

What is needed:

A mechanism/framework under which all partners commit to mutual accountability to fill finance and capacity gaps in order to scale up on basic health service delivery.

This means:

1. Progress on harmonization and alignment
2. Scale up of funding to achieve health MDGs

The required elements to achieve this are:

1. **Common analytic framework** with indicative benchmarks. This is the basis of an endorsement framework
 - Track record of implementation: consider past performance as a key input to how strategies for aligned donor support might work
2. **Financing Instruments:**
 - Predictability: Long-term predictable finance is critical to enable country planning
 - Aid orphans: Need for greater flexibility to provide support to countries where bilateral funding is constrained
3. **Alignment and harmonization:** monitoring donor compliance with Paris principles

Any process should be consistent with the principle of subsidiarity (the centre of decision-making is at the country level, and any additional activity globally adds value or could not be carried out from the country level).

Key Functions for the Mechanism/Framework:

Regardless of the vehicle for implementation, there are a series of key activities that would be required to move forward with a scaled-up health approach in a learning set of countries:

- Interim process (within 6 months):
 - **Define eligibility criteria for support:** Clear criteria would be agreed to enable countries and donors to then signal interest in joining the learning set of countries (within 6 months)
 - **Donor self-assessment of behaviour change:** The working group would facilitate donor assessments to examine whether alignment of funding and convene action to tackle road-blocks (e.g. joint missions with senior staff able to challenge or change existing agency procedures). Develop a clear set of indicators to measure activities and whether donors were buying-in to Government strategies and plans.
- Longer-term:
 - **Endorsement process:** Endorse 10 year costed plans (developed by countries) for country-level scaling up including health workforce and training. Done through a credible process (similar to FTI) could communicate to potential donors/investors that a health sector plan is credible
 - **Aid smoothing:** Reducing volatility through pooled, longer-term donor funds could minimise shocks to the health sector through reduction of donor funds. Mechanism developed would provide some collective assurance of support.

Notes from Bilateral Lunchtime Discussion: Thoughts on moving forward

- **Aid Orphans:** Channel funds for aid orphans, generating predictable aid flows. Explore mechanisms for shadow alignment and working in fragile states.
- **Mobilize resources:** Identify funding gaps and garner additional resources from donors behind Government led strategy
- **Strengthening regional institutions:** Significant efforts at country and regional levels will be required to integrate donor support behind country plans. Regional institutions will need additional financial and capacity support to meet this need.
- **If not available locally, capacity support to Ministries of Health:** Provision of appropriate people/expertise to Ministries so they can employ consultants where needed to assist in crafting strategic plans and supporting analyses particularly for devising HR and health service plans and facilitate the exchange of lessons / models between countries and use donors already in country to facilitate this.
- **Linking to related non-sector initiatives** to keep down transaction costs, e.g. infrastructure investments
- **Ensuring continuous feedback loop** to identify and address capacity gaps at the country level and **hold partners accountable** through a monitoring process working with donors and partner countries alike. This could be done through the regular release/ publication of donor commitments versus actual behaviour to enable civil society and others to ensure accountability.
- **Sharing best practice**, including support to regions to apply lessons learned

Options for housing:

OECD DAC

- Support from a number of bilaterals indicates desire to better harmonize and align support; this builds on the DAC's existing role in providing guidance for donor behaviour
- Can provide broad framework and policies for donors to support in a set of intensive learning set of countries; unlikely to actually facilitate country-level alignment of funding

WHO/World Bank

- Provide key technical inputs to work needed in moving forward with a scaled-up health effort; key partners involved in developing endorsement
- World Bank-housed secretariat could be closely linked to existing FTI for education for sharing best practice/processes/procedures (many synergies— e.g. of the 22 African countries ready with 10 yr costed plans for education, 19 are eligible for GAVI HSS); would need to move from project to programmatic lending
- Provide global accountability mechanism to various processes
- WHO provides opportunity to bring together health initiatives across the sector; presence in country at Ministries can provide significant technical support to moving forward with integrated strategies

Regional Institutions and processes

- Clear need for significant efforts at country-level; over-emphasis on global processes unlikely to result in real progress at country level
- Regional institutions (i.e. AFRO, AU/NEPAD, Africa Partnership Forum, SEARO, ASEAN, OAS, PAHO) offer mechanism to facilitate behaviour change by stakeholders at the country level
- Capacity of regional institutions varies; more support and capacity building may be needed

Country Level:

- Currently supporting multilaterals are weak and there is greater diversity of potential institutional support.
- More control of finance could be placed in hands of MoH and MoF.
- Technical assistance pooling of donor funds such as Rwanda and Uganda could be an option GHI's may have options here

Each of the above options vests responsibilities with institutions that have various comparative advantages. For some institutions, low capacity exists, and in others politically or institutionally-induced slowness, or lack of strategic focus is a problem. Process should examine the comparative advantages of different institutions to fulfil various functions with a strategy of increased investment in these institutions to build up capacity over time.

Timeline:

- **At this meeting**
 - Clear understanding of deliverables from this initiative
 - Discussion on options for housing
 - Discussion on how the mechanism/framework be validated
- **By August:**
 - Funds be provided from selected donors (Netherlands, Norway and UK have indicated possibility to do so)
- **By September:**
 - Criteria be developed for learning set of countries
 - Presentation to African Ministers of Health at the AFRO regional meeting
 - Potential presentation to WHO Executive Board or WHA for endorsement
- **By October:**
 - Develop paper on institutional options to carry forward agreed functions over the longer-term
- **By December:**
 - Two Joint missions to resolve in country issues (e.g. Rwanda)
 - WHO/WB Working group on developing an accreditation framework
- **January 2007:** Establishment and official launch of new mechanism