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Subject            **Health Systems Strategy**

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Agenda item    **06a**

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Category        **For Guidance**

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### Executive Summary

The purpose of this paper is to seek guidance from the Board on the foundational elements of Gavi’s first-ever Health Systems (HS) Strategy. The proposed HS Strategy is detailed in Annex A and introduces a new theory of change with two goals of equity and sustainability and six pillars guiding Gavi’s HS investments as well as five shifts needed to deliver on it:

- i. A systematic approach to differentiate health systems investments, with the ultimate goal of ensuring programmatic sustainability;
- ii. Consolidation of health systems programming and planning for routine immunisation alongside campaigns;
- iii. Harmonised ecosystem to catalyse innovation on health systems across and beyond the Alliance;
- iv. Strengthened partnerships and collaboration in country to implement a PHC- driven approach to immunisation; and
- v. Intentional measurement, monitoring and learning.

The HS Strategy has been informed by guidance received from the Programme and Policy Committee in May 2024 and Board in June 2024 and by the PPC at its October 2024 meeting and by consultations with countries and Alliance partners. It has been co-developed with the Health Systems Strategy Technical Advisory Group (TAG), which includes representatives from the World Health Organization (WHO), UNICEF, World Bank, US Centers for Disease Control (CDC), Bill & Melinda Gates Foundation, expanded partners including civil society organisations (CSOs), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

### Action Requested of the Board

The Gavi Alliance Board is requested to **provide guidance** on:

- a) the foundational elements of the Health Systems Strategy, including the Theory of Change and key shifts attached as Annex A to Doc 06a.

### Next steps/timeline

Based on Board feedback, the Secretariat will work with partners to finalise the strategy and develop an implementation roadmap by June 2025, while in parallel beginning to implement key elements through other workstreams to get ready for delivering on the Gavi 6.0 strategy (e.g. EVOLVE, update of Gavi's programme funding guidelines and other operational guidelines, evolution of the partnership approach). A recommendation for approval of the final HS Strategy will be requested of the PPC and Board at their May and June 2025 meetings, respectively.

### Previous Board Committee or Board deliberations related to this topic

**In October 2024 PPC materials:** Doc 06a and Annexes on the Health Systems Strategy

**In June 2024 Board meeting book:** Doc 06b and Annexes on the Health Systems Strategy

**In April 2024 Board retreat folder:** Pre Read and Appendix, Meeting Summary

**In December 2023 Board retreat folder:** Pre Read – Part 1 and 2

**In November 2023 Board technical briefing**

**In June 2023 Board meeting book:** Doc 5 Approach for Gavi 6.0 Strategy Design and the Road to Replenishment

**In March 2023 Board retreat folder:** Pre Read

**In February 2023 Board technical briefing**

**In December 2022 Board meeting book:** Doc 11a Funding Policy Review: Context and Health System Immunisation Strengthening (HSIS) Policy

**In December 2019 Board meeting book:** Doc 09 Gavi 5.0 Funding Policy Review

**In June 2016 Board meeting book:** Doc 12 Health System and Immunisation Strengthening Support

## **Report**

### **1. Background of the Gavi 6.0 Health Systems Strategy and phases of development**

- 1.1 The growing portfolio of Gavi-supported vaccines, along with continued population growth in many Gavi-supported countries, has significantly increased the complexity for health systems to deliver immunisation to more people at more touchpoints across the life-course. Gavi-supported countries delivered over one billion vaccine doses in 2023 through routine immunisation, compared to 344 million in 2000. Over time, the Alliance has scaled up its health systems investments, recognising their growing importance to delivering on Gavi's mission and goals to introduce vaccines, increase coverage and equity of immunisation and ensure sustainability. However, it has never explicitly defined its objectives or comparative advantage in health systems.
- 1.2 In this context, **Gavi is developing its first-ever Health Systems strategy** (see Annex A) in three phases:
- a) **Phase 1** (November 2023-June 2024): initial scoping and alignment on problem statements, hypotheses and objectives of Health Systems strategy with PPC and Board as part of the Gavi 6.0 strategy design process. A Technical Advisory Group was created early in this phase with members from WHO, UNICEF, World Bank, US CDC, Bill & Melinda Gates Foundation, expanded partners including CSOs, and Global Fund to advise on the strategy development, and has met over 20 times to date.
  - b) **Phase 2** (June 2024-December 2024): develop programmatic approach including high-level theory of change and key shifts to address problem statements and deliver objectives, ensuring alignment with proposed changes to Gavi's Funding Policies. This phase has included extensive consultation with countries and partners. In addition to regular TAG meetings, numerous consultations were conducted at regional and country level, and with key stakeholder groups, including the CSO constituency.
  - c) **Phase 3** (January 2025-June 2025): incorporate feedback from PPC and Board, further specify priority interventions within each pillar, refine differentiated approach including incorporating considerations emerging from Gavi's Fragile and Humanitarian approach (see Doc 06), and detail operational elements critical to successful implementation of the HS Strategy.

### **2. Gavi 6.0 Health Systems Strategy summary**

- 2.1 As agreed with the Board in June 2024, **the goals of the Alliance's Health Systems strategy are to increase the equity and sustainability of immunisation programmes** in service of the overall Alliance 6.0 strategy, in particular Strategic Goals 2 and 3 and linking to Strategic Goal 1.

- 2.2 **To deliver on these goals, the Alliance has developed a Theory of Change** as detailed in Annex A. This describes the levers that the Alliance uses to support health systems, key intervention pillars, and the intermediate outputs and outcomes that it seeks to achieve. While the Alliance will focus its investments specifically on areas that most directly impact immunisation, it will seek to ensure these contribute to strengthening broader health systems in alignment with country plans and investments by other development partners. The HS strategy has been designed for Gavi 6.0 but is also intended to be relevant beyond 2030, recognising that fully realising many elements of the Theory of Change and intended shifts will likely take more than five years.
- 2.3 **The theory of change describes how Gavi’s investments in six key investment “pillars”, which map to WHO’s six health system building blocks, contribute to the intended outputs and outcomes:**
- a) **Service delivery**, with a focus on strengthening gender-responsive, integrated services and demand generation for missed communities.
  - b) **Human resources for health**, with a focus on improving capacity to deliver immunisation, especially to reach missed communities. PPC members emphasised the importance of community health workers within this pillar.
  - c) **Supply chain**, with a focus on strengthening capacities to deliver and manage vaccines including strengthening the cold chain.
  - d) **Data and digitally enabled information systems**, with a focus on improving availability, quality and use of data to plan, manage and monitor immunisation programmes.
  - e) **Governance, leadership and management**, with a focus on improving country capacity to manage increasingly complex immunisation programmes at both national and sub-national level.
  - f) **Health financing and public financial management** including increasing resources for immunisation and PHC, scaling up channeling of Gavi support through government systems, and institutionalising digital payments.
- 2.4 **To deliver the Health Systems strategy, the Alliance will need to make a number of key shifts in its ways of working:**
- a) **Systematic approach to differentiate health systems investments**, with the ultimate goal of programmatic sustainability. This will help ensure that Gavi investments adjust to country context with a growing focus on catalytic investments (rather than operational costs) as coverage and income levels increase and they move towards transition. This differentiated approach will **include** the system elements of the new approach to Gavi’s work in fragile and humanitarian settings that is currently being developed (see Doc 06). The PPC welcomed this shift, while emphasising that countries must shape the priorities for their grants. The PPC also reinforced the importance of strengthening domestic resource mobilisation for health systems, including

through the proposed changes to the Health Systems and Immunisation Strengthening (HSIS) Policy (see Doc 06b), but some members underscored the complexity and cautioned the level of ambition.

- b) **Consolidation of health systems grants and simplified grantmaking**, including more integrated planning of routine immunisation and campaigns. Gavi will simplify its grantmaking processes including by consolidating seven cash grants into a single envelope and work with countries to support more deliberate priority setting, integrated planning and monitoring across vaccine programmes and service delivery strategies. The PPC supported this approach and underscored the need for robust country-level planning and technical support to ensure high-quality plans. Several members also emphasised the need for further work on Gavi's approach to campaigns, which will be a key focus in the next phase of strategy development.
- c) **Harmonised ecosystem to catalyse innovation**. Building on the Board-approved innovation strategy, the Alliance will take a more deliberate approach to prioritise and scale up innovations that can transform health systems including by exploring a new Innovation Scale Up fund. The PPC requested more information on the Innovation Scale-up fund which will be shared at its May 2025 meeting.
- d) **Strengthened partnerships and collaboration** on health systems across and beyond the Alliance. The HS strategy will require stronger collaboration and alignment across and within partners, especially with non-immunisation teams. The Alliance will also need to deepen collaboration with other development partners to coordinate efforts on health systems in the spirit of the Lusaka Agenda (see Doc 12). The PPC emphasised the importance of this shift and asked that the final HS Strategy clarify roles, responsibilities, and accountabilities of partners for implementing HS Strategy. The PPC also requested more detail in the final health systems strategy on the specific changes that will be prioritised as part of the Lusaka Agenda and for more thinking on how Gavi will collaborate more closely with the Global Polio Eradication Initiative.
- e) **Intentional measurement, monitoring and learning**. The Alliance will enhance its approach to help countries better monitor their programmes, measure the performance of Gavi investments and learn about what works and does not work. Over time, this will enable the Alliance to improve monitoring of country delivery and reporting at portfolio level on health systems strategy implementation. The Alliance will also work to strengthen peer-to-peer learning mechanisms to capture and share learning across countries. The PPC emphasised the need to utilise existing metrics and align with others, especially through ongoing WHO-led work as part of the Lusaka Agenda.

### 3. Prioritisation of HS funding envelope in Gavi 6.0

- a) Based on the indicative strategic cost estimate for the 6.0 Strategy approved by the Board in June 2024, **Gavi funding for health systems<sup>1</sup> will be reduced by ~15% from the originally planned Gavi 5.0 level.** This coincides with challenges in the macro-fiscal environment for Gavi-supported countries, other donor transitions and an ambitious 6.0 strategy. At its June 2024 meeting, the Board requested further analysis on **what can be achieved within the likely funding envelope including potential trade-offs and efficiencies.**
- b) In response, the Secretariat, with support from the Bill & Melinda Gates Foundation, commissioned an external firm to analyse the cost of delivering the vaccine programmes forecasted to be supported by Gavi in 6.0 (but excluding non-Gavi funded vaccines). This estimated that the indicative level of **Gavi's cash funding in 6.0 would be sufficient to cover ~30% of the systems and delivery costs for Gavi-supported vaccines programmes** (specifically 23% of doses delivered through routine immunisation and 67% of doses delivered through campaigns based on the current split in the indicative budget).
- c) Analysis and consultations have also indicated that many countries rely on Gavi support to fund critical functions of their immunisation programmes while other donors often deprioritise immunisation given the large investment from Gavi. **This highlights the importance of key shifts in the HS Strategy** including better differentiating support, greater alignment with other donors through the Lusaka Agenda to find synergies in support to countries, strengthening country capacity to prioritise and optimise resources, exploring how Gavi funding can catalyse increase domestic resources, and the consolidation of funding levers as an opportunity to improve programmatic and financial efficiencies.
- d) **The reduced funding envelope is one of several potential risks** to successful implementation of the strategy. Other risks include risks that shifts in Gavi's investment approach and funding architecture have an adverse effect on programme performance and risks that delays or shifts to other 6.0 operationalisation efforts impact implementation of the HS strategy. These are described further in Annex B and relate to next steps described below.

### 4. Adjusting Gavi's operating model to deliver the Health Systems strategy and get ready for delivering on 6.0

- a) **The Health Systems Strategy is one of several interdependent workstreams to get ready to deliver on Gavi 6.0** (see Doc 06). Those other workstreams are informed by the draft Health Systems strategy,

<sup>1</sup> Defined as the support that has historically been provided for health systems through health systems strengthening (HSS), cold chain equipment optimisation (CCEOP), and equity accelerator funding (EAF) grants

further detail how elements of the HS strategy will be achieved and contribute to getting ready for its implementation. The final HS strategy presented to the PPC in May 2024 and to the Board in June 2025 will aim to bring all health systems-related programmatic and operational priorities under one common framework.

- b) PPC members emphasised the complexity of operationalising the HS strategy and that **successful implementation will require new ways of working at country, regional and global level across the Alliance including addressing the structural silos that exist across partner and Secretariat teams.** The development of the HS Strategy has been a true cross-Alliance and cross-Secretariat effort, drawing in technical teams and experts from across and outside of the immunisation community. Finalisation of the strategy and its successful implementation at country level will require an approach that continues to draw on a broad range of technical expertise, incentivises collaboration across health programmes and departments at all levels, and improves data transparency and use (including potential applications for artificial intelligence) for actionable analysis and implementation.
- c) Key next steps to finalise the strategy include further specifying Gavi's priority investments within each health systems pillar including hypotheses of potentially transformative interventions in delivery of immunisation, finalising and sharpening the measurement framework, agreeing how to manage the opportunities and risks in the consolidation of funding levers including considerations for the optimal funding allocation for campaigns, and exploring and incentivising efficiencies across Gavi-funded activities. The Secretariat will also work with partners to develop an operationalisation plan which will include key changes needed in both the Alliance operating model, roles and responsibilities and ways of working, and in the Secretariat (e.g., changes to grant processes, data systems and monitoring processes). Within the Secretariat, this will include implementation of the Country Delivery Initiative, as described in the CEO's 180-day plan, which will seek to bring together all of the priority interventions that the Alliance will implement in each country to improve delivery of immunisation.

## **Annexes**

**Annex A:** Health Systems Strategy

**Annex B:** Risks, potential implications, and mitigations