

Annex B: Health System and Immunisation Strengthening Policy



Gavi Alliance Health Systems and Immunisation Strengthening Policy Version 1.0

DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Prepared by: Marta Tufet, Head, Policy	
	Reviewed by: PPC	1 November 2022
	Approved by: Board	[Full date] Effective from: 1 January 2023
	Next review:	At the request of the Board

1. Scope & Objective

- 1.1 The **objective** of this policy is to ensure that HSIS funding is allocated and programmed to enable countries to build strong, equitable, sustainable, and high- quality immunisation programmes. Funding is available for countries to strengthen and extend immunisation services to regularly reach zero-dose children and communities using tailored and differentiated strategies to build a stronger primary health care platform.
- 1.2 The policy applies to **all Gavi-eligible countries**; however, in the implementation of the policy, specific considerations for the use of funds, and the depth of the Alliance's engagement will vary depending on the country need, fragility status and other country and local contexts.
- 1.3 The scope of this policy is Gavi's Health System and Immunisation Strengthening support including Health System Strengthening (HSS), the Cold Chain Equipment Optimization Platform (CCEOP) and support to vaccine implementation. While this scope does not cover time-limited funding such as the Equity Accelerator Funding (EAF)¹, COVID-19 Delivery Support (CDS), or support through the Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA)², countries are expected to align planning of support through EAF, PEF/TCA and HSIS funding. The Framework for Gavi Funding to Countries provides an overview of the support and the objectives, principles and approach for Gavi funding to eligible countries.

2. Principles

- 2.1 The following principles should be used to prioritise HSIS investment objectives and lead grant design:
 - **Country-driven, predictable and sustainable** beyond Gavi support: grants should be designed to focus on system strengthening. Gavi strongly encourages countries to increasingly take over operational costs necessary for recurrent activities as they approach exit from Gavi support.
 - **Equity: missed communities, first priority**: investments should prioritise reaching zero-dose and under-immunised children and missed communities as well as mitigate risk of disruption of ongoing routine immunisation.
 - **Tailored to context, adaptable and flexible**: Proposed interventions should be aligned with national plans and priorities and adapted to the local context. Interventions should be tailored to address the specific

¹ The Equity Accelerator Fund (EAF) is not covered by the policy as this support is time-limited to Gavi's 5.0 Strategy Period (2021-2025).

² Gavi provides technical assistance to countries through the **Partners' Engagement Framework (PEF)** to support countries in introducing vaccines and strengthening routine immunisation programmes through its core partners [WHO, UNICEF, Centers for Disease Control and Prevention (CDC), and the World Bank] and expanded partners (including local institutions) via **Targeted Country Assistance (TCA)**.

national and sub-national barriers faced in reaching missed communities, under-immunised and zero-dose children. Interventions should be adapted to ensure that HSS-funded activities help prepare programmes for future introductions where applicable HSS-funded activities should be integrated with countries' overall strategy to strengthen primary health care and reach missed communities.

- **Additive and complementary:** Additive to domestic funding with countries demonstrating commitment to take over activities funded through HSS in the long term. Gavi funding should not displace existing domestic investment and be complementary to support provided by other development partners in country to maximise synergy and reduce duplication.

3. Health System funding to countries

- 3.1 Countries can apply to obtain support to strengthen their health and immunisation systems to improve immunisation coverage and equity. Gavi expects countries to programme the support to build strong, equitable, sustainable, and high-quality immunisation programmes and to extend immunisation services to regularly reach zero-dose children and communities. Countries are encouraged to prioritise equity in the programming of the funds.
- 3.2 Gavi has identified the following priority investment areas for its support to countries: service delivery, human resources for health, health information systems and monitoring and learning, demand generation and community engagement, governance, policy, strategic planning and programme management, health financing, vaccine-preventable disease surveillance, and supply chain and for investments in innovation and to address gender-related barriers to immunisation. Countries can access support specifically for cold chain equipment (CCE) and related training through the CCEOP. Countries are encouraged to use funds to support a range of delivery approaches, including mobile outreach and periodic intensification of routine immunisation (PIRI) to reach the un- and under-immunised.
- 3.3 Guidance to countries regarding the recommended programming and use of funds is detailed in the Programme Funding Guidelines and in the Budget Eligibility Guide.
- 3.4 HSS grants generally have a duration of 5 years³. A minimum of US\$3M is allocated to each country for HSS grants for the 5-year period.

³ Duration can vary by country, grant timelines usually span over 5 years, not linked to Gavi's strategic period. Amounts that concern the next strategic period are considered indicative and are subject to the availability of resources and Board approval of funds for Gavi's next strategic period.

- 3.5 Gavi calculates the HSS and CCEOP ceilings⁴ through a formula⁵ deliberately designed to prioritise support for countries with the most under-immunised and zero-dose children as reaching those children is at the heart of Gavi's mission. The formula that is used to calculate the ceilings equally weights:
- Population in need, measured by the birth cohort;
 - Ability to pay, measured by 3-year rolling average of GNI per capita as defined by the World Bank, calculated using the Atlas method);
 - Strength of routine immunisation programme, measured by the number of children under-immunised for DTP3;
 - Equity of immunisation, measured by the number of children that did not receive DTP1 (zero-dose children).
- 3.6 Countries can apply for HSS and CCEOP grants up to the ceiling amounts. Gavi communicates these ceiling amounts to countries and publishes them on the Gavi website.
- 3.7 Additional HSS funds may be exceptionally provided under the Fragility, Emergency and Displaced Populations Policy in specific contexts as assessed on a case-by-case. These funds are additional to the HSS ceiling amounts.
- 3.8 Countries are required to allocate at least 10% of their combined HSS, EAF and TCA ceilings for Civil Society Organisation (CSO) implementation unless they can provide a robust rationale as to why this is not appropriate in their context. If required, flexibilities to this requirement can be applied under the Fragility, Emergencies and Displaced Populations Policy.
- 3.9 Countries are restricted from using the HSS funds to purchase vaccines and associated devices, medicines, and non-prequalified Cold Chain Equipment.
- 3.10 CCEOP requires joint investment between Gavi and countries. Gavi strongly discourages countries from using HSS funds as a source of joint investment for CCEOP and works proactively with countries and other donors to identify alternate sources of joint investment. However, countries experiencing fragility can utilise HSS funds for their joint investment as a flexibility through Gavi's Fragility, Emergencies and Displaced Populations Policy.

4. Vaccine implementation support to countries

- 4.1 Gavi supports countries to introduce and scale up vaccines through time-bound⁶ financial support for new introductions of vaccines into the national immunisation schedule with Vaccine Introduction Grants (VIGs), and to conduct

⁴ Maximum amount a country can approve during their next 5-year HSS grant cycle.

⁵ Gavi uses the same allocation formula for Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), Cold Chain Equipment Optimisation Platform (CCEOP) support, and Targeted Country Assistance (TCA).

⁶ Detailed guidance can be found in the Vaccine Funding Guidelines (https://www.gavi.org/sites/default/files/document/2022/Vaccine_FundingGuidelines.pdf)

campaigns and supplementary immunisation activities⁷ (SIAs) with Operational Cost grants (Ops). Gavi also provides grants intended to facilitate the safe and effective transition to a different product, presentation, use, or dose schedule, so called Switch Grants (SGs).

- 4.2 **Vaccine Introduction Grants (VIGs):** Gavi provides financial support for countries intended to facilitate the timely and effective introduction of new vaccines into routine immunisation programmes. Vaccine Introduction Grants are expected to cover a share of the time-limited activities needed to introduce a new vaccine. Countries are encouraged to leverage introductions to strengthen vaccine delivery and increase routine immunisation coverage across antigens. Introductions should be designed and costed to identify strategies to find and reach individuals persistently missed by immunisation programmes.
- 4.3 **Operational Cost grants (Ops):** Gavi provides financial support to countries to facilitate the timely and effective delivery of vaccines to the target populations in **campaigns and SIAs**. These activities should be designed and costed to identify strategies to find and reach individuals persistently missed by the immunisation programme and demonstrate how they are integrated into the broader primary healthcare agenda. Gavi also provides financial support for operational costs for **outbreak response** for certain vaccines, either directly or via partners with the aim to contain spread and recurrence of disease.
 - 4.3.1 Grants are expected to cover a share of the required operational costs, with countries or donors supporting the remainder. Flexibilities to this principle can be applied as per Gavi's Fragility, Emergencies and Displaced Populations Policy and related operational guidelines.
- 4.4 **Switch grants:** Gavi provides financial support to countries in the form of a switch grant with the aim to facilitate the safe and effective transition to a different product, presentation, use, or dose schedule. This support is intended to cover a portion of the one-time investments associated with a switch, such as planning, training, monitoring, social mobilisation, cold chain adjustments, and re-printing of vaccination materials, with the remainder being covered by the government and partners, if necessary.
 - 4.4.1 Vaccine switches are either compulsory to mitigate a disruption in supply availability, or voluntary as countries choose to optimise their vaccine portfolios as new Gavi-supported vaccines and recommended dose schedules become available or due to changes in vaccine profiles, or changes in country needs. Vaccine switches should follow World Health Organization technical guidance as available.
- 4.5 Grant amounts and procedures for all vaccine implementation grants are detailed in the Vaccine Funding Guidelines. Special conditions apply in situations as outlined Gavi's Fragility, Emergencies and Displaced Population's Policy and related operational guidelines.

5. Compliance

- 5.1 Continued disbursement of HSIS funding is dependent on countries utilising funds already disbursed and upon submission of reports on progress of implementation, financial reports, external audits and other reports, and compliance with appropriate legal frameworks, including the Partnership Framework Agreement (PFA) and other Gavi policies.

6. Exceptions

- 6.1 Under exceptional circumstances there may be a need to provide additional operational cost support for outbreak response. Where special agreements exist with partners to enable a fast response, these apply. For other situations, the Gavi CEO has the authority to approve such additional support.
- 6.2 Other exceptions are governed by the Fragility, Emergencies and Displaced Populations Policy, or require approval from the Board.

7. Implementation and Monitoring

- 7.1 This policy comes into effect on 1 January 2023 and replaces the Health System and Immunisation Strengthening Framework approved by the Board in June 2016.
- 7.2 Monitoring of this policy is outlined in Annex A to the Framework for Gavi Funding to Countries document and describes the relevant indicators that are reported on annually.
- 7.3 This policy will be reviewed and updated as and when required. Any amendments to this policy are subject to Gavi Board approval.