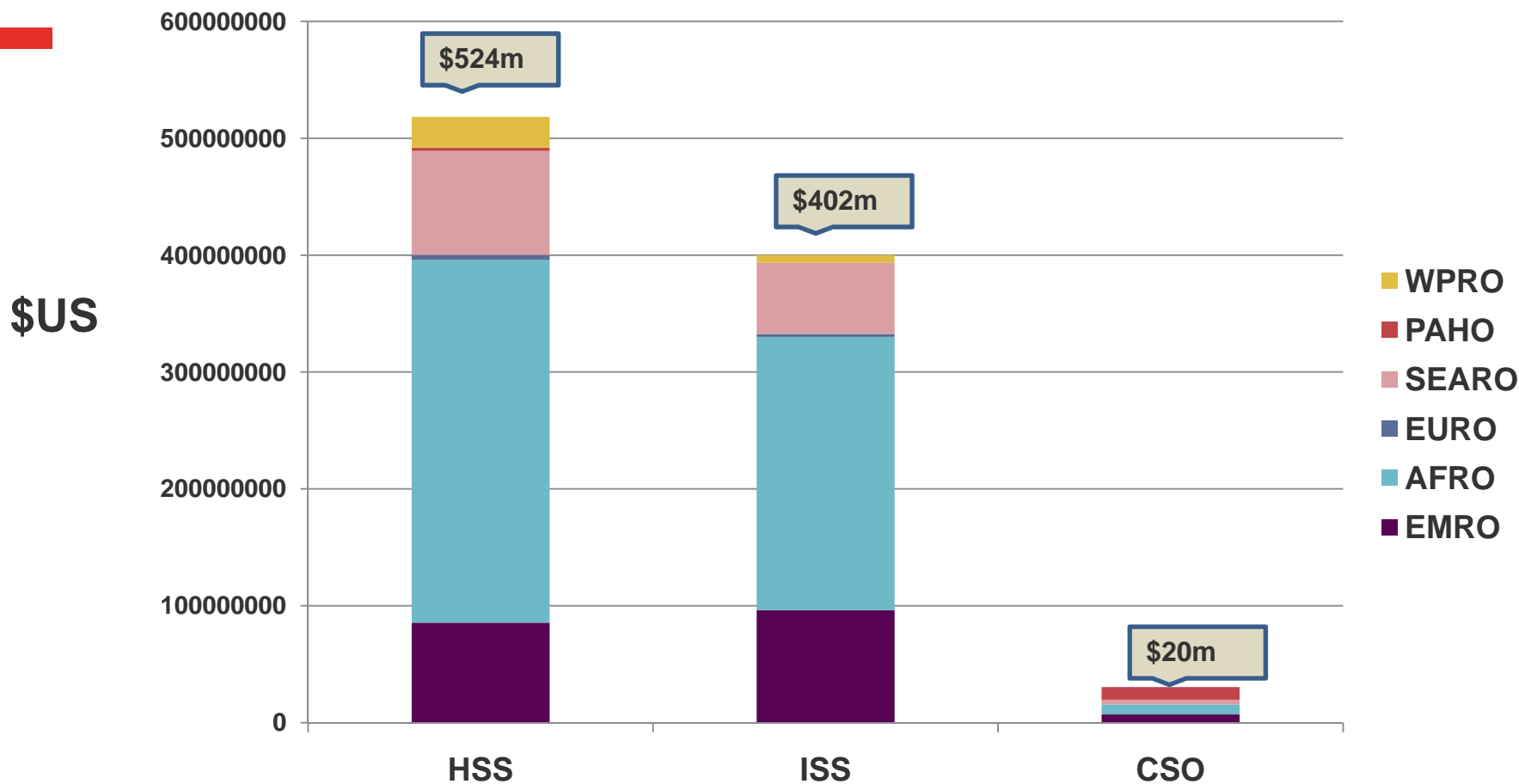
# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# Recent developments: High level taskforce (HLTF) on innovative financing and IHP+ ministers review

- IHP+ ministers requested GAVI, GFATM and WB to explore mechanism for joint programming
- HLTF welcomed proposals to explore the feasibility of GFATM, WB and GAVI Alliance systems investments
- World Health Assembly resolution and GAVI consultations

# Current status: GAVI Alliance commitment to systems (HSS+ISS+CSO): **\$946 million**



# Current status: GAVI HSS work in 2009

- Mid-term evaluation
- Tracking study
- Review of monitoring information
- Analysis of proposals
- Second round applications



# Outline

- Background
- Recent developments / current status
- **High Level Task Force**
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# High Level Task Force (HLTF) on Innovative International Finance for Health Systems

- 3<sup>rd</sup> and final meeting in Paris 28/29 May – update provided by GAVI, World Bank and GFATM, and WHO
- Set target to raise \$10 billion per year, on top of \$17 billion spent in 2008
- G8 meeting in Italy
- Update for New York UN General Assembly mid September

*GAVI Alliance Board meeting  
2 June 2009*



# HLTF welcomed increasing efficiency from GFATM, GAVI and World Bank

‘Establish a health systems funding platform for the Global Fund, GAVI Alliance, the World Bank and others to coordinate, mobilise and channel both existing and new international resources to national health strategies’

Link to results, strengthen entire health delivery system, be able to scale up, equitably to reach the hard to reach, using primary healthcare principles

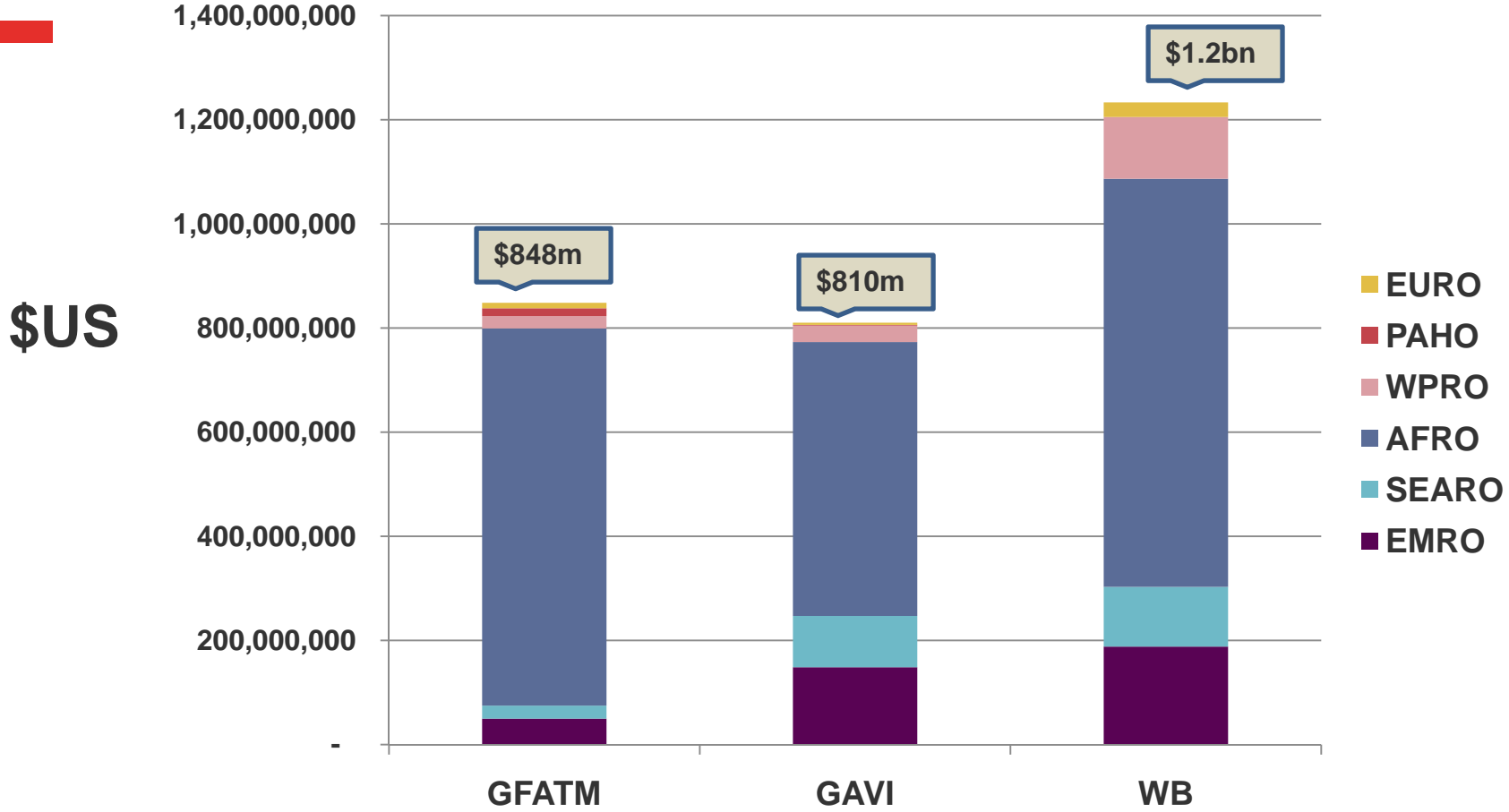
# Elements of an expanded IFFIm

- One of possible options, not mutually exclusive
- What could be the benefits?
  - Frontloading for training
  - Predictable financing
  - Expansion and renovation of infrastructure
  - Management and information systems
  - Lesson learning and knowledge management

# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# Current commitments to health systems in 49 Low Income Countries, by region



Source: internal estimates, WB 2004-2008; GFATM 2005-2008, GAVI 2001-2008



# Aim of joint programming

Fund one health plan, use one monitoring framework and one funding modality where possible

Opportunities	Risks
<ul style="list-style-type: none"><li>• Leverage more resources</li><li>• Efficiency aid delivery</li><li>• Decreased transaction costs (monitoring and assessment)</li><li>• Reduced fiduciary risk</li><li>• Harmonised technical support, scope of support</li><li>• Immunisation outcomes reflected at high level in National Health Plans and monitoring</li><li>• Alignment with country cycles</li></ul>	<ul style="list-style-type: none"><li>• Possible dilution of the GAVI 'brand'</li><li>• Immunisation specific outcomes get diluted</li><li>• Tracking funds and attribution</li></ul>

# Joint GFATM, GAVI World Bank systems programming: the practicalities

Ensuring country driven approaches

1. Mapping systems resources
2. Eligibility and scope for joint programming
3. Common monitoring framework
4. Common appraisal
5. Results based design
6. Lesson learning/knowledge
7. Harmonising technical support



# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- **International Health Partnership (IHP+)**
- Next steps

# IHP+ update

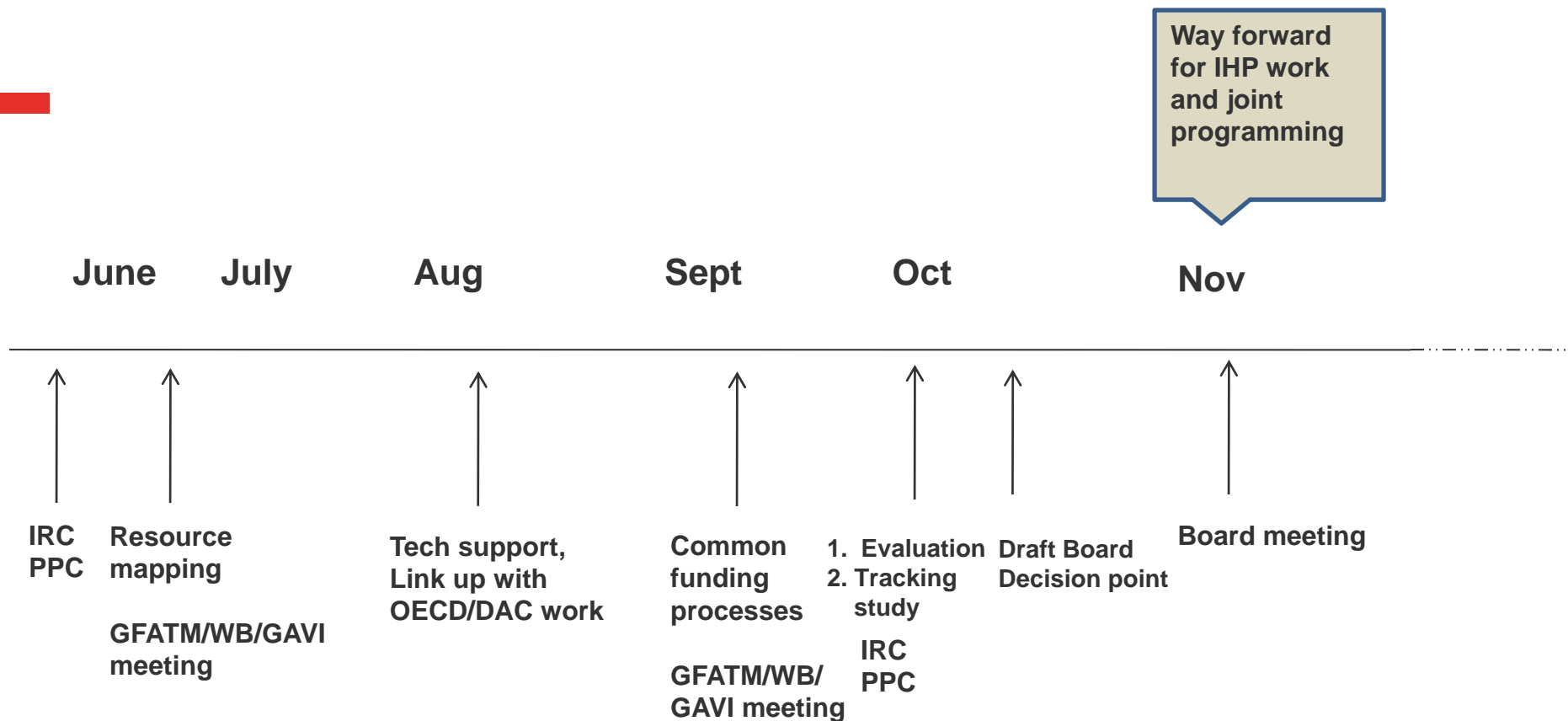
- Working with 3 IHP+ working groups: joint assessment, M+E and results based financing
- Joint assessment framework
- Desk review and country visits
- Common monitoring framework
- Mozambique and Ethiopia



# Outline

- Background
- Recent developments / current status
- High Level Task Force
- Joint GFATM, GAVI, World Bank systems programming
- International Health Partnership (IHP+)
- Next steps

# Proposed timeline



**Ongoing: Consulting country and other Alliance stakeholders on design of joint systems programming**

# The GAVI Alliance Board is asked to endorse:

1. Continued exploration of a joint mechanism for investment in health systems to improve efficiency and effectiveness of health systems funding
2. The proposed timeline and set of activities
3. That the secretariat continue to work closely with the Programme and Policy Committee through the chair and vice chair as the work develops

Thank you



WHO/Christopher Black

