

SCALING UP FOR BETTER HEALTH

-- High Level Forum for Health Follow-up --

Concept Note.

DRAFT OF OCTOBER 10, 2006.

This note sets out how development partners can work together to support countries that seek to scale up work to improve health outcomes. It takes as its starting point the conclusions of the High Level Forum on the Health MDGs (HLF) and decisions taken at a follow-up meeting of development partners and countries in Tunis in mid-June 2006. This draft follows a further meeting with some of the donors offering financial support to the process, and agreements reached at a meeting of the Steering Committee on September 25-26, 2006. More work is needed to define the precise milestones and scope of the process, the mutual accountability framework and the matrix to measure progress and to finalize the institutional arrangements through which the process will be implemented.

PURPOSE

Progress in achieving the health MDGs is unacceptably slow. Affordable technical interventions are available, but they are not getting to those that need them. The health HLF identified a series of upstream policy-level constraints that need to be addressed to change this situation. These include: a) the lack of robust sectoral strategies, plans and budgets; b) weak linkages between the health sector and broader development processes (public sector reform, poverty reduction strategies, macroeconomic and fiscal planning etc.); c) weak domestic resource mobilization; d) limited attention to the staffing and systems issues that impede service delivery; e) inadequate monitoring systems for tracking resource flows, progress and outcomes; f) limited progress in translating global commitments on aid effectiveness into concrete action at country level - most particularly in relation to the provision of predictable long-term financing; and g) lack of a multisectoral approach to achieving health outcomes. The purpose of the process described in this note is to accelerate progress towards the health MDGs by addressing these constraints. Actions will be country-focused and country-led. They will be supported by dedicated regional and global operations.

PRINCIPLES

- The focus of the process will be on health *outcomes* whether achieved through investments in health or other sectors. Increasing aid effectiveness, improving policy strategy and health systems development, mobilizing more efficiently all actors including non State actors are all means to this end.
- Under the principle of *subsidiarity*, actions will only be taken at the global level if they cannot be taken fully and effectively at the country and regional levels. As these three levels are complementary, flexibility and pragmatism would be required in order to ensure progress
- The process aims to *intensify* and *accelerate* action by all partners - national and international. It is concerned to ensure that existing organizations fulfill their mandate effectively, in preference to setting up new structures.
- While urgent action is key, it is acknowledged that *capacity* in both governments and international organizations is weak in the areas that this process will address. Building the skills and systems required will be a specific focus of investment.
- To increase the *effectiveness of aid*, particular attention will be given to improving the linkages between the actors working on AIDS and those with a focus on health.
- Due attention will be paid to the needs of *fragile states*.

COUNTRY-LEVEL ACTIVITIES

Activities will be contingent on country circumstances. In some countries, the focus will be on preparing more comprehensive and outcome-oriented sector strategies. In others, such strategies may be in place and the need will be for more effective linkages with macro planning. In others again the problem may be with distortions caused by the way aid for health is provided. More often than not a combination of actions will be required. The first step will therefore be a diagnostic exercise, carried out by partners at country level.

In no country will this process start out with a clean slate. Much is going on already. However, there are wide variations among countries in terms of the focus on outcomes, the quality of sectoral strategies and linkages with the macroeconomic and budget framework. In addition, not everything can or should be tackled by this process alone. Systems building needs can be identified but others will act on them. Technical support will be needed for specific aspects of policy development or implementation. This will be accessed through normal channels. The defining characteristic of the process is to create an environment in which health outcomes are more likely to be achieved, to facilitate a shift in thinking by emphasizing sustained improvements in health outcomes as the ultimate measure of success, and to ensure that progress, or lack of it, can be monitored.

A set of criteria has been agreed in Paris (country ownership, historical engagement in the HLF process, donor commitment and presence and possibility of GHPs to engage) and a first list of countries to start the process has been suggested (starting in Africa) but the following require further consultations with colleagues at the country and regional levels:

- *eligibility criteria, selecting initial countries and managing demand; how will middle-income countries be considered?*
- *actors and structures at country level (which will be primarily those already in place, but with particular emphasis on creating links between health, finance and civil service reform; between health and AIDS coordination mechanisms; between development partners and governments; between both and civil society)*
- *the process for broadening this initiative to include countries in Asia*

REGIONAL SUPPORT

To support country analyses and operations on request as agreed in Tunis and further to its endorsement by African Ministers of Health at the 56th Regional Committee meeting of WHO in Addis Ababa, September 1, 2006. Specifically:

Technical support on demand, through appropriate combinations of direct provision and brokering services. Activities for a regional support team¹ include:

- Rapid assessment of the health sector, including for example: access to low-cost, high-impact interventions, current MDG status and trends, costs associated with increasing access

¹ The AfDB, UNICEF, WHO and the World Bank have together developed a proposal for regionally-based technical support called the Program Assistance for Facilitation in Health (PAF-H), which was endorsed by the 56th Regional Committee of WHO/AFRO.

to low-cost, high-impact interventions to increase progress toward the health related MDGs, health expenditure patterns, estimation of gap between current and needed aid levels, etc.

- Analysis of whether the country's goals for the health sector require: (a) developing a comprehensive health sector plan, or (b) fine-tuning of certain facets of the existing plan to achieve priority health outcomes including maternal, neonatal, and child health outcomes.
- Assessment of the following financing and administrative issues: efficiency, equity, and adequacy of domestic resource mobilization efforts; volatility, predictability and durability of donor funding including the severity of distortions created by funding priorities that are misaligned with national health needs; integration of donor funding within an overall fiscal framework that is sustainable in the medium- to long-term; appropriate accountability of health financing agents; appropriate governance at the country level; improved and more transparent management and health information mechanisms.
- Demand-driven technical support for **country-level negotiations and agreements**: Based on recommendations from the assessment, **country level negotiations would be facilitated to reach agreement** between the Government and Development Partners on better aid alignment and effectiveness. In practice, this is likely to be a shared function with the global level.
- Also based on agreements reached during negotiations and on a case-by-case basis, regional functions could include demand-driven **identification, provision and/or brokerage of technical support to speed up implementation** of country health strategies, including matters pertaining to public financial management, governance, monitoring and evaluation mechanisms, with emphasis on institutional and technical capacities.

A presentation on the post-HLF process was also made at the 2006 Regional Committee of the Western Pacific Region (WPRO), where representatives expressed the view that work should proceed in several regions in parallel.

Active learning and dissemination of lessons learned among countries.

This will include (a) compiling and disseminating lessons from the activities indicated above and (b) presentation to sub-regional and regional fora, as inputs into discussions among policymakers. It covers not only technical issues but, crucially, the political economy of development assistance for health within a sub-region or region.

GLOBAL FUNCTIONS

To support country operations on request and to build capacity for regional back-up with the following objectives:

- 1: **Influencing policy and practice.** Ensure that what is learnt on the basis of country and regional experience influences the policy, operations and financing strategies of donors, global partnerships, foundations and multilaterals.
- 2: **Technical support.** Ensure and facilitate access to high-quality technical support, as required, to regional and country operations.
- 3: **Innovation.** In the short term, explore ways of working with existing, innovative financial instruments² and approaches to improve the predictability of aid for health. In the medium- to long-term, explore potential for addressing the needs of countries with limited donor support.

SCOPE OF WORK

1: Influencing donor policy and practice

a) Building on the guiding principles established by the High Level Forum, and drawing on work carried out in selected countries and elsewhere to: (i) **monitor and synthesize** practice of major financiers in relation to aid flows for health, predictability, harmonization and alignment; synthesize experience with regard to integrating health into macroeconomic, financial and development planning processes; and (ii) **document approaches** to the development, costing, evaluation and appraisal of health sector strategies and cross-sectoral approaches in different national circumstances (including fragile states).

b) Design and negotiate a **framework for mutual accountability, milestones and process** which can be used for assessing the performance of donors and multilateral technical agencies involved in scaling up at country level - based on principles of good practice as agreed in the Paris Declaration. This includes improving linkages between efforts

² Such as the GAVI Health Systems Strengthening Window.

to coordinate global support for HIV/AIDS financing and development assistance for health, and approaches to encouraging more predictable and less volatile aid for health.

c) Provide an appropriate **forum** in which countries and partners can hold each other accountable, based on sound principles and experience in specific countries. This includes a convening role for dialogue on allocation of resources for health.

d) Seek opportunities to **interact** with bilateral donors, boards of global partnerships, foundations and bodies such as the OECD/DAC in order to demonstrate the practical impact of measures taken to improve aid effectiveness for health and accelerate progress in addressing the health MDGs.

2: **Supporting regional and country operations on request**

a) Ensure that regional and country teams have access to **relevant documentation** (syntheses of experience, best practice etc) and **sources of expertise** (including the development of communities of practice).

b) Develop **common approaches** across organizations to working on health and development issues (fiscal space, donor coordination, development of MOUs and compacts, mechanisms for mutual accountability, policy and strategy development, costing, specific elements of health system development etc).

c) Help regional and country teams in accessing **technical support** from qualified sources for practical operations and for documenting experience. This includes identifying the right balance between central and regional functions and a pragmatic balance of demand-led and pro-active interventions.

d) A **consolidation of monitoring mechanisms** linked to the work of the Health Metrics Network, which should take place in the context of strengthening national capacities.

e) As part of support for the development of costed medium term national plans, explore the potential for developing a **common framework** for assessing and reaching a consensus in support of country-led policies, strategies and plans (see footnote overleaf).

3: Exploring the potential for new improved approaches to health sector financing, including innovative instruments that promote sustainability

In the short term, emphasis will be on mechanisms to improve the use of existing (including newly-established) instruments. Nevertheless, the global function will include low-key explorations of options for the medium and longer term. Some of these are indicated below in the context of overall approaches to health systems financing.

- a) The global function will consult with countries and key partners to define the scope and functions of a **strategy development fund**, learning from the Education Fast Track initiative. Responsibility for developing and evaluating the operation of this fund would be shared with the regional level.
- b) Several countries with major health needs are **relatively neglected by traditional donors**. Some, but by no means all, fall into the category of fragile states. The global function will include further thinking and recommendations for action to address the needs of so-called aid orphans.

Expected Benefits

1. Benefits to countries

- Improved quality of country-led health strategies (including relevance to local context; evidence base; multi-sectoral coverage and integration into macroeconomic and budgetary frameworks).
- Better alignment of sector strategy and aid with macroeconomic and budget framework.
- Improved harmonization among donors and countries, based on country strategy, programs and budget cycles.
- Increased predictability of aid.
- Reduced distortions in aid allocation compared to local health needs, affordable interventions and likelihood of sustainability.
- Improved local capacity to (i) formulate outcome-oriented and sustainable health strategies (ii) hold donors accountable to agreed principles of harmonization, alignment and relevance to local needs.

2. Benefits to regional functions and institutions

[Refers to regional health institutions and parts of other policy-relevant entities, e.g., in Africa: WHO-AFRO, AfDB, AU, NEPAD as appropriate].

- Improved institutional capacity to support country-led strategies and programs, and to facilitate the preparation of such strategies on demand.
- Strengthened orientation as value-adding entities in pursuit of the shared agenda of outcome-oriented and sustainable approaches to health.
- Improved intra-regional access to operational knowledge. Based on the development of knowledge hubs, analyses of operational experiences, internalization and sharing of information collected at the country level.
- Enhanced regional cooperation in health development

3. Benefits to global functions and institutions

- A collective shift in thinking, with emphasis on sustained improvements in health outcomes as the ultimate measure of success.
- Improved practice of (and compliance with guidelines for) development assistance that is harmonized and aligned with country strategies, as well as predictable over the long-term, linked with other poverty reduction efforts as well as with the macroeconomic policy framework.
- Clarity of linkages between aid for health and broader discussions of development assistance
- Improved capacity of key institutions to provide high-quality support to country and regional levels. (Where institutional capacities are weak, serious efforts will be made to develop skills to meet the challenge, to the extent that such skills are aligned with the core competences of the respective institutions)
- Stronger interface between global policies and actions at the country level

PRIORITIES AND INSTITUTIONAL ARRANGEMENTS

As agreed at the Steering Committee meeting on September 25-26, 2006 a Working Group will be established to:

- (a) prepare an overall proposal for the initiative for the first two years;
- (b) specify the functions, TORs, potential structure(s) and potential location(s) of an independent secretariat and related governance functions,

- (c) flesh out plans for those global functions that support country level work while adhering to the principle of subsidiarity; and
- (d) identify opportunities for complementarity between regional and global functions.

The working group will be co-chaired by WHO and the World Bank. Its members will include representatives of AfDB, Australia, Ethiopia, France, the Netherlands, UNAIDS, UNICEF, United Kingdom and WHO-AFRO. A report will be made to the Steering Committee by the end of the year.