

**Annex B:** Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems: Update on Health Systems Strengthening efforts

The Secretariat is undertaking several streams of work related to the HSIS portfolio, including the Country Engagement Framework (CEF, see Doc 03b to May 2017 PPC) and CCEOP (see Doc 02f). The information below provides an update on HSS grant financial disbursements and new approvals, as well as recent analyses conducted on HSS intermediate results. The HSS results reported in 2016, for 2015 implementation, are noteworthy as they represent the first year of reporting through the grant performance framework, allowing the Alliance to better look across the HSS portfolio at performance by grant category or region, view alignment between programmatic and financial reporting, and better inform decision making and country specific recommendations during the JA and HLRP.

**1. HSS Portfolio**

- 1.1 Total HSS approvals equal US\$ 1.33 billion (2007-2017), of which US\$ 1.06 billion have been disbursed (80%) by February 2017.
- 1.2 As of February 2017, 34 countries have an HSS or PBF approval for 2016 or earlier that is pending disbursement (For additional details on balancing risk assurances with timely and predictable HSS disbursements, please see Alliance update on Country Programmes). Two countries, Kenya and Zambia, have recently requested Gavi to disburse HSS funds directly to CSOs. To accommodate these requests and manage fiduciary risk, the Secretariat is developing appropriate mechanisms and tripartite agreements with each government and the CSOs, and will monitor these type of demands and their implications to revert to the PPC and Board as appropriate.
- 1.3 Since the last PPC update, the November IRC recommended four HSS grants for approval (Burkina Faso, Cote d'Ivoire, Mauritania, and Somalia). The IRC noted the continued alignment of HSS grants to National Health Plans and improved engagement of the Ministry of Health and health partners in the country dialogue, highlighting this as a positive result of the Joint Appraisal process and strengthened relationships in country. The IRC provided suggestions to further strengthen synergies between HSS and CCEOP proposals and recommended identifying locally relevant and innovative solutions for building capacity and sustainability of health systems, especially for countries approaching transition.

**2. Using grant performance results to inform decision making**

- 2.1 In 2016, the Gavi Secretariat focused on introducing and setting up grant performance frameworks as well as on encouraging programmatic reporting compliance with countries. Reporting compliance has been high, with 80% of

countries<sup>1</sup> reporting against over 80% of their 2015 due country reported metrics. In 2015, 45% of reporting countries<sup>2</sup> had achieved at least 80% of their tailored intermediate results.

- 2.2 Moving forward, 2017 will focus on analysing results and improving the quality of grant performance frameworks. As an important milestone towards results based decision making, the October 2016 High Level Review Panel was the first Panel to use an analysis of the achievement of results reported through the grant performance framework to inform its discussions, for example on renewal of support. At the country level, analyses of achievements of results were also discussed as part of 2016 Joint Appraisals, highlighting specific areas of potential concern and suggested mitigation actions. Heading into the 2017 Joint Appraisals there is now more attention paid to how countries are setting their targets and explaining and documenting the reasons for not meeting targets across different thematic areas.
- 2.3 For the first time, a portfolio wide analysis of results achieved can be conducted using 2015 data, further disaggregated by HSS category (Table 1). In general, this analysis shows relatively lower performance on service delivery and procurement and supply chain management related intermediate results indicators when compared to other areas such as health financing or community engagement. However, it is important to note that a higher absolute number of indicators are included in these categories, and with only one year of reporting it is too early to determine if these results reflect true country implementation performance. Further work is needed to assess the quality of tailored indicators, to ensure they are reflecting output as opposed to activity level metrics, and the extent to which they are able to assess true performance. These analyses also need to be repeated over time to build up a richer understanding of performance and trends across different categories.
- 2.4 These quantitative data and analyses will in turn help contribute to more robust and targeted discussions in Joint Appraisals which can better inform mitigation strategies in areas needing improvement, such as adjustments to grant activities and tailored technical assistance from the Gavi Alliance.

**Table 1: Overview of results achieved across all HSS categories for 2015**

Activity Category	All HSS Tailored Indicators (337 total)		IR HSS Tailored indicators (213 total)	
	# indicators meeting target	% indicators meeting target	# indicators meeting target	% indicators meeting target
Service Delivery	36	32%	24	49%
Health and Community Workforce	32	47%	10	53%
Procurement & Supply Chain Management	34	41%	22	50%
Health Information Systems	40	42%	28	57%
Community & Other Local Actors	6	43%	3	75%
Policy and Governance	22	44%	16	67%
Health Financing	8	44%	6	75%
Program Management	16	50%	9	69%
Other	3	60%	2	67%
<b>Total</b>	<b>197</b>	<b>41%</b>	<b>120</b>	<b>56%</b>

<sup>1</sup> Gavi eligible countries with country-reported indicators due for reporting in 2015 within the grant performance framework (N=69)

<sup>2</sup> Countries with an active HSS grant in 2015 and agreed HSS metrics captured in their grant performance framework (N=33)

2.5 Work is also underway to assess and improve linkages between programmatic and financial performance of HSS grants. Table 2 presents a preliminary analysis of the extent to which proposed HSS tailored metrics map to largest budget areas of HSS grants. Based on a sample of seven countries recommended for approval of HSS support in 2016, some (such as Burkina Faso and Myanmar) appear to have their concentration of metrics well aligned to HSS budget categories whereas others (such as Kenya and Angola) have potential areas of mismatch and require further discussions<sup>3</sup>. Repeating analyses such as these over time helps ensure Gavi has robust performance frameworks that capture key results chains, expected results and largest budget items.

**Table 2: Analysis of extent of alignment between budget and indicator concentration (sample of seven countries from 2016 application rounds)<sup>4</sup>**

HSS Category	Angola		Burkina Faso		Cameroun		Cote d'Ivoire	
	% Budget	# Indicators	% Budget	# Indicators	% Budget	# Indicators	% Budget	# Indicators
Service Delivery	21%	5	43%	4	12%	3	20%	8
Health and Community Workforce	15%	4	14%	0	0%	2	5%	3
Procurement & Supply Chain Mgt	45%	2	21%	2	42%	6	34%	5
Health Information Systems	10%	3	9%	3	16%	7	13%	7
Community & Other Local Actors	3%	0	2%	1	7%	5	21%	2
Policy and Governance	1%	1	4%	2	22%	2	0%	0
Health Financing	1%	0	1%	2	0%	1	0%	0
Program Management	5%	2	6%	0	1%	1	7%	0
Other	0%	0	0%	0	0%	1	0%	0

  

HSS Category	Eritrea		Kenya		Myanmar	
	% Budget	# Indicators	% Budget	# Indicators	% Budget	# Indicators
Service Delivery	13%	3	17%	2	24%	7
Health and Community Workforce	46%	9	19%	6	13%	4
Procurement & Supply Chain Mgt	17%	3	24%	2	22%	5
Health Information Systems	16%	3	12%	5	18%	3
Community & Other Local Actors	4%	1	20%	1	10%	1
Policy and Governance	4%	0	5%	2	6%	2
Health Financing	0%	0	0%	1	1%	1
Program Management	0%	5	3%	0	6%	2
Other	0%	0	0%	0	0%	0

<sup>3</sup> Although in some cases, there may be strong rationale for not having a large number of metrics tagged to large budget items. For example, in the case of large-scale procurement, the results chain can be more straight-forward and could be represented by a smaller number of metrics in the Procurement & Supply Chain Management category.

<sup>4</sup> Analysis based on budget and metrics submitted by country at proposal stage (not representing potential changes made thereafter).