

Gavi, the Vaccine Alliance - Health System and Immunisation Strengthening (HSIS) Support Framework

I. Purpose

This Framework sets out the principles and several essential requirements for Gavi's Health System and Immunisation Strengthening (HSIS) support. Additional details are provided in guidelines for countries.

II. Objectives and principles

The objective of HSIS support is to contribute to **sustainable improvements in equity in immunisation coverage** in Gavi-eligible countries, towards a vision of **reaching every child** today and in the future, regardless of geography, socioeconomic status, or gender-related barriers.

To achieve this, Gavi aims to support countries in a manner that is:

- **Efficient:** achieving maximum impact through simplified processes, low transaction costs, and timely implementation of cost-effective interventions.
- **Transparent and accountable:** managed through systems that include appropriate oversight mechanisms; used according to the programme objectives to achieve agreed results and outcomes.
- **Strategic and catalytic:** focused on investments that will most effectively and sustainably improve immunisation coverage and equity, given Gavi's specific mandate and limited resources. Investments are prioritised for interventions that support coverage improvements in low performing areas, among marginalised or underserved populations, and/or where gender-related barriers affect access to immunisation.
- **Responding to evidence-based needs and country-specific contexts:** aligned to national health and immunisation plans and strategies and informed by data and evidence from assessments and reviews (e.g. EPI Reviews, Data Quality Assessments, Effective Vaccine Management assessments, and Programme Capacity Assessments, Joint Appraisals).
- **Promoting community ownership:** ensuring engagement and partnering with communities to strengthen accountability and sustain demand and impact.
- **Harmonised and integrated:** harmonised with current or planned efforts to strengthen health systems by the government, development partners, private sector, and civil society; fostering the integrated delivery of immunisation with other health interventions (e.g. training activities funded through HSIS support should be coordinated and integrated with other training activities in the health sector, and outreach should deliver immunisation with other essential services).
- **Sustainable:** tailored to the stage at which a country is in its transition from Gavi support, to contribute to lasting improvements in immunisation coverage and equity and to ensure that results are sustained after countries transition from Gavi support.

III. Scope

HSIS includes:

Health System Strengthening (HSS) grants are the foundation of Gavi's HSIS support. Countries may be eligible to receive the following **Complementary Allocations** in addition to HSS grants:

- Performance Payments (PBF reward)
- Vaccine Introduction Grants (VIGs)
- Product and Presentation Switch Grants
- Operational Support for Campaigns (Ops)
- Operational Support or Outbreak Response Campaigns
- Operational support for Human Papillomavirus (HPV) Vaccine Demonstration Projects
- Transition grants (to be phased out by the end of 2020)

HSIS does not include:

- Gavi-supported vaccines or related injection safety devices
- Resources provided through the Partners' Engagement Framework (PEF)
- Gavi's contribution to cold chain equipment procured as part of the Cold Chain Equipment Optimisation Platform (CCEOP)¹

IV. Definitions

- **HSS Resource Allocation Formula:** The methodology used by the Secretariat to determine the allocation of available resources for HSS investments for a strategic period among countries eligible for such support
 - **HSS Ceiling:** The maximum amount of HSS funding for which a country is eligible in a 5-year Gavi strategic period
 - **Complementary Allocations:** Additional HSIS support for which a country is eligible if it meets particular criteria specified in section VI of this Framework
 - **Indicative HSIS Commitment:** Projected funding commitment for HSIS support to a country extending beyond the end of the current Gavi strategic period, conditional on availability of funding in the next strategic period
 - **Planning Period:** The timeframe of an HSIS Country Allocation which is aligned with the timeframe of a relevant national health or immunisation planning cycle
 - **HSIS Country Allocation:** The total HSIS allocation for which a country is eligible in a given Planning Period, calculated as the sum of its HSS Ceiling and (projected) Complementary Allocations; this can include Indicative HSIS Commitments
 - **Full portfolio review:** A review, by an appropriate review body, of all Gavi support to a country (including HSIS, new vaccine support (NVS)), coinciding with the end of one Planning Period or the beginning of the next
- Performance Framework:** An agreement between a country and Gavi on the key metrics used to report on and monitor grant performance during implementation; covers all Gavi grants active in a country
- **Joint Appraisal:** An in-country multi-stakeholder review of the implementation progress and performance of Gavi support to the country, and of its contribution to improved immunisation outcomes
 - **Programme Capacity Assessment (PCA):** An assessment of the financing modality and other country structures to oversee the use of Gavi support provided in the form of financial support, vaccines, and vaccine related devices; undertaken at a minimum every three years to identify potential risks and weaknesses and make relevant recommendations for strengthening the management of Gavi support.

¹ The CCEOP is linked to HSIS support in two ways: (1) the process for requesting support is consolidated; and (2) countries may use HSIS support to cover a portion of the costs of cold chain equipment procured through the platform. However, the Gavi subsidy is not HSIS because it is sent directly to UNICEF to procure equipment in-kind, as done with vaccines, rather than to the country as financial support.

V. Processes

This section sets out the over-arching principles guiding the HSIS support processes. Additional detail is included in Gavi's guidelines for countries.

HSIS Country Allocation

- The Secretariat informs country governments of their total projected HSIS Country Allocation (bringing together forecasted HSS, VIGs, product switch grants, and Ops) before the end of their current Planning Period, specifying the maximum proportion that may be programmed for the costs of planned introductions, product or presentation switches, and campaigns. This may include Indicative HSIS Commitments, beyond the end of the current Gavi Alliance strategic period, to promote predictability of funding for the duration of the Planning Period.
- If there are subsequent changes in planned introductions, product or presentation switches, or campaigns, or if a country is eligible for a Performance Payment, the Secretariat will communicate how these changes will affect the country's HSIS allocation on an annual basis.
- In exceptional circumstances (e.g. if there is a delay in the development of the next relevant health or immunisation strategy or plan) Gavi may provide support for a limited time in between Planning Periods.

Integrated, evidence-based planning and budgeting

- *Long-term priorities and targets:* Gavi and a country agree on priorities for HSIS support in a Planning Period in alignment with countries' national health and immunisation strategies and the national health financing strategy, and informed by a Full Portfolio Review. The anticipated results from HSIS support are reflected in the Performance Framework at this time.
 - These priorities are informed by available evidence such as: findings from EPI Reviews, Programme Capacity Assessments, Joint Appraisals, and Transition Assessments.
- *Detailed 1-2 year operational budgets and work plans,* integrating all HSIS support to a country, are developed based on these agreed long-term priorities and targets.
 - *Exception:* Operational Support for Outbreak Response Campaigns is not included in integrated budgets and work plans. Due to the unpredictable nature of outbreaks, these grants are subject to separate planning, budgeting, disbursement, and reporting processes.
- *Varying budgets:* Within a Gavi Alliance strategic period, countries may request to invest their HSS allocation with varying annual budgets in line with country needs.
- *Moving funds to future years and Planning Periods:* A limited portion of remaining funds from an HSS allocation may be rolled from one year to the next within a Planning Period and from one Planning Period into the next. If a vaccine introduction or campaign is delayed into the next Planning Period, the full amount of the corresponding Complementary Allocation is rolled over.
- *Updating of operational budgets and work plans* (e.g. typically every 1-2 years) takes into account programmatic and financial implementation progress; progress towards the achievement of the targets in the Performance Framework; new information and changes in planned investments by the government or other development partners; findings from reviews and assessments such as Programme Capacity Assessments, Programme Audits, and Transition Assessments; and other findings from the Joint Appraisal process. Updated operational budgets and work plans must be in line with the agreed long-term priorities for HSIS support.
- *(Re) programming of Complementary Allocations:* Countries are requested to identify opportunities for synergies and efficiencies across multiple HSIS grants within integrated budgets and work plans. At the planning stage, all residual funding from Complementary Allocations that is not budgeted for activities associated with introductions, campaigns, and

product switches is rolled into HSS grants. Savings following introductions, campaigns, and product switches are also reallocated to HSS grants in updated operational budgets and work plans. Funding cannot be reallocated from HSS grants to Complementary Allocations.

Channelling of funds

- As per the Transparency and Accountability Policy, the Gavi Secretariat will, together with the government and in-country partners, reach a consensus on the specific financing modality best suited for Gavi support. Where possible, priority will be given to existing country systems. Where this is not possible, Gavi may channel funds through partner agencies as an interim measure and will work with countries and in-country partners to strengthen country systems.
- The government may channel HSIS support to other implementers (such as partners or CSOs). In exceptional circumstances, the government may request that Gavi channel HSIS support directly to other implementers.

Disbursement

- Disbursement of all HSIS support to a country is consolidated where possible.
- Continued disbursement is dependent upon documented progress of HSIS implementation, compliance with appropriate legal frameworks (e.g. Partnership Framework Agreement (PFA), including the Financial Management Requirements [FMR] where relevant, and the principles of Gavi's Transparency and Accountability Policy [TAP]), and effective follow-up on recommendations following from risk management and assurance tools.

Management and coordination

- In line with the principles of Gavi's TAP, HSIS support is managed and coordinated through country systems wherever possible.
- Oversight for HSIS resides at a level in the Ministry of Health with the authority to link to the broader national health planning and financing system, and with accountability for immunisation.
- Support is coordinated through government-led mechanisms to ensure that resources are aligned with national plans and complementary to government and other development partner support.

Civil Society Organisation (CSO) Engagement

- Countries are encouraged to include funding for CSO activities in HSIS grants.
- Gavi may engage CSOs directly where rare and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.

Reporting requirements

Countries provide programmatic, financial, external audit and other reports on the use of HSIS grants as agreed between Gavi and the country in the PFA and/or other relevant agreements. This reporting along with the agreed outcomes of joint appraisals inform potential adjustments to budgets and work plans as needed.

Progress against agreed performance targets is reported on and monitored through the Performance Framework.

VI. Eligibility

Countries are eligible for HSIS support per the rules set out in Gavi's Eligibility & Transition Policy. Countries are eligible for Complementary Allocations when the following criteria are met:

- **VIG:** A country is introducing a new vaccine into the national routine immunisation programme with Gavi support
- **Ops:** A country is implementing a vaccination campaign with Gavi support
- **Product switch grants:** A country is switching to a new product or presentation for an existing Gavi-support antigen in the national routine immunisation programme, and:
 - (a) The switch requires an expansion of the cold chain capacity (per immunised person) due to larger cold chain requirements; and/or
 - (b) The switch requires additional training at the country level because the new product represents a change in terms of administration and handling for health workers involved in vaccine management.
- **Operational support for HPV Vaccine Demonstration Projects:** A country is conducting an HPV Vaccine Demonstration Project with Gavi support
- **Transition Grants:** countries transitioning from Gavi support before the end of 2020 are eligible for additional catalytic funding to address findings from Transition Assessments
- **Operational support for Outbreak Response Campaigns:** criteria for different vaccines are specified in Gavi's guidelines for countries

VII. Funding levels and use of grants

Restrictions: HSIS support cannot be used for: vaccines (including those vaccines financed to meet Gavi's co-financing requirements) and associated syringes and disposal boxes; medicines and other health commodities; or non pre-qualified cold chain equipment.

HSS grants

Funding levels

- The HSS Resource Allocation Formula is used to determine HSS Ceilings for a 5-year Gavi strategic period. HSS Ceilings are extrapolated to inform the HSS component of the Indicative HSIS Commitments in future Gavi strategic periods. If a country applies for less than 5 years of support, the HSS Ceiling amount is scaled for the relevant number of years (e.g. a country applying for support for a three year Planning Period receives 3/5 of its HSS Ceiling for this Planning Period).
- To calculate each country's five year HSS Ceiling, the total amount of available funding is divided into three "funding pools." A country's ceiling is the sum of the funding it receives from each funding pool. The funding pools are allocated across countries as follows:
 1. **Population in need:** allocated based on birth cohort size.² All eligible countries receive a fixed amount of funding per birth. This amount is determined by the size of pool, divided by the sum of the birth cohorts in all eligible countries.
 2. **Strength of immunisation system:** allocated based on the number of under-immunised children, defined as the number of infants surviving to age 1 who have not received the third dose of DTP-containing vaccine.³ The amount of funding per under-immunised

² As estimated by the United Nations, Population Division, World Population Prospects

³ Based on WHO/UNICEF coverage estimates and surviving infant estimates from the United Nations, Population Division, World Population Prospects

child is determined by the size of the pool, divided by the total number of under-immunised children in all eligible countries.

3. Ability to pay: allocated based on a three-year average of Gross National Income per capita (GNI p.c.)⁴, weighted by birth cohort. GNI p.c. data are scaled from 0 to 1 (0 = highest; 1 = lowest). This value is then weighted by birth cohort. Results are scaled to the total size of the pool. Countries with a GNI p.c. above the eligibility threshold receive no funding from this pool (though they are still eligible for support from the other two pools if DTP<90%).
- Allocation from each funding pool is calculated without restriction. As a final step, a cap of US\$ 100 million and a floor of US\$ 3 million are applied to the total country HSS Ceiling so that no country receives less than US\$ 3 million or more than US \$100 million for a five year ceiling.

Use of support

Health System Strengthening (HSS) grants are the foundation of Gavi's HSIS support. The objective of HSS grants is to sustainably address health system bottlenecks to equity in immunisation coverage. A focus on addressing inequities, including geographic, socioeconomic, and gender-related barriers to immunisation, is imperative to the achievement of universal coverage of vaccines.

HSS grants may be used as follows:

- *Targets:* In alignment with country needs and priorities, HSS grants are invested towards the achievement of strategic objectives relating to: accelerating equitable uptake and coverage of vaccines; increasing effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems; and improving sustainability of national immunisation programmes. This will require deliberately and pro-actively targeting HSS grants to interventions that improve coverage in under-immunised populations and areas. Countries are encouraged to invest HSIS grants to improve on indicators where they have not yet achieved the Board-approved target (e.g. more than 80% coverage with third dose of pentavalent vaccine in all districts).
 - *Strategic Focus Areas:* To support the achievement of the Board-approved targets, evidence-based investments in four areas are strongly encouraged: data availability, quality, and use; supply chain; community engagement; and in-country leadership, management, and coordination.
 - Investment needs identified through Gavi's Programme Capacity Assessments should be prioritised.
 - Gavi will consider other investments in cases where clear justification is provided, demonstrating clear need and a potential for impact on immunisation coverage and equity.
- HSS grants can be used for Human Resources for Health (HRH) investments. Countries are encouraged to consider innovative training methods, and to invest in strengthening critical capacities in strategic focus areas (e.g. analysis and use of data; supply chain management, EPI programme management). Investments in human resource remuneration are discouraged in Phase 1 and Phase 2 countries for sustainability reasons (see below).
- *Sustainability:* In order to promote the long-term programmatic and financial sustainability of investments made through HSS grants:
 - Low-income countries are encouraged to use HSS grants to address issues requiring long-term systemic change.
 - HSS grants may be used to support the recurrent costs of immunisation programmes (including human resource remuneration and transport costs) only when there is a clear justification, including a strong link to coverage and equity outcomes. Grants including recurrent costs shall include plans for the government to increasingly cover

⁴ As published in the World Bank's annual July release

and sustain these costs as appropriate for the country context. Phase 1 and Phase 2 countries are discouraged from using HSS grants for recurrent costs.

Complementary Allocations

Performance Payment

Funding levels

- For countries that implemented Gavi HSS grants in the previous year, Performance Payments are awarded based on national immunisation performance in the previous year⁵, using the following standardized indicators⁶:
 - For countries with $\geq 90\%$ DTP3 coverage at baseline, defined as the year prior to the first year of HSS grant implementation, the Country will be rewarded for sustaining high coverage with an additional:
 - 20% of its annual HSS Ceiling for maintaining DTP3 coverage at or above 90%; and
 - 20% of its annual HSS Ceiling for ensuring that 90% of districts have at or above 80% DTP3 coverage.
 - For countries with $< 90\%$ DTP3 coverage at baseline, defined as the year prior to the first year of HSS grant implementation, the country will be rewarded for improving coverage with:
 - \$30 per additional child immunised with DTP3, provided that DTP3 coverage increases; and
 - \$30 per additional child immunised with first dose of measles containing vaccine, provided that measles coverage increases.
- In a given year, the performance payment may total up to 50% of the country's annual HSS ceiling amount (calculated as one fifth of the five-year ceiling generated by the HSS Resource Allocation Formula).
- Information on data verification methods is included in Gavi's guidelines for countries.

Use of support

- Performance Payments are used in line with the guidance for HSS grants.

Vaccine Introduction Grant (VIG)

Funding levels

Routine vaccines

Low-income countries	Phase 1	Phase 2
\$0.80 per infant in the birth cohort in the year of introduction, or a lump sum amount of \$100,000, whichever is higher.	\$0.70 per infant in the birth cohort in the year of introduction, or a lump sum amount of \$100,000, whichever is higher.	\$0.60 per infant in the birth cohort in the year of introduction, or a lump sum amount of \$100,000, whichever is higher

HPV

\$2.40 per girl in the country's target population for the year of introduction or a lump sum amount of \$100,000, whichever is higher

⁵ Countries whose ongoing HSS grants was recommended for approval before 2012 are not eligible for Performance Payments.

⁶ Based on WHO/UNICEF coverage estimates

- Countries applying for phased introductions may allocate VIG funds flexibly across phases.

Use of support

- This Complementary Allocation is intended to facilitate the timely and effective introduction of new vaccines into routine immunisation programmes with Gavi support. It is expected to cover a share of the pre-introduction activities, with the remainder being funded by the government and partners, if necessary.
- VIGs are intended for the time-limited, start-up investment costs associated with the introduction of a new vaccine. Activities that may be funded through this Complementary Allocation include: health worker training; demand generation; technical assistance; micro-planning; document production and distribution; waste management; and data-related costs (including monitoring and evaluation of the new vaccine introduction).
- The introduction costs covered by VIGs are distinct from the incremental recurrent costs resulting from the addition of a new vaccine to the immunisation schedule that would occur year after year. VIGs are not intended to cover such recurring delivery costs.
- VIGs are also not intended for longer-term systems investments in particular those that take longer than approximately six months to implement such as large-scale cold chain investments. These should be planned as part of an HSS grant.
- Countries are encouraged to introduce multiple new vaccines concurrently where relevant and programmatically feasible, and to identify synergies across these introductions.

Product and presentation switch grants

Funding levels

Routine vaccines

For eligible countries switching product or presentation of an infant vaccine, Gavi provides \$0.25 per infant in the birth cohort or a lump sum of \$30,000, whichever is higher.

HPV

For eligible countries switching product or presentation of the HPV vaccine, Gavi provides \$0.80 per infant in the birth cohort or a lump sum of \$30,000, whichever is higher.

Use of support

- This Complementary Allocation is intended to facilitate the safe and effective transition to a new product or presentation. It is expected to cover a share of the activities associated with the switch, with the remainder being covered by the government and partners, if necessary.
- Product and presentation switch grants may be used for one-time investments associated with a product or presentation switch, including: training of health workers on administration of the new product or presentation; document production and distribution; and limited cold chain expansion (e.g. the purchase of cold boxes).
- Product and presentation switch grants are not intended for investments that take longer than approximately six months to implement such as large-scale cold chain investments. These should be planned as part of an HSS grant.
- Activities funded through a switch grant should be leveraged for strengthening the routine immunisation system where possible.

Operational Support for Campaigns (Ops)

Funding levels

<u>Low-income countries</u>	<u>Phase 1 countries</u>	<u>Phase 2 countries</u>
\$0.65 per targeted person	\$0.55 per targeted person	\$0.45 per targeted person

- Countries applying for phased campaigns may allocate Ops funds flexibly across phases.

Use of support

- This Complementary Allocation is intended to facilitate the timely and effective delivery of vaccines to the target population of a Gavi-supported campaign. It is expected to cover a share of the campaign operational costs, with the remainder being funded by the government and partners, if necessary.
- Activities that may be funded through this Complementary Allocation include the following: health worker training; demand generation; technical assistance; micro-planning; document production and distribution; data-related costs (including independent post-campaign coverage surveys); transport; limited supply chain costs (e.g. cold boxes and ice packs; rental of temporary cold room space); health worker and supervisor per diems (restrictions apply for Phase 2 countries); and volunteer and/or civil society organisation incentives for vaccine delivery, monitoring, or social mobilisation (restrictions apply for Phase 2 countries).
- Activities funded through Ops should be leveraged for strengthening the routine immunisation system where possible, as this is the core focus of Gavi's HSIS support.

To promote sustainability and reduce perverse incentives for conducting campaigns, the use of this Complementary Allocation for human resource compensation varies by transition stage:

<u>Low-income countries</u>	<u>Phase 1 countries</u>	<u>Phase 2 countries</u>
May use this support for human resource remuneration	Discouraged from using this support for human resource remuneration (e.g. volunteer incentives, health worker and supervisor per diems).	Restricted from using this support for human resource remuneration (e.g. volunteer incentives, health worker and supervisor per diems).

The funding levels and uses of other Complementary Allocations (i.e. Operational Support for Outbreak Response Campaigns, Operational Support for Human Papillomavirus Vaccine Demonstration Projects, Transition grants) are detailed in relevant guidelines for countries.

Annex A - for Strategic Period 2016-20

Notwithstanding Section VII (Funding levels and use of grants) of this Framework, the flexibility set out in this annex will apply as follows.

In order to advance Gavi's strategic goal of increasing immunisation coverage and equity, for the remainder of the strategic period through 2020, Gavi has the flexibility to increase an individual country's allocation ceiling for HSS support by up to 25% beyond the total amount of the ceiling calculated based on the HSS Resource Allocation Formula (in section VII Funding levels and use of grants). This flexibility applies to all countries except:

1. Countries that have a separate Board-defined HSS ceiling,
2. Countries that are eligible for increased HSS support of up to 50% as per the amended Fragility, Emergencies, Refugees Policy.

This flexibility would be implemented country-by-country based on a careful assessment of both needs and absorptive capacity.

Annex B - Operational Cost Support for Measles Containing Vaccines

In order to encourage countries to strengthen routine immunisation for measles containing vaccines (MCV) and reach zero and one dose children, countries are able to apply for operational costs support for M/MR follow-up supplementary immunisation activities (SIAs) up to the national 9-59 month population, to be used for national SIAs, subnational SIAs and enhanced routine immunisation activities targeted at reaching missed children.