

Supporting government human resources capacity through funding salaries, top ups and incentives - Information for countries eligible for Gavi support -

1. Scope and objectives

This document provides **guidance to countries eligible for Gavi support on the criteria and requirements for use of new Gavi financial support for human resources (HR) capacity** in the EPI, i.e. funding of salaries, top-ups or incentives. The guideline also covers the use of cost recovery mechanisms (i.e. per diems and allowances). Note that this document focuses on **financial support** that individuals receive and **not** on the use of technical or managerial assistance to strengthen capabilities and competencies of human resources.

The guideline comes **into effect for all new requests for NVS support as per the 3 May 2017 application cut-off date**. It should be used in conjunction with the General Guidelines for country applications in 2017 (available at: www.gavi.org/support/process/apply/).

Note for those countries requesting Health System Strengthening (HSS) support in 2017 (whether as a standalone or with NVS or CCE Optimisation Platform support), countries will be following a different process to receive support. The content of this guideline will be integrated into an information package on the new process that will be made available to countries.

2. Background

The human resources capacity in the EPI, related health sector programmes and critical supporting functions (e.g. Ministry of Finance) in many Gavi-eligible countries is often limited and a major bottleneck for the delivery of health services and the implementation of Gavi's grants. There are two levels at which the appropriate **resourcing for human capacity is critical**:

- The **management level**. This applies in particular to the central government where a number of units (or 'teams'/departments) in Ministries - in particular the EPI, Planning, Finance, and other teams in the Ministry of Health (MoH) - have a direct impact on the effective management of Gavi grants and a catalytic effect on delivery throughout the EPI programme. In some targeted cases, this may also apply to state/provincial/regional and district administrations (e.g. in countries with devolved structures or in administrative areas with specific coverage and equity challenges);
- The **service delivery level in areas with specific coverage and equity challenges**, where health workers, nurses and doctors are directly providing health services to the population; in these areas HR support can be an enabler for countries to address the challenges through better service delivery.

To complement staffing at both levels, some countries include a **request for funding staff in their grant application** (e.g. through salaries, top ups and incentives) and for embedding external staff (i.e. independent individuals or consultants from another institution) in the administration. Using Gavi grants

to support these interventions may help to ensure adequate HR capacity in the health sector in the short to mid-term. However, this may **not be sustainable in the long-term** and is associated with **risks**. For example, providing salary top-ups has the potential to reduce productivity of other staff members who don't receive them, recruiting external staff can result in staff migration (or "leakage") from the public health sector, and per diems can incentivize an excess of uncoordinated trainings.

Also, Gavi recognises that, despite being often core bottleneck to coverage and equity, **HR resourcing issues at country level are much greater in scale than what Gavi can support**. Gavi resources should **therefore only play a catalytic role in HR resourcing issues at country level**, recognising that broader HR reforms might be required at the level of the Ministry of Health or across the public service. As such, when developing a proposal for Gavi support, Gavi encourages countries to explore the HR-related bottlenecks to coverage and equity. However, the HR support by Gavi should remain at a reasonable share of the total Gavi financial support.

3. Approach for supporting HR capacity

The approach differentiates between the **management level** and the **service delivery level**. To promote sustainability it also differentiates countries based on status with regards to **transition**. Furthermore, certain **requirements** for receiving HR support are put in place to **mitigate risk** of misuse and fraud (see section 4). The financial support is usually provided through **HSIS** grants which include **Health System Strengthening (HSS)**, **performance payments (PBF reward)**, **Vaccine Introduction Grants (VIGs)**, **Operational Support (Ops)** and **product & presentation switch grants**.

3.1 Approach at the management level (for information only as Vaccine Introduction Grants (VIGs), Operational Support (Ops) and product & presentation switch grants are typically not used at this level)

Gavi works with countries to ensure that key positions in administrations that are critical for programme delivery are filled with the relevant profiles. This includes in particular positions in the EPI, Planning, Finance, and other teams involved in strengthening health systems at the Ministry of Health. In some targeted cases, this may also apply to state/ provincial/ regional and district administrations (e.g. in countries with devolved structures or in administrative areas with specific coverage and equity challenges). Programme Capacity Assessments (PCAs), a Programme Support Rationale (PSR), Joint Appraisals and other Gavi processes will serve to identify HR capacity gaps for specific areas or functions and provide justification if Gavi HR support is needed.

| Type of support | Initial self-financing/low income countries | Phase 1 countries (preparatory transition phase) | Phase 2 countries (accelerated transition phase) |
|---|---|--|---|
| HSS and performance payments | Gavi to engage in a dialogue with governments to ensure that critical managerial positions in particular in the central government are staffed with appropriate profiles | | |
| | Can be used for time-limited HR remuneration (salaries, top-ups, incentives) for critical and specific new positions or for staff funded under a previous grant (in particular in the central government): <ul style="list-style-type: none"> • For additional administrative staff • For external staff (individual consultants) that the government contracts directly or through local intermediaries¹ (if embedded in the respective team and reporting to senior team member) Can also be used for per diems/allowances | | In exceptional circumstances only (in particular to focus on addressing inequities in coverage) |
| Other types of financial support | Typically not used | | |

Table 1. Use and restrictions for HR support at the management level

¹ Gavi Alliance partners based in country

3.2 Approach in service delivery

| Type of support | Initial self-financing/low income countries | Phase 1 countries (preparatory transition phase) | Phase 2 countries (accelerated transition phase) |
|-------------------------------------|---|---|--|
| HSS and performance payments | Can be used for HR remuneration (i.e. salaries, top-ups, incentives) and per diems/allowances with a strong priority for areas of low coverage | Can be used for HR remuneration (i.e. salaries, top-ups, incentives) and per diems/allowances in exceptional circumstances only | |
| VIGs | <ul style="list-style-type: none"> • Can be used for short-term HR remuneration and per diems/allowances associated with introduction of a vaccine with a strong priority for areas of low coverage • Recurring HR support: In exceptional circumstances only (e.g., residual grants for improving coverage in low coverage areas) | | |
| Ops | <ul style="list-style-type: none"> • Can be used for short-term HR remuneration and per diems/allowances with a strong priority for areas of low coverage, e.g. facilitate vaccine delivery of a Gavi-supported campaign • Recurring HR support: In exceptional circumstances only (e.g., residual grants for improving coverage in low coverage areas) | Can be used for HR support in exceptional circumstances only (e.g., residual grants for improving coverage in low coverage areas) | May not be used |
| Product switch grants | <ul style="list-style-type: none"> • Can be used for short-term health worker remuneration and per diems/allowances associated with product or presentation switch • Recurring HR support: In exceptional circumstances only (e.g., residual grants for improving coverage in low coverage areas) | | |

Table 2. Use and restrictions for HR support at the service delivery level

4 Requirements

4.1 General requirements

To mitigate the risk associated with funding salaries, top ups, incentives, and top-ups/allowances and embedding external staff the following **requirements** apply:

1. There is clear justification for the support which is demonstrated including a strong link to coverage and equity outcomes and/or programme objectives;
2. For HR support in service delivery there is clear evidence that strong priority is given to areas of low coverage;
3. The requested HR support is not for positions currently funded by the government;
4. The support is aligned to existing country norms/salary/per diem levels (e.g. national plan or policy, directives from public service/health sector service commissions);
5. The support has been discussed with in-country partners and other donors;
6. There is no duplication with funds from other sources;
7. If existing country norms are not clear, then Gavi suggests an alignment of support levels with other donors' practices in the health sector in the country. If no other donors provide that kind of support then salaries should be at maximum 20% higher than for a comparable position funded by the government and top-ups should be not more than 20% of base salary²;
8. There is no actual or perceived conflict of interest between the personnel recommending the salaries, tops ups and incentives to be paid and the personnel receiving a benefit;
9. Payments are made directly to the relevant staff (with justification for selection) rather than allocated to a bonus pool;
10. Commitment of the government to increasingly cover and sustain the costs provided in the budget as appropriate for the country context and transition stage.

For **approval of new Vaccine Introduction Grants (VIGs) and Operational Support (Ops)**:

- Requirements # 1 and 2 are to be reflected in the **campaign plan of action** in the application form
- The **relevant document outlining the existing country norms/salary/per diem levels** (e.g. national plan or policy, directives from public service/health sector service commissions) is attached to the application (**see requirement #4**);
- **Requirement # 5** is to be reflected in the **meeting minutes of the national Coordination Forum** (ICC, HSCC or equivalent body);
- **Requirement # 6** is confirmed in **writing** by the Ministry of Health (for application deadline 03 May 2017) or through signature of the relevant section in the **application form** (for application deadline 08 September 2017 onwards)

The information relevant for the **other requirements** is **provided through the budget** using the Gavi budget template (see budget template for details).

4.2 Additional requirements for per diems/allowances

In the **budget** detailing the financial support the following **requirements** will be addressed:

² An exception to the 20% restriction applies for embedded external staff in the government if the position cannot be filled with an adequate profile otherwise

- Justification and documented proof should be provided in the form of government-approved rates (as defined by the Ministry of Finance/public service authority) for per diems and travel inside and outside of the country;
- Travel related costs must reflect the real cost incurred, by the most economical means, and should not contain additional remuneration. Costs should be consistent with local market practice in the relevant country; and
- Where meals or accommodation are provided the amount of per diem should be reduced accordingly.

4.3 Additional requirements for the management level *(for information only as Vaccine Introduction Grants (VIGs), Operational Support (Ops) and product & presentation switch grants are typically not used at this level)*

To minimise risk and ensure a shared understanding with the government the following **conditions** will apply:

- ToR with specific roles and responsibilities of the staff positions to be funded by Gavi are shared and where necessary discussed with Gavi;
- The MoH/administration commits to maintain and fund the position after a defined time period (suggested to be 3 years or less); in case of external staff (individual consultants) the MoH/administration commits to hire a government staff as a replacement ensuring a period of overlap between the replacement and the external staff
- The staff is embedded in the respective team (e.g. EPI team) and reports to a senior team member (e.g. EPI manager);
- The profile of the hired staff is aligned with the specific position and gaps to fill;
- The profile is selected and approved by the team's head and senior MoH leadership in a transparent and documented recruitment process; in high risk situations Gavi reserves the right to provide oversight of the recruitment process with a 'no objection' requirement at each step.

5 Definition of terms

Salaries (and wages): Remuneration for staff recruited for new positions in Gavi funded programmes, or for staff funded under a previous grant. These are either co-funded with the government or fully funded by the Gavi programme budget.

Salary top-ups and supplements: Financial remuneration for staff taking on additional responsibilities, more extensive engagement, or working in difficult, hard-to-reach areas.

Incentives: A form of remuneration for volunteers, CSOs and health workers that are not formally employed. Incentives can be performance-based to incentivise health staff to deliver certain outcomes linked to measurable performance in particular in low coverage areas.

Embedded external staff: Remuneration for external staff (e.g. individual consultants) that the government contracts directly or through local intermediaries, are embedded in the government and report to a member of the team in which they work.

Per diems/allowances: A cost recovery mechanism for daily expenses beyond those inherent in a remunerated position (e.g., costs for attending training sessions, workshops and meetings for health workers).