

Subject **Health Systems Strategy**

Agenda item **06b**

Category **For Guidance**

Executive Summary

The purpose of this paper is to request Board guidance on the emerging direction of Gavi's first Health Systems (HS) Strategy. The final HS Strategy will come to the Programme and Policy Committee (PPC) and Board for decision at the end of 2024. Given the growing importance of health systems to many aspects of Gavi's mission, Gavi needs a clear HS Strategy that defines investment priorities and tradeoffs in line with the Gavi 6.0 strategy and sharpens focus on the specific interventions required to enhance immunisation delivery within a primary healthcare (PHC) approach. This paper provides an overview and lessons from Gavi's health systems investments to date, and early thinking on a set of key shifts to address the problem statements which were discussed with the Board in November 2023. This paper has been informed by guidance received from the Programme and Policy Committee at its meeting on 15-16 May 2024, early direction from Gavi's new CEO and by consultations with countries and partners. It has been co-developed with the HS Strategy Technical Advisory Group (TAG), which includes representatives from the Bill & Melinda Gates Foundation, civil society organisations (CSOs), US Centers for Disease Control (CDC), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), UNICEF, the World Bank, and the World Health Organization (WHO).

The Health Systems Strategy has been an integral part of the Board's deliberations on Gavi 6.0, including through, a 'virtual Board/PPC mini workshop' in October 2023, a Board/PPC Technical Briefing in November 2023, a Gavi 6.0 costing deep dive in April 2024, and the Board retreats in December 2023 and April 2024.

Action Requested of the Board

The Gavi Alliance Board is requested to **provide guidance** on early thinking on the HS Strategy as described in this paper, including the proposed objectives, approach to differentiation and to measurement.

Next steps/timeline

Following Board guidance on this paper, the Gavi 6.0 HS Strategy will be developed in close consultation with the HS Technical Advisory Group and other stakeholders as part of the Gavi 6.0 operationalisation process and will be brought to the October 2024 PPC meeting and to the December 2024 Board meeting for approval. The strategy will be operationalised in 2025 for implementation starting in 2026.

Previous Board Committee or Board deliberations related to this topic

In May 2024 Programme and Policy Committee folder: Doc 10b 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 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 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*

1. Background and context of Gavi's Health Systems Strategy

- 1.1 The Gavi Board approved its first health systems strengthening (HSS) funding window in 2006. Initially broad in scope, Gavi's health systems investments are now more targeted to improving coverage and equity of immunisation. **HSS funding scaled up significantly** in Gavi 4.0 and Gavi has launched other funding windows to strengthen health systems over time including the equity accelerator fund (EAF) and cold chain equipment optimisation platform (CCEOP). Grant implementation and disbursements were disrupted during the COVID-19 pandemic but returned close to pre-pandemic levels in 2023. HSS grants are designed by countries who apply at a time of their choosing. The Full Portfolio Planning process introduced in Gavi 5.0/5.1 has helped countries to tailor programming, but further work is needed to strengthen priority setting for Gavi support and streamline Gavi's grant-making processes. Further details on the evolution and performance of HSS can be found in Appendices A and B.
- 1.2 Based on Gavi's experience to date, the Secretariat identified a set of **problem statements** to inform development of Gavi's first health systems strategy which were discussed with the Board in November 2023 (see Annex C). This paper summarises some of the key shifts proposed to address these problem statements. The PPC expressed appreciation for the initial direction as well as the vision presented by the CEO for more disruptive innovation. Many PPC members also expressed concern about the projected reduction in the health systems envelope in Gavi 6.0 and requested more detail on this reduction and the implications (see Annex B), encouraging the Secretariat to be explicit about what can be achieved and what will not be prioritised in the HS strategy. The PPC also recommended developing a theory of change for the HS Strategy.

2. Objectives of Gavi's health systems investments

- 2.1 In Gavi 6.0, **the Alliance will focus its health systems investments on improving immunisation delivery within primary healthcare, and on two specific goals**. The first is **programmatically sustainability**: helping countries to maintain immunisation coverage, improve efficiency and bolster resilience. This will remain critical as ~70% of the Alliance's impact in reducing mortality will come from **sustaining coverage and preventing backsliding** of existing programmes in Gavi 6.0. While immunisation programmes proved resilient during the pandemic (delivering threefold the prior number of vaccinations), a number of countries saw coverage fall and some have been slow to recover. This demonstrates that coverage improvements cannot be taken for granted in the face of increasing fragility, economic challenges, and climate change. This is especially true in Africa and fragile contexts where growing birth cohorts mean countries need to reach more children each year to maintain coverage.
- 2.2 The second goal is **equity**: extending the reach of health systems to fully immunise all children through the second year of life, with a focus on missed communities which are home to large numbers of zero-dose children. In most Gavi-eligible countries, at least 10% of children born each year remain zero-dose and a further 10% are under-immunised. The Board has indicated that the

zero-dose agenda should remain at the heart of Gavi 6.0 as a key contributor to Immunization Agenda 2030 and the Sustainable Development Goals. The Alliance will continue to focus on reaching and fully vaccinating children through the second year of life, prioritising missed communities, and will intensify work with others to ensure zero-dose investments are a foundation to deliver other PHC services to these communities, contributing to universal health coverage.

- 2.3 Historically, Gavi's health systems investments focused on infant immunisation. With Gavi's vaccine portfolio expanding to cover many different age groups, **immunisation programmes will need to adapt to sustainably and equitably reach populations outside early childhood**. During its April 2024 retreat, the Board provided guidance to deprioritise additional health system investments to strengthen immunisation touchpoints for these populations, recognising this poses a risk for equitable access to vaccines such as human papillomavirus (HPV). The PPC noted this risk for both existing and future vaccine programmes and was concerned about the projected reduction in the HSS envelope given the increasing complexity of immunisation. While agreeing that health systems investments should prioritise early childhood given projected funding constraints, PPC members encouraged the Alliance to explore in the HS strategy how else it could help strengthen other immunisation touchpoints including through technical assistance, advocacy and partnerships and to be explicit about what can be achieved and what will not be prioritised.

3. Differentiating Gavi's health systems support

- 3.1 Gavi will invest in the fundamentals of routine immunisation programmes where it has a unique role and comparative advantage across countries, seeking to ensure this is integrated with broader efforts to strengthen PHC and helps catalyse disruptive systems-focused innovation including through new financing approaches and enhanced partnerships. Priority areas include: (i) **cold chain and vaccine management**, where Gavi is the largest funder and plays a distinctive market shaping and capacity building role, (ii) strengthening **governance, management, coordination and financing of immunisation** including countries' capacity to prioritise and optimise their programmes given the increasing complexity of immunisation (e.g., by strengthening national immunisation technical advisory groups and budgeting processes between Ministries of Health and Ministries of Finance); (iii) enhancing **digitally-enabled data systems** for immunisation to improve data visibility and use; and (iv) **tailored service delivery and demand generation to reach missed communities** and zero-dose children, including by overcoming gender-related barriers and helping to strengthen the health workforce. However, given the diversity of country contexts and funding constraints in Gavi 6.0, it will be increasingly important to **differentiate HS investments to ensure they are as targeted, catalytic and cost-effective as possible** to deliver on equity and sustainability and agree key priorities with each country based on their needs.
- 3.2 At one end of the continuum, **some countries have experienced backsliding of immunisation after transition** and others forecast to transition from Gavi support still have low coverage and / or rely heavily on Gavi for recurrent costs.

At the other end of the continuum, a growing share of Gavi's portfolio is experiencing fragility and the Alliance will need a deliberate approach that is sufficiently flexible to meet their dynamic needs. Gavi has long promoted differentiation but has never agreed on how to implement it or the implications for programmatic objectives, approaches or requirements of countries.

- 3.3 To address this, the health systems strategy will develop a systematic approach to encourage greater **differentiation of support** with priorities and investments evolving as countries move through the transition continuum. This will recognise that Gavi funding is used both to "support" health systems (i.e. paying for recurrent operational costs) and "strengthen" them (i.e. building institutional capacity) and that the right balance varies based on country context. Annex D provides an initial, illustrative framework which will be underpinned **by a clear vision for programmatic sustainability** to guide investments in countries as they approach transition, complementing proposed changes to the eligibility, transition, and co-financing policies (See Doc 06a). At the other end of the continuum, the framework will also reflect a more responsive and flexible approach to meet the dynamic needs of fragile countries, which will be further developed through a dedicated approach to fragile, humanitarian and conflict settings as part of Gavi 6.0 operationalisation (see Doc 05).
- 3.4 Institutionalising this approach will require high-level **political engagement** with countries to strengthen priority setting and shared accountability and, in some cases, will require **deliberate trade-offs**. For example, in acutely fragile countries, Gavi support will focus on equity to immunise as many children as possible in the face of shocks, with less focus on long-term sustainability. In countries approaching transition, Gavi may prioritise sustainability by strengthening institutional capacity to maintain coverage (including channelling funding through government systems) over activities that would result in short term coverage gains but require significant Gavi funding for recurrent costs.
- 3.5 **PPC members were highly supportive** of the proposed approach to differentiation. The PPC encouraged the Alliance to further explore how Gavi's health systems resources can be used to catalyse greater domestic financing for immunisation and also to consider how support for campaigns could be differentiated based on country context to maximise efficiency, optimise campaign design and impact, and ensure appropriate levels of operational cost funding within a consolidated funding envelope.
4. **Revising Gavi's health systems funding allocation formula**
 - 4.1 Gavi's funding architecture is fragmented with multiple funding levers. The EVOLVE programme proposes to consolidate Gavi's cash grants into a single envelope and base programming on national strategies to enable more efficient and strategic programming for countries and the Alliance. **The Alliance will need to review its current formula for allocating health systems and immunisation strengthening funding** within this new funding architecture.
 - 4.2 The current formula in Gavi's HSIS policy allocates HSS, EAF and CCEOP funding based on four criteria reflecting countries' income level, size and immunisation coverage and equity. The Secretariat believes this **remains**

largely fit for purpose given the continued focus on equity and sustainability, and the Board's guidance to prioritise funding for the countries with the greatest need. However, targeted refinements, including integrating a new criterion to reflect immunisation coverage in the second year of life, will be explored as part of the Funding Policy review and discussed with PPC and Board in late 2024.

- 4.3 The Secretariat identified two options to allocate **vaccine introduction grants and operational support for campaigns**, which are currently provided per child for each introduction and campaign: (i) use the same formula that is used for HSS grants to allocate funding for campaigns and introductions; or (ii) continue to allocate funding based on country forecasts of anticipated introductions and campaigns. The PPC acknowledged the trade-offs between these options but felt more analysis was needed to provide guidance. PPC members underscored the importance of simplicity and considering how each option might shape incentives in the use of funding including the balance of routine immunisation strengthening and campaigns. Both options, including risks and benefits, will be assessed through the Funding Policy review.

5. Stronger partnerships and alignment

- 5.1 With ambitious goals and limited resources, **Gavi will need to strengthen collaboration and partnership to deliver Gavi 6.0 and support country priorities**. This will be key to the HS Strategy across two dimensions:

5.1.1 **Enhancing collaboration within the Alliance:** Historically, the Alliance has primarily engaged immunisation teams in partner agencies. Maximising the impact and alignment of Gavi's investments in health systems will require more systematic collaboration with teams working on health systems and other programmes. This will become increasingly true as new vaccines are introduced across the life course requiring engagement with other sectors (e.g. education, youth). The health systems strategy will seek to align Alliance partners around clearer roles and responsibilities, facilitate more integrated technical assistance and collaboration across partners' immunisation and non-immunisation teams, and facilitate engagement of new partners and CSOs with relevant expertise. This is already under way including through inclusion of non-immunisation teams from partner agencies in the HS TAG.

5.1.2 **Improving alignment with other global health initiatives (GHIs) to support countries:** Building on existing collaboration and in the spirit of the Lusaka Agenda, the HS Strategy will strengthen partnerships with other GHIs and development partners, including the Global Fund and the World Bank, to ensure more aligned support for country priorities. This will include further strengthening coordination of investments in zero-dose and missed communities to deliver a wider package of PHC services¹; joint investments in integrated, digitally-enabled systems; strengthened governance and coordination mechanisms at country

¹ At its April 2024 retreat the Board provided guidance to support further integration of immunisation programmes and PHC through non-financial levers (including partnerships with other financing and implementing agencies) and that Gavi's approach to integration should be further detailed in the Health Systems strategy.

level; coordination on key systems issues (e.g. human resources for health, including through the Community Health Delivery Partnership); and alignment of metrics to monitor health systems performance.

- 5.2 The PPC was highly supportive of the proposed focus and approach to partnership, and some members emphasised the need to ensure sufficient resources within the Secretariat and across the Alliance to execute this important agenda, noting successful partnership requires substantial effort.

6. Strengthening measurement and learning

- 6.1 The Gavi Secretariat does not currently collect programmatic data directly from countries but largely relies on country data reported through WHO and UNICEF mechanisms (e.g., the electronic Joint Reporting Form, Thrive360), to monitor health systems programmes (as a financing institution, the Secretariat does collect financial reporting and grant implementation data). Through a new WHO-led effort, Gavi is engaging in a process to develop a common set of core HSS metrics, amongst key donors. This approach is **aligned to the principles of the Lusaka Agenda and minimises transaction costs for countries**. However, there are limitations in the granularity, robustness and completeness of data available through these processes due to gaps in the metrics included, limitations in country data systems and the lack of consequences for countries that do not report. This undermines the ability of the Alliance to effectively monitor the impact of, and learn from, its health systems investments.
- 6.2 PPC members acknowledged this tension and recommended that Gavi **focus primarily on the needs of countries** for more timely, tailored, and high-quality data to monitor and manage their programmes, and utilise this data for its own monitoring and learning needs. The PPC encouraged the Alliance to identify the critical programmatic metrics that all countries should be able to monitor, to ensure that countries prioritise use of Gavi HSS funding to strengthen data systems where needed to collect this data, and ensure these metrics were part of the core metrics collected at global level through existing reporting channels and made available to the Alliance. The PPC advised against Gavi setting up its own programmatic data collection mechanisms, accepting that this will place some limits on what the Alliance can measure in its health systems work. Lastly, PPC members welcomed the proposal for an enhanced focus on facilitating **peer-to-peer learning** across countries within the health systems strategy.

Annexes

Annex A: Implications and Anticipated Impact

Annex B: Gavi 6.0 cash funding and implications for countries

Annex C: Health systems strategy problem statements and key questions

Annex D: Draft framework for differentiation and programmatic sustainability



Additional information available on BoardEffect

Appendix 1: Board technical briefing on HSS (February 2023)

Appendix 2: Board technical briefing on HSS (November 2023)