



GAVI Update - Tanzania

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Tanzania DPG-Health Consultation
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Presentation outline

- GAVI Board Decisions
- October 2009 GAVI Independent Review Committee (IRC) recommendations
- Annual Progress Report 2009
- Transparency & Accountability Policy (TAP)
- Achievements in immunizations services
- Penta vaccine supply, storage and disposal situation
- Health Systems Funding Platform

GAVI Board Decisions

- Pause in approving all country applications, including October 2009 IRC recommendations
- Prioritising already approved Pneumococcal vaccine applications in view of limited supply
- Prioritising all applications (Oct 2009 incl.) in view of limited resources
- Revision of Co-financing Policy
 - Tanzania will co-finance US\$ 1 mill. in 2010 (Penta vaccine)
- Revision of Immunisation Services Support
- Endorsed to move forward with Health Systems Funding Platform work

October 2009 GAVI IRC recommendations – Tanzania applications

- HSS – Resubmission
 - Output/Impact indicators
 - Budget – Cost of vehicles/Per diem
 - Sustainability
 - Management & accountability
 - CSO involvement
- Pneumococcal & Rota Vaccine Introduction – Conditional Approval
 - Cold chain – Need for additional capacity at all levels
 - Funding of additional cold chain capacity linked to GAVI HSS proposal
 - Need for harmonized proposal for Tanzania (Mainland + Zanzibar)

Annual Progress Report 2009

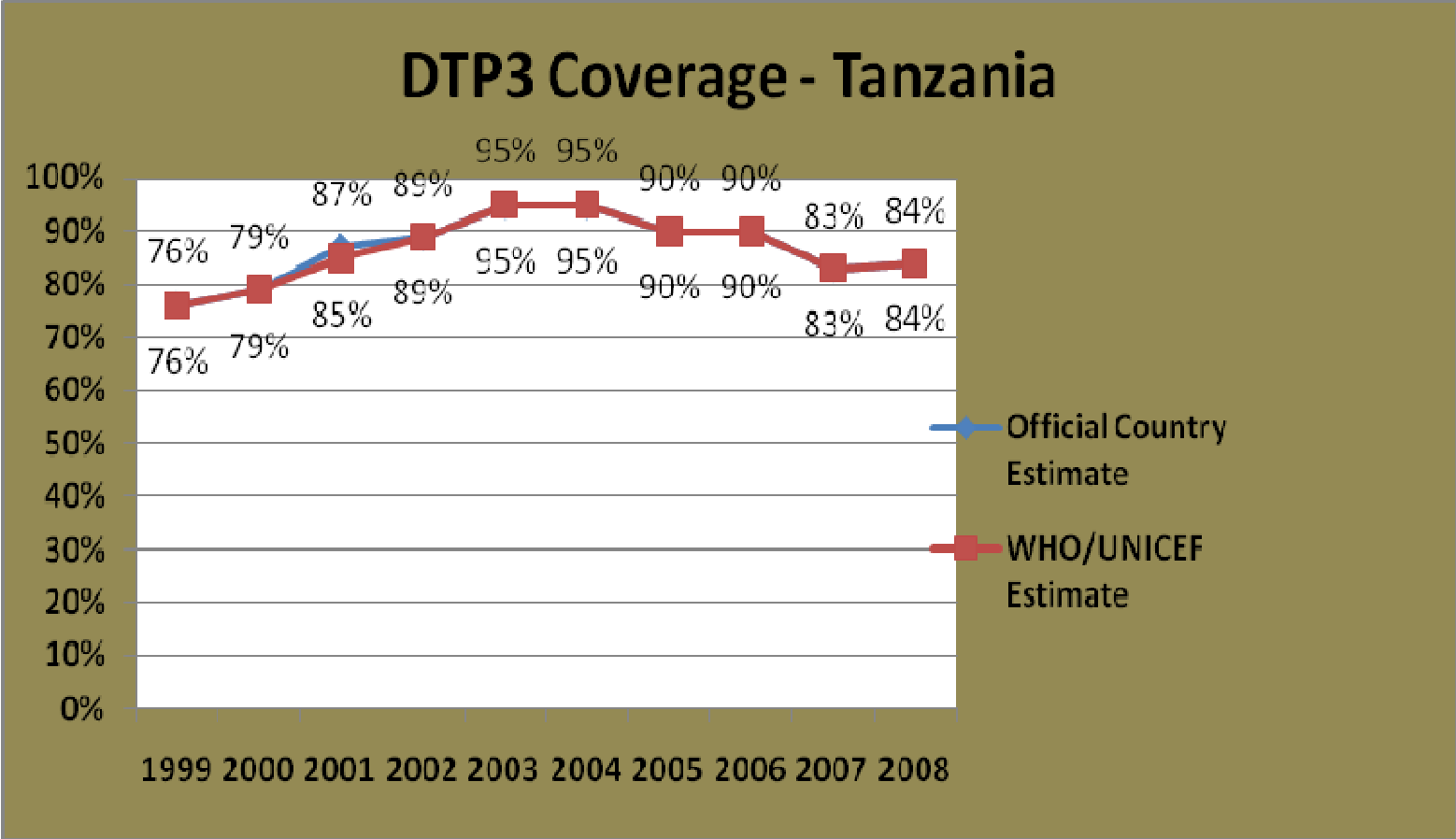
- Deadline for submission: 15 May 2010
- Report template has been simplified
- Excel sheet has been further simplified
- Only one year of Penta vaccine¹ support (US\$ 15 mill.) was approved by the GAVI Alliance Board for Tanzania in 2010
- Tanzania has to submit Comprehensive Multiyear Plan (cMYP) with APR 2009 to receive Penta vaccine in 2011

¹ Vaccine containing diphtheria, pertussis, tetanus, hepatitis B and Hib vaccine

Transparency & Accountability Policy (TAP)

- All cash-based support, **specific focus on ISS and HSS**
- Primary goal: **limit fiduciary risks** while maintaining flexibility/programme effectiveness
- Secondary goal: **understand/rely on countries' own systems** to the greatest extent possible
- **Minimum requirements for funds management:**
 - Funding used in accordance with programme objectives
 - Accurate and verifiable financial reports
 - Countries must meet national requirements for financial management
- **External audit report on ISS funds FY 2007/08**
prerequisite for release of next tranche of ISS funds

Achievements in immunizations services



Penta vaccine supply, storage and disposal situation

- WHO recommends as a precautionary measure the recall and destruction of all lots of Shan5 vaccine
- UNICEF has been working with Tanzania to ensure that there is adequate alternative supply of Penta vaccine
- A shortage of Penta vaccine is not anticipated at this point in time
- There have been no reports of any side effects from the use of Shan5 vaccine

Penta vaccine supply, storage and disposal situation

- Tanzania has been requested to organize collection of all the unused Shan5 vaccine to a central level in the country
- It will be up to the manufacturer to determine and fund the most appropriate method of destruction in accordance with health-care waste management legislation in the country of destruction
- It is expected that the manufacturer will reimburse vaccine not compliant with the required standards
- WHO does not recommend that children having received the full schedule of Shan5 vaccine be revaccinated

Health Systems Funding Platform

High Level Task Force on Innovative International Financing for Health Systems recommendation

...”Establish a health systems funding platform for the Global Fund, GAVI Alliance, the World Bank and others to coordinate, mobilize, streamline and channel the flow of existing and new international resources to support national health strategies”...

- US\$1 billion for expanded GAVI IFFIm
- US\$ 440 million for Results Based Financing (WB Trust Fund)
- Voluntary contributions

Purpose

Three entities fund **one health plan, use one monitoring framework using one funding modality** where possible

‘To improve health outcomes through strengthening countries’ health systems to deliver health services equitably and sustainably (focussing on all health MDGs), and to use resources more effectively and efficiently’

Rationale

- Reduced transaction costs for countries and accelerated progress towards MDGs
- Practical step to make global health aid architecture more effective
- Increased global focus on health system strengthening
- Possible longer-term predictable donor funding for HSS
- Global financial crisis: innovation, focus, and efficiency more critical. GAVI and GF demonstrated innovative approaches to raising funds

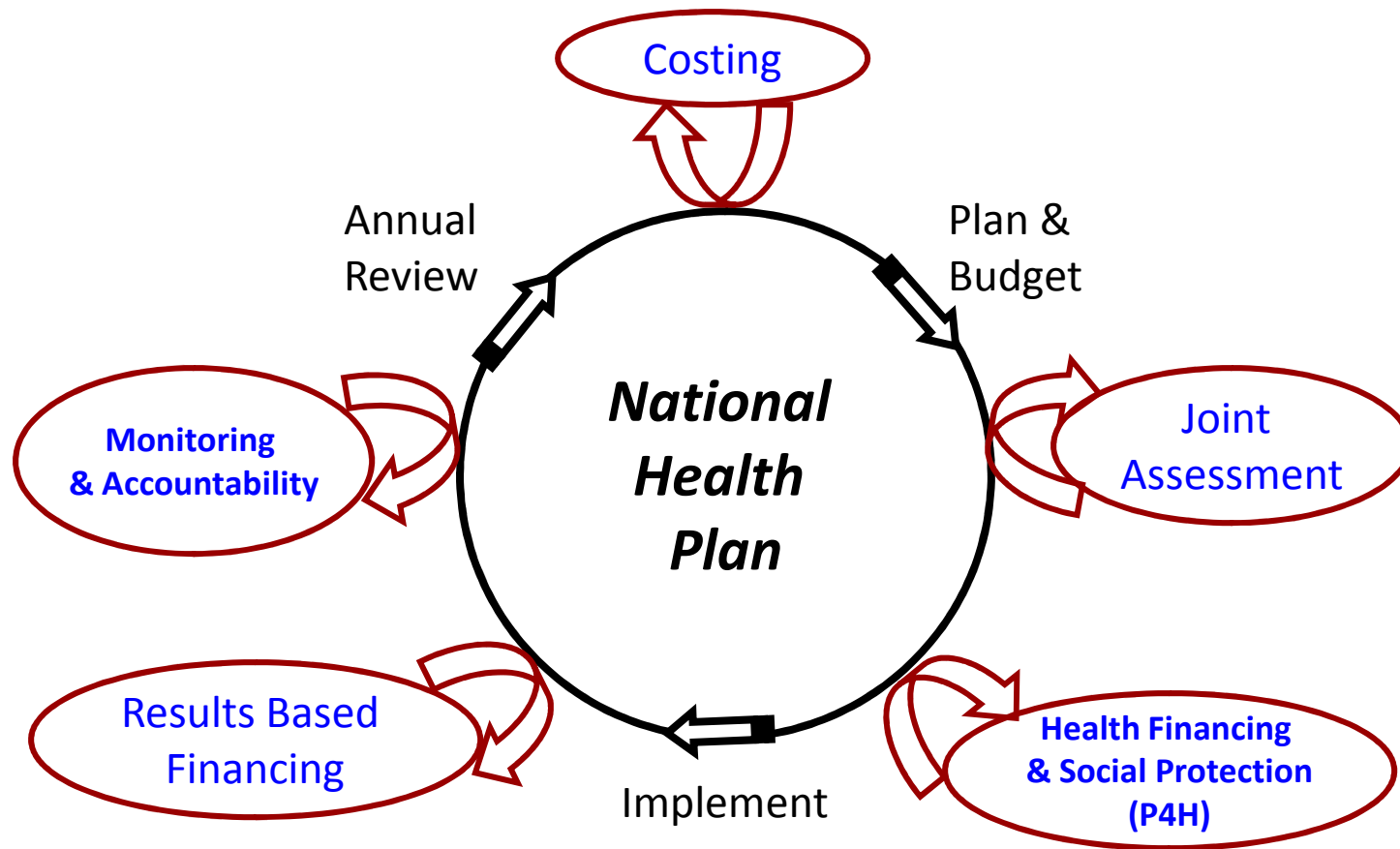
Potential

- Efficient use of existing resources
- Leverage new, longer term resources
- Improve coordination and harmonization
- Align with country planning cycles
- Reduced fiduciary risk

Principles

- Flexible/differentiated approach for different countries
– **NOT one size fits all**
- Commitment to IHP+ principles
- Improve information sharing between the 3 agencies
- Focus on country results and value for money
- Common frameworks for HSS and Harmonized approach to program development, approval, and implementation
- Strong analytical basis for HSS

Guided by International Health Partnership (IHP+) principles



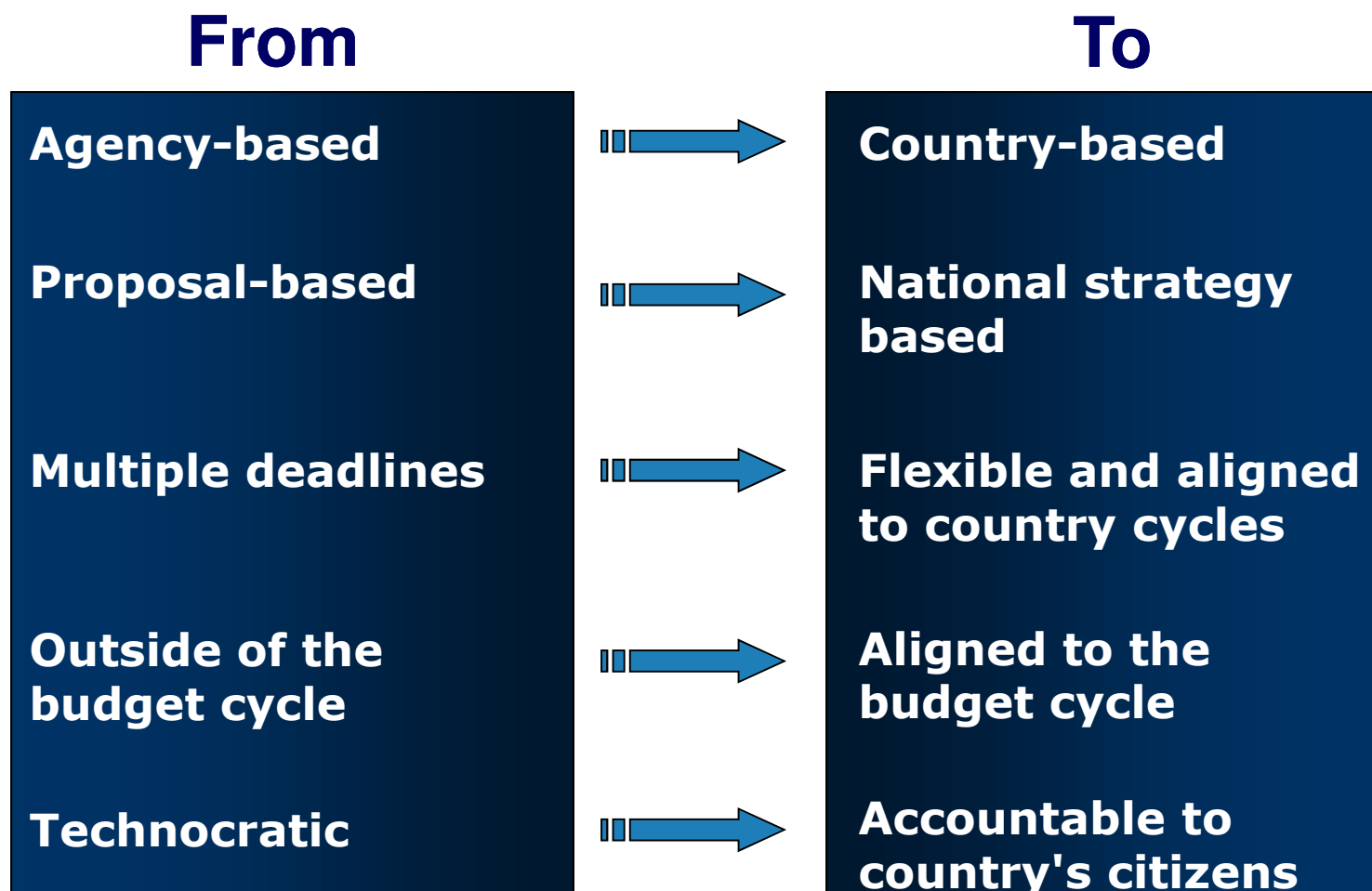
Joint Approach to HSS

1. Development of National Health Plans / strategies
2. Joint assessment of national health plans and strategies
3. Common monitoring framework using annual review processes for monitoring performance
4. Common funding/disbursement channels

1. Development of National Health Plans and Strategies

- Support assessments to identify HSS challenges and identify program specific and cross-cutting elements of HSS strategies
- Coordinate and harmonise processes to strengthen national health plan and disease specific strategy development

Supporting shifts in health sector planning processes



2. Joint assessment

- Move towards a joint HSS process:
 - Jointly assessed national health plan as the basis for funding (in line with IHP+)
 - Common list of principles, guidelines, and documentation for HSS
 - Harmonize deadlines and align with national budget and planning cycles
 - Harmonize guidelines and definition of HSS (i.e. what joint funds can be used for)

- Independent element – national level and also need for GAVI and the Global Fund independent element

3. Common monitoring using annual review process

- Joint performance measurement, M&E and common indicators (aligned with IHP+)
- Adequate financial support for strengthening HMIS systems where necessary
- One Report – aligned with country reporting cycle
- One joint partner supervision mechanism aligned with country annual joint review

4. Common Funding

- Three agencies explore options for pooled funding at the country level – country driven
- Tightening links across separate funding decisions to reduce duplication

Harmonised technical support

- Not just for plan development
- Implementation, monitoring, procurement, financial management
- Country needs driven – identify at planning stage
- Effective - quality
- Value for money and efficient

Challenges

- Complexity of harmonisation between funding entities
- Criteria for setting budgets
- Independent component of joint assessment
- Ensuring investment leads to programme specific outcomes
- Ensuring performance based approach
- Different paradigms on HSS
- Provision of technical support

Consultation process 2009 - 2010

- WHO Regional committee meetings (AFRO, SEARO, EURO, WPRO, EMRO)
- GFATM Regional meetings and other region / country visits (e.g. Nepal, Ethiopia, Cambodia, Vietnam)
- CSOs
- Online survey
- Development partners (e.g. USG, Japan)
- Joint assessments 2010 (e.g. Nepal, Ethiopia)

Proposed Process

- Two potential options being developed for GAVI and GFATM boards (Track 1 & Track 2 countries)
 - Track 1: Harmonization of existing HSS support
 - Track 2: Provision of new HSS support based on Health Sector Strategic Plan or HSS proposal
- Present to governing bodies by April 2010
- Consultation and ‘learning by doing’
- Pilot process in 2010
- Adapt policies and procedures in 2010
- Roll out to more countries in 2011

Four work streams

Four priority areas of work:

1. **Appraisal/assessment processes and procedures** to make new funding decisions
2. **Financial management and procurement processes** acceptable to the different agencies
3. Developing a **common performance measurement** framework to support joint M&E
4. Mechanisms for **harmonized provision of technical support**

Question: Opportunity for Tanzania?

- The Platform in Tanzania can include all who are interested....GAVI/GFATM/WB/WHO a starting point
- Not a separate initiative and could fit nicely within the SWAp context and the HSSP III
- No prescription from above, this can be structured to fit the Tanzania situation

Discussion – frank feedback: opportunity or....

- How to move forward in the Tanzania setting?
- Implementation issues, financial management/use of national systems?
- Country consultations How and When?

Useful sources of information

On the Joint Platform:

<http://go.worldbank.org/0D4C6GPQU0>

On IHP⁺:

www.internationalhealthpartnership.net

www.theglobalfund.org

www.gavialliance.org

www.worldbank.org

www.who.int