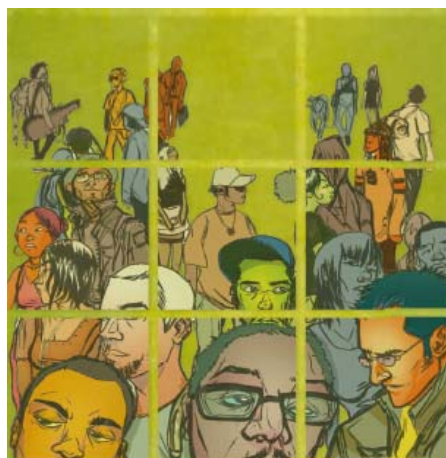




Supporting countries' health strategies more efficiently

Task Team on Health as a Tracer Sector

**World Health Report (2010)
Background Paper, 47**



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Task Team on Health as a Tracer Sector¹

¹ Co-chaired by WHO and Mali, the Task Team on Health as a Tracer Sector provides concrete insights and recommendations to the Working Party on Aid Effectiveness, a unique high level international body hosted at the OECD that monitors and reports on the implementation of the Paris Declaration on Aid Effectiveness and is preparing now the Fourth High level Forum on Aid Effectiveness (Korea, 2011). These are the main outcomes from the Interim report from the TT HATS, released in November 2009. More information about the TT HATS as well as the interim report are accessible at: www.oecd.org/dac/effectiveness/health

Significant progress is still needed to make aid to health more effective: the main lessons from the Task Team on Health as a Tracer Sector and opportunities for change now in Mali.

1 Aid for health: important challenges remain

Beyond significant change, in under-five mortality for instance, much progress remains to be made in achieving the Health MDGs. Although health aid has increased, it remains below what is estimated necessary by the high-level Task Force on Innovative Financing for Health Systems. While health aid is only one factor in improving health outcomes, enhancing health aid effectiveness is imperative: more needs to be done to align aid with country priorities, to provide more predictable aid, to support sustainable country systems, and to simplify a too complex international health aid landscape.

1.1 Whose ownership and accountability?

Some progress has been made in the broadening of ownership and accountability through the involvement of civil society and the emerging participation of Parliament. Dialogue between donors and partner countries within the International Health Partnership's (IHP+) Global Compact and associated country level mechanisms, along with programme-based approaches, have been important factors in this development. But the picture remains mixed and more progress is needed in involving civil society, beyond a role of a sub-contractor, and Parliament in strengthening democratic accountability and bringing more consistent sponsors into country-led dialogues within the IHP+ initiative.

1.2 Important steps need to be taken to strengthen and use country systems

Many partner countries feel that the substantial efforts they make (often with donor support) to bring their systems up to acceptable international standards are not matched by donors' willingness to use these systems. While this varies significantly, some also contend that the specificity of many health products argues for a global rather than country specific procurement. Some bilateral and multilateral organizations are taking concrete steps to remodel their activities, others remain sensitive to the risks of changing. Much could be learned from cross-country analysis of experience such as the one undertaken in Ghana and Madagascar. Beyond the traditional system-wide approach to public and financial management and procurement, much can be learned from and supported at the sector level.

1.3 Harmonization and division of labour lead to progress, at least in theory...

Progress in these areas is dependent upon political decision and behaviour change. Some donors have proven that providing more predictable health aid is possible, with innovative financing also contributing

to that objective. However some health donors still do not provide three-to-five year indicative commitments. Harmonization, including donor coordination and division of labour have led to progress – at least in terms of process, for instance, in the area of HIV/AIDS, and at the global level (UN reform and European Commission code of conduct). But experience to date underlines the difficulty of implementing commitments on the division of labour because of the political pressure on donors to remain engaged in key sectors or sub-sector areas. Progress is also needed in ensuring more timely, qualitative and transparent technical assistance.

1.4 We must simplify the architecture of health aid

Global programmes (such as the Global Fund, GAVI Alliance...), innovative financing (such as UNITAID, the International Financing Facility on Immunization (IFFIm), the Advanced Market Commitments...) and the roughly 100 currently active programme specific global partnerships have mobilized more resources and brought diversity to traditional donor approaches in the health sector. But this change has generated more complexity which partner countries, often struggling with limited capacities, have to manage. This is also challenging for international donor organizations. Bilateral donors should think twice before creating new global initiatives and focus on rationalizing the health aid landscape. Innovative financing also needs to comply with aid effectiveness principles.

1.5 Managing for development results is needed, not making results a business industry

Managing for development results (MFDR) remains a challenge in health both at the conceptual and operational level. Moving towards a meaningful results-based agenda requires increased capacity, particularly in information systems, a shift in attitudes, strong management and intelligent use of selected information. Results-based financing (RBF) is being strongly developed in the health sector with great potential benefit for country ownership, mutual accountability and transparency. But more information is needed on best practice, challenges and the added value of RBF. There is also a logical tension between RBF and the predictability of aid. This tension can and should be acknowledged and managed.

2 Mali: Seizing opportunities for improving aid effectiveness for better health outcomes

At the invitation of the Government of Mali, the Task Team on Health as a Tracer Sector (TT HATS) met in Mali on 22-23 March 2010. TT HATS is a group tasked by the Working Party on Aid Effectiveness (WP-EFF) which manages the overall process of monitoring and reporting on 2005 Paris Declaration and 2008 Accra Action Agenda implementation. It is co-led by Mali and WHO and it brings together senior experts to reflect on practical solutions to promote more effective aid in the health sector. The co-Chair of

the Global Partnership on Country Systems (GPCS - another experts group which supports the WP-EFF) and development partners joined the meeting to demonstrate their determination to accelerate the implementation of the Paris Declaration and the Accra Agenda for Action on aid effectiveness.

This meeting aimed to **boost progress towards better health outcomes** through the *Programme de développement sanitaire et social* (PRODESS) and more harmonized donor aid, including the signing of the International Health Partnership (IHP+) Compact in 2009. The discussion highlighted the **following remaining challenges and opportunities** for a more inclusive and effective partnership between the country and donors:

- The country health strategy (PRODESS) needs to be more inclusive and bring in the private sector, including the for-profit private sector which can provide interesting experience in quality control and information management
- Money is moving too slowly from the central level to districts and it remains difficult for local actors to mobilize funds. Donors sometimes focus on corruption when the issue may be slow and inefficient processes. Donors need to support decentralization and capacity development rather than undermine them by specific requirements and processes that only add to the burden of limited staff
- There is a "rush to results" to satisfy donor needs for accountability. This is diminishing local accountability and country results in terms of dynamics, reforms and improvements in processes;
- Too few donors are following the "game rules"; donor headquarters need to incentivize behaviour change at the country level more clearly; trust is key and donors need to be much more specific and open about the real concerns they have in order to move towards the implementation of the Paris Declaration and the Accra Agenda for Action on aid effectiveness
- The use of parallel health procurement systems does not give better results compared to using country systems, as illustrated by the report from the *Association des Centrales d'Achats de Médicaments* (based in Burkina Faso)

Opportunities for boosting progress were discussed, in particular the possibility of the rapid implementation of a Joint Assessment of National Strategies (JANS), a process which is strongly supported by development partners as a way to bring more donors on board to support a broadly defined and agreed future country health strategy (PRODESS 3). This is part of a broader proposal prepared by Mali and WP-EFF partners to foster greater use and the strengthening of country systems, with the health sector as an entry point. This proposal recognizes and supports the specific efforts and leadership demonstrated in Mali for improving health outcomes. It should be part of broader, coordinated efforts, including initiatives undertaken through the implementation of the IHP+ compact, that focus on

accelerating progress in health aid and health outcomes in Mali. Efforts from all partners in the health sector, and more broadly, through ongoing discussion on Mali in the context of the WP-EFF, constitute real opportunities to accelerate change and offer positive lessons to the international community with regard to the Health MDGs.