



GAVI/12/116/llm/sk

The Minister of Health
Ministry of Health
P.O.Box 30377
Lilongwe 3
Malawi

25 June 2012

Dear Minister,

Malawi's HSFP Proposal to the GAVI Alliance

I am writing in relation to Malawi's proposal to the GAVI Alliance for Health Systems Strengthening under Health Systems Funding Platform (HSFP), which was submitted to the GAVI Secretariat in March 2012.

In May 2012, your application was reviewed by an Independent Review Committee (IRC), which made a **recommendation of "Resubmission"**. Appendix A provides a detailed report of the IRC deliberations and conclusions with regard to your proposal.

Some of the key IRC recommendations are summarised below:

- The programme of work including performance targets, activities and budget needs to be revised.
- The country shall revise the time frame so that (a) the proposed activities are scheduled to commence after the proposal review date, and (b) the proposal time-frame falls within the time frame of the national health strategy. The proposal is dated July 2011-June 2016. GAVI cannot make approvals retroactively for the activities that were supposed to take place prior to the review of the proposal. The proposal can only be financed for the activities starting after the proposal review and approval period.
- There shall be a greater focus on sustainability issues, addressing inequalities, and on integration with other health interventions and health system components. The proposal needs to show complementarity and some contribution to other HSS building blocks, especially human resource development. The reviewed proposal does not have sufficient focus on systemic issues in the health sector and does not consider wider context beyond just EPI programme.
- The country shall provide evidence that the Malawi National Health Strategic Plan 2011-2016 has been formally endorsed by a government entity such as the Prime Minister's cabinet, Parliament, or an equivalent government body.

The next IRC meeting to review HSFP applications is scheduled for October 2012. Malawi is strongly encouraged to revise its application according to the comments summarised in Appendix A, especially in the section "Recommendations" at the end of the report, and resubmit it for review at next IRC meeting. The country will need to submit all the necessary and duly endorsed documentation to the GAVI Secretariat before 31 August 2012.

GAVI Alliance

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If you have any questions about this matter, please do not hesitate to contact my colleague Sabrina Clement at sclement@gavialliance.org.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Helen Evans', with a long horizontal stroke extending to the right.

Helen Evans
Deputy Chief Executive Officer

Attachments: Appendix A: HSFP IRC country report

cc: The Minister of Finance
The Director of Medical Services
Director Planning Unit, MoH
The EPI Manager
WHO Country Representative
UNICEF Country Representative
Regional Working Group
WHO HQ
UNICEF Programme Division
The World Bank

IRC HSFP COUNTRY REPORT
Geneva, May 7-11, 2012

Country name: Malawi
Type of support requested: HSS
Application method: Request template

Country profile/Basic data

Type of Proposal: New or resubmission	Resubmission
Type of application:	Request template
Proposal duration	5 years (July 2011-June 2016)
Budget required (USD)	22,999,748
GAVI Annual ceiling	4,600,000
National health policy strategy plan (NHPSP) duration	5 years (2011-2016)
Country multi-year plan (cMYP) duration	5 years (July 2011-June 2016)
Final NHPSP included	Yes (was a key issue for the resubmission)
Current cMYP included	Yes
Population (year/source)	14,400,000 (Malawi housing and population census 2008) 14,900,000 (UNICEF 2010)
IMR (year/source)	66/1000 live births (Malawi HSSP base-line 2011 2010) 58/1000 (UNICEF 2010)
DTP3 Coverage (country/UNICEF) year	Country data: 93% (2010) UNICEF data: 93% (2010)

1. History of GAVI HSS support

The first GAVI HSS support for Malawi was for 2008-2011. However, there was a carry over of funds ((US\$7.8m) from 2011 to 2012. The high and sustained DPT-HebB-Hib3 coverage in 2009 (93%) and 2010 (93%), up from 91% in 2008 is attributed to the GAVI HSS support. The support contributed to: increased access to outreach activities, supportive supervision, provision of EPI vaccines and supplies, cold chain expansion and maintenance at all levels and data management.

This is a re-submitted proposal as the IRC recommendation, February 2012, was 'insufficient documentation'. The issue was the mandatory document, the Malawi National Health Strategic Plan 2011- 2016 which still had tracked changes and comments in it. According to a letter from the MoH to GAVI 29 March 2012 there have been some minor changes to the HSFP proposal in this re-submission as follows:

'The following sections have had information added to clarify the funding requests:

- 1.4.1 Purchase of bicycles for HSAs (pages 13-14)
- 1.4.2 Purchase of utility vehicles (page 14)
- 2.1.1-2.1.2 Conduct local immunization days and follow-up (page 15)
- 3.3.1-3.3.2 Purchase of 10 ton and 3 ton trucks for transportation of vaccines and other EPI supplies (page 19)
- 3.4.1-3.4.14 Purchase of cold chain equipment and associated supplies (pages 19-20)

In addition, the list of supporting documents (page 32) has also been revised to reference the cMYP forecasting tool (document 5a) and the cMYP costing tool (document 5b). There are also a few issues that have not been revised for example, in the executive summary where it mentions the funding 2008-2011 it states that 'This first phase of GAVI HSS funding is expected to be fully utilized by March 2012'. However the IRC notes that the proposal is dated July 2011-June 2016. GAVI cannot make approvals retroactively so the proposal can only be financed 2012 onwards.

2. Composition & functioning of the HSCC

The minutes at which the GAVI proposal was endorsed was held on 19 December 2011 and reflects a membership comprising mainly government, hospitals, research and training institutions with limited CSO involvement. The strength of the committee is that the minutes show evidence of discussions around the immunisation agenda in addition to other health issues. The limitation is the limited participation of development partners in the meetings.

3. Comprehensive Multi Year Plan (cMYP) overview

The cMYP 2012-2016 is a quite well written plan with the emphasis on the future and a little analysis of the context or past experience. The summary of strength and weaknesses of the EPI program contains several points that are addressed in HSS proposal e.g. inadequate storage capacity for the national and regional vaccine storerooms and a high number of refrigerators and freezers in need of repair. It is also quite vocal on human resource related problems such as understaffing of HSA, lack of skills, etc.

At the same time, the HSS proposal objectives are in harmony with some of NIP priorities defined in the cMYP such as:

- Conducting programmatic evaluations including a cold chain inventory, comprehensive EPI review, DQS, DQA, EVM and a 30 cluster coverage survey;
- Cold chain expansion, rehabilitation and management;
- Replacing and maintaining transport equipment (vehicles, trucks, motorcycles, boats and bicycles).

The cMYP makes a clear reference to the HSSP 2011-2016 stating that immunization is part of national essential health package (EHP) and can be considered as a policy tool extending HSS in the area of immunization.

The cMYP does not provide any evidence of health care system related problems that impede the achievement of higher coverage rates and is silent on the weaknesses of the service delivery component.

4. JANS

The JANS reports and country responses address several critical areas of the HSSP 2011-2016 such as M&E, situation analysis, implementation and the process.

Some weaknesses highlighted in the JANS are critical in order to consider HSSP as a sound strategic plan. The country is within its right to agree or not, and therefore change or not the text. Some JANS comments such as on the M&E framework have not been accepted. Some of the weaknesses of the HSSP that are highlighted in the JANS report are substantial and could have improved the quality of the HSSP if accepted by the country. However, the IRC believes that it does not significantly affect the feasibility of the HSS support. This is partly because of the scope and technical content of the funding request. The request and supporting documentation inspire confidence that HSS support can contribute to an improved immunization related outcome and impact within the framework laid out by the HSSP.

There is also no evidence that the final version of the HSSP has been formally endorsed by a higher government entity such as the Office of Cabinet of the President.

5. Monitoring and Evaluation/Performance Framework

The M&E framework for the proposal shows linkages to the core set of indicators and has appropriate process indicators to track the projects specific achievements. However, the objectives have more than one outcome indicators with are repeated in the other two objectives. There needs to be indicators that are distinctly or be sensitive to measure the achievement of a specific objective. A number of the process indicators for the SDA levels appear fine but a few need to be sensitive to measure to greater extent the activities or interventions being carried out rather measure only one of several proposed activities.

At a strategic level the National M&E plan forms part of the HSSP in which are 38 performance targets in the HSSP. It will be monitored regularly by senior MoH management and through mid-year reviews and annual joint review meetings.

6. Linkages to immunisation outcomes

The proposal acknowledges challenges in the EPI programme. These are: human resource shortages, poor supervision, and a need to replenish the older parts of the cold chain and expand the cold chain to prepare for rotavirus vaccine. The entire HSS proposal is about, and for, immunization outcomes. It is so immunization outcome focused that it raises the rhetorical question: what are benefits to the health system apart from that of immunization?

7. Action plan for immunisation results (as outlined in cMYP and JANS)

There are three objectives in the HSS proposal:

Objective 1: To improve and sustain high immunisation coverage levels (nationwide programs) which has 4 service delivery areas (SDAs): Human resources, transport, routine monitoring and evaluation, and programmatic reviews and planning

Objective 2: To improve access of hard to reach population groups and unimmunized children through targeted interventions and involvement of communities and civil society organisations (CSOs); under this objective are 4 SDAs under Objective 2: local immunisation days, village development committees, CSOs immunisation forum and infrastructure and transport for hard to reach areas.

Objective 3: Improved cold chain capacity and management at all levels of the health system; there are 4 SDAs under objective 3: training in cold chain maintenance and repair, assessment of cold chain capacity and management, cold chain infrastructure and transport and cold chain equipment.

The indicators proposed for monitoring the achievements are clearly focused on immunisation outcomes with accompanying process indicators:

- DPT-HebB-Hib 3 coverage
- Dropout rate for DPT-HepB-Hib
- Number of districts with DPT-HebB-Hib 3 coverage above 80%
- National DPT-HepB-Hib vaccine wastage rate

Strengths:

HSS proposal provided more detailed actions to strengthen the immunization system than cMYP or any other plan. As an action plan HSS proposal is more comprehensive and result oriented than other supportive documents.

Weakness: However, the weakness is that while keeping focus on immunization, HSS proposal or cMYP appear blind to threats in a wider health care system context.

8. Feasibility

In principle the implementation of this GAVI HSS support appears feasible within the time frame 2011-2016. However, as noted earlier in this report GAVI cannot make approvals retroactively so the proposal can only be financed 2012 onwards.

With a SWAp aide memoire in place it is reasonably feasible to implement the GAVI HSS without major delays. The GoM in its structures has governance and oversight are integrated into the SWAp arrangements. The Health Sector Review Group which is a multi-stakeholder committee under the MoH is responsible for the oversight and implementation of the GAVI activities. Under the Health Sector Review Group the HSS Core Group and various technical working groups are responsible for the day to day implementation of the activities.

Capacity seems to be strong at central level, the issue of staff shortages may impact negatively at the lower levels may negatively impact on implementation and careful attention has to be made to strengthen this area. The HSRG is the governance body that will be responsible for oversight of the GAVI supported activities. The HSRG reviews and endorses annual plans and budgets, and follows up on progress reports.

9. Soundness of the financing plan and its sustainability

The planned work has clear links to immunisation outcome and builds on the cMYP objective and interventions. Gender issues have been taken into account through for example, careful consideration in the selection of training participants as well as in the recruitment of personnel.

The role of CSOs in implementation is evident with a budgetary allocation for the CSO forum at 2% with an indicator participation of CSOs at national review meetings.

10. Added value

From the external funding analysis provided it is clear that the GAVI HSS builds on gaps identified reducing the risk of duplication; and a well elaborated plan of action with linkages to the cMYP and cold chain assessment builds on already achieved results through previous GAVI support. However, on the other hand the HSS support requested is rather critical for strengthening the immunization system components than just a set of interventions complementary to ongoing or planned HSS efforts.

11. Consistency across proposal documents

The proposal content is consistent with the national HSSP and the cMYP.

12. Recommendation

Recommendation: Resubmission

The key issue is:

- The programme of work including performance targets, activities and budget needs to be revised. The proposal is dated July 2011-June 2016. GAVI cannot make approvals retroactively so the proposal can only be financed from 2012 – 2016.

Other issues are:

- This is a wholly immunization focused proposal with little focus on HSS in the wider context. As a good performing country with >90% coverage, there needs to be a greater focus on sustainability issues, addressing inequalities, and on integration with other health interventions and health system components. The proposal needs to show complementarity and some contribution to other HSS building blocks, especially human resource development.
- There is no evidence that the final version of the Malawi National Health Strategic Plan 2011- 2016 has been formally endorsed by a higher government entity such as the Office of the Cabinet of the President.