

Annex 5 SG2 Time Limited Task Team: CHAIR'S SUMMARY

As requested by the PPC the Task Team (TT) has reviewed the proposed objectives/deliverables/activities in strategic goal 2 ("Contribute to strengthening the capacity of integrated health systems to deliver immunisation") of the 2011-2015 Business Plan to ensure they are appropriate for delivery on strategic goal 2. The Task Team has, within the tight timeframe, strategically discussed GAVI's role and proposed activities relating to health systems strengthening in the Business Plan, as well as suggested some adjustments to activities, objectives and deliverables.

Specific deliverables:

- Submission of revisions as necessary to the objectives, deliverables, activities and budget of strategic goal 2 (see attachment);
- Input to the board paper on the business plan with respect to the SG2 section (this paper to be submitted as an annex).

1. Overall policy-related issues

While some priority areas in the Business Plan are well addressed (e.g. financial management) the TT confirmed the PPC's and the External Advisory Group's concern that SG2, as previously configured, did not provide the necessary confidence that GAVI will be successful in reaching its SG2 goals and related strategic objectives.

- a. There are valid reasons for this: all of the Strategic Objectives (2.1; 2.2; 2.3) are work in progress - this includes IRIS, the CSO component and the HSFP. Additionally, the HSFP is being implemented with other multilateral partners (the Global Fund, the World Bank, and facilitated by WHO). So, this part of the GAVI Business Plan needs to be aligned with a broader plan of work, which aims to make global financing for health systems more streamlined and more outcome focused. This speaks to the need for a flexible approach to SG2 in 2011 that allows partners and countries to move ahead. Involvement of the Board (or a mandated body) to review progress and adjust as necessary will be needed.
- b. The Task Team agrees that country eligibility thresholds for the cash-based grants need to be revisited so that they get better aligned with country needs. There needs to be more complementarity between HSS/HSFP ("general service delivery support" in which resources are directed to the underlying operational components of health systems) and IRIS/ISS (in which resources are spent on incentives aiming to directly support the improvement of immunization coverage as part of integrated services). Specifically, the current eligibility and filters for both HSS (40 LIC countries) and for IRIS (14 countries with DTP3 coverage below 70%) might need to be broadened.

Country issues. The TT recognised that some 21 country GAVI eligible countries have coverage levels that either stagnated or declined during the period 2005-09. Some countries have large numbers of unvaccinated or incompletely vaccinated children and have high <5 mortality rates – for example, Nigeria, Chad. In these countries increasing coverage and introducing new vaccines (or pentavalent) would have an enormous impact. Federal states, such as India and Nigeria pose particular challenges, where a sub-national approach might be needed.

Suggested revisions have been made to the business plan to reflect this.

- c. Concerning 2.2 (Equity - IRIS/ISS): The approach is novel, and the PPC has recommended proceeding. However, the TT recognised that RBF schemes require some lead-time and significant policy and implementation work. Scale up is likely to be slow, and will not meet short term coverage goals. The TT considered taking a more dynamic approach to 2.2 to look into supplementing or applying IRIS with other approaches aimed at reaching underserved areas or populations (i.e. RED). Both IRIS and RED could be part of the HSFP/HSS approach, but there needs to be more collaborative work across these various instruments as IRIS develops further.

2. Implementation –related issues

While the policy-related issues are critical to the *definition of scope and level of ambition for the GAVI Alliance* (the “what”), the implementation related issues need to support the achievement of the agreed objectives and deliverables (the “how”). The task team agreed that the Business Plan should be more sharply focused in the following areas, and has made some suggestions.

The revisions demonstrate more clearly the expected rate of scaling up. This drives the Business Plan resource needs for lead entities, countries and partners responsible for supporting implementation (including design, monitoring and learning). Needs will be lower in 2011 than in subsequent years given that both HSFP and IRIS/ISS will only be applied in a relatively small number of countries. Support to existing HSS grants will be more ‘tailored’.

Strategic Objective 2.1 Addressing bottlenecks (HSS/HSFP):

Revisions have addressed more clearly the expected demand, and rate of scale up on the HSFP, bearing in mind the ‘work in progress’ elements. The joint guidelines with GF will be ready for piloting by end Dec 2010 (for GAVI). GF is on a different timeline. There are 14 countries with grants ending in 2011, we would expect that about 10 countries might apply for continued funding.

Funding is already in place based on JANS/national health plans in Nepal, and Ethiopia is poised for funding. Another additional two countries should be ready by June 2010, and a further two or three by end 2011. More work is now needed on the joint workplan with WHO, WB and GF and will show how country support will be organised to ensure country responsiveness, information-sharing with

partners, and efficiency, and a consideration of what would constitute a “fair share” of GAVI funding to this joint undertaking.

Strategic Objective 2.2 Equity. (IRIS/ISS): Revisions have been suggested. The specific monitoring needs of IRIS are recognised. There is some reference to RED (or similar approaches) in the business plan. This was there earlier, but it was removed.

Strategic Objective 3.3 Civil Society. The TT agreed that there needed to be more explicit linkages with what is in 2.1 and 2.2 to ensure that the CSO contribution is more effectively addressed. The TT agreed that CSOs should be explicitly either a lead, or support entity. And, an additional CSO activity was included under 2.3.

3. Budget-related issues

The revised budget reflects an adjustment of deliverables, and projects or activities. The budget also reflects more focus according to country need and expected implementation rates.

Activities under 2.1.1 that address ‘ensuring that constraints to immunisation and service delivery are identified and adequately addressed in National Health System policy and planning processes’ have been reduced by US\$ 451,600. The increased efficiencies are achieved by savings of US\$ 288,000 on activity 2.1.1.1., and by savings of US\$ 163,600 through merging activity 2.1.1.2. and 2.1.1.3. This represents a small reduction of 3% from what the PPC reviewed in October. However, with regards to waste management activities in 2.1.1.3 (previously 2.1.1.4), the task team recommend that this critical activity be funded by GAVI in 2011 but with the view to transition to other sources of funding as of 2012.

Key conclusions.

- The TT has recommended more progressive and focused deliverables. It makes sense to concentrate on those countries where either immunisation coverage is at danger of stagnating or falling, or those with particular 'bottleneck' challenges.
- Existing experience shows us that not all countries require the same levels of support from lead and support entities, and this is reflected in the revisions. The TT recommended that cash based grants are designed in a complementary way and better respond to country needs. This requires the HSFP, IRIS and the CSO support to be better aligned. Because of different timelines (particularly HSFP and IRIS) and the fact that the HSFP is broader than just GAVI, this will be challenging, but in early 2011, when IRIS is being defined, this should be possible. Lead entities should then be asked to update and submit this part of the Business Plan.

Paul Fife
Chair of the SG2 Task Team