Framework for strengthening immunization services in phase 2; based on the system barriers approach

Introduction

All discussions of GAVI support to countries in phase 2 have emphasized the need to provide substantial support to countries to strengthen their immunization services. While a number of countries have shown coverage improvements over the past three to four years, several countries have not been able to improve. Some countries are facing such difficult circumstances that coverage rates are falling. Other countries may have high coverage now, but without more strategic investments to maintain their systems, future declines may be unavoidable.

The need is not in question. The question is: how can the GAVI alliance uphold its funding principles of being innovative, time-limited and catalytic in relation to needs which are recurrent, regular and essentially never-ending?

Experience so far

Immunization Services Support (ISS)

To provide additional resources that fill critical gaps and stimulate long-lasting improvements to immunization services in countries the GAVI partners decided to take a radical departure from the traditional approach, i.e., earmarking funding for specific needs,. Instead, GAVI introduced a system – called Immunization Services Support, or ISS – by which funding is provided based on the number of additional children countries plan to reach. There are no rules about how the money should be used – it can be used freely within the health sector, making the system compatible with broader health sector support. The only rule is that to continue receiving funds after an investment phase, a country needs to provide reliable data showing increases in DTP3 coverage.

A preliminary evaluation[1] of ISS funding did not reach definitive conclusions because the system has not been in place for sufficient time. The authors did recommend however that the funding be continued because early indications are promising. The GAVI Independent Review Committee (IRC) Monitoring Team has also recommended that ISS funding be continued. So while it is still too early to prove that this is a cost-effective way of supporting the expansion of immunization services, it is felt that the experiment should continue.

Yet a number of countries are not benefiting from ISS funding. Countries that have not been able to increase their immunization rates, and those that have actually seen coverage drop, will not receive rewards. Countries with high coverage (over 80%) have not been eligible. Even if they were, they would not receive much funding. Therefore while an extension of ISS funding would fill a certain need, it will not suffice.

[1] Abt Associates …. ISS Evaluation

Preliminary findings from efforts to address system wide barriers

System-wide barriers are in this context defined as factors outside of the control of the immunization program that adversely affect the provision of services and reduce program performance. Typically the same barriers will also hamper the performance of other health services. It is increasingly recognized that key constraints and barriers to immunization lie outside of the immunization program itself, and that traditional project approaches targeting the immunization program only will not succeed in bringing about *significant and sustained* improvements of the health systems required to enhance service delivery.

As part of the GAVI work plan 2004/2005 the Norwegian Agency for Development Cooperation (NORAD) has coordinated a project to look into ways of addressing system wide barriers. The main activity has been the development of a barrier assessment approach involving health authorities and local research institutions. This methodology has been used in eight interested countries (the Gambia, Ghana, Guyana, Rwanda, Sierra Leone, Uganda, Vietnam and Zambia). In addition, global efforts to address system-wide barriers have been mapped with the view to look for possible partnership action. Importantly, issues related to harmonization have been identified as key to increase aid effectiveness and improve performance.

Please refer to the annexed draft report from a Consultation held in Oslo in October 2004 with involved countries and international partners for summary findings and recommendations on the way ahead.

Making use of strategies that work

Much operational experience has been accumulated in relation to effective delivery of immunization services. This includes UCI, the polio eradication activities and more recently the drive to accelerate measles mortality reduction. Immunization-based strategies and approaches such as WHO's Reaching Every District (RED), including expanding supportive supervision and sustained outreach services contain valuable elements that all should be considered in GAVI's second phase. Many of these strategies are included in the "Global Immunization Vision and Strategies" that is being developed by WHO and UNICEF
There is also an urgent need for disease-specific programs to better coordinate their delivery of services and contribute to the overall strengthening of health care systems.

A proposed way forward: basic principles for immunization services support in GAVI phase 2

There appears to be general agreement that funding for immunization services strengthening in GAVI phase 2 should continue to be:

- **Flexible** (i.e. not earmarked for specific activities) to allow for innovative approaches and reduce transaction costs. Un-earmarked funding gives countries ownership and decision-making power, is compatible with health systems development, is simple to administer and allows for innovative approaches and reduced transaction costs.

- **Subject to performance** assessed on the basis of performance indicators to assure accountability, primarily immunization coverage (DTP3/penta3).
- **Allocated on a capitation basis** (e.g. based on the number of children) to retain a simple and common approach across countries and districts.

Subject to regular GAVI review and approval processes (e.g. review by the Independent Review Committee), and predictable, in principle for a period of five years but subject to review based on performance after two years.

In addition to extending these well-established GAVI/VF principles, criteria to be used to assess the country proposals could include:

- **use at sub-national and peripheral level, in particular low-performing areas/districts**. Sub-national (district) and service delivery levels are key to improving basic service delivery and are currently neglected.
- directed towards or take into account system barriers of relevance to immunization (but not limited to immunization). The major barriers are related to predictable and timely flow of funding from central level, motivation, empowerment
- a credible action proposal, focusing on doable short-term and longer-term solutions, with priority given to increase access and coverage in the periphery, with established links to district health plans and budgets, complementarity of various funding sources, engagement of the private sector including NGOs, and expanded interface and involvement of communities.
- the inclusion of additional components such as:
    - A plan for operational research involving local research institutions, given the need to increase the evidence base of what works (and does not). (The activities could alternatively be financed through the Funding for Innovations program, if that is approved)
    - Support to central level to support low-performing districts.

Suggested next steps

1. Establish a group to prepare a concept paper and later investment case and subsequent detailed planning documents for additional country support based on the barriers concept. The scope of this group would be to:

- Assess options for support to infrastructure strengthening through GAVI/VF phase 2 resources, utilizing existing data and mechanisms where possible.
- Propose & share operational strategies & best practices on infrastructure strengthening for countries to consider
- Propose a limited number of infrastructure indicators, in addition to DTP3 coverage, for use within GAVI support and reporting mechanisms
- Ensure appropriate consultation with stakeholders, building upon existing consultation mechanisms
- If requested by the GAVI Board, develop the investment case for consideration by the Board.
- Develop country guidelines regarding support modalities, revisions to application forms and materials

Proposed Task Team:
GAVI Secretariat (coordinator)
NORAD
DfID
WHO
UNICEF
PATH

Timeline:

- March/ 2005: Update to GAVI Board including key policy issues, go/no-go for development of comprehensive proposal (e.g. investment case)
- June 2005: presentation to the GAVI Board of an investment case for additional infrastructure support based on the barriers approach
- Later: proposals for support modalities, updated guidelines and documents