

HARMONIZING GOVERNMENT AND PARTNER RESOURCES TO ADVANCE HEALTH SYSTEM GOALS

INTRODUCTION

Reforms that coordinate partner assistance can improve health system efficiency and functioning.

Exemplars in Global Health (EGH) research on primary health care (PHC) systems focused on five countries—Bangladesh, Ghana, Peru, Rwanda, and Zambia—that have achieved higher levels of effective service coverage (a proximate measure of PHC performance) relative to peers who spent the same amount on health over the past 20 years. The five EGH countries also demonstrated strong PHC outcomes, including reductions in neonatal, child, and maternal mortality, and delivered high-quality PHC services equitably. It is important to note that these five EGH countries are a representative sample of a larger group of positive outliers, and we expect that many findings may be replicated in the other positive outlier countries.

EGH asks: What attributes do these five countries' approaches to health system reform have in common? And how can other governments follow or adapt their pathways to success?

Development partners provide critically important technical assistance as well as both financial and in-kind contributions to many low-middle income country (LMIC) health systems and programs. However, if partner priorities do not align with one another—and especially if they do not align with the priorities the government has established—these inputs can be fragmented and their impact diluted.

Over the EGH research period, each of the five countries implemented mechanisms for coordinating resources from across government and development partners to strengthen the primary health care system. These mechanisms—including Sector-Wide Approaches (SWAs)—empower governments to make decisions about health sector plans and budgets while maintaining financing and other critical inputs for health system functionality and service delivery.

Key Insights

1. WITH A CLEAR NATIONAL VISION FOR HEALTH SYSTEM PRIORITIES, GOVERNMENTS CAN STEER AND UNIFY PARTNER FUNDING TO SUPPORT THEM.

Aligning development partner resources with clearly defined health system goals amplifies the effect of contributions from partners and reduces the misdirection and fragmentation of resources.

In Rwanda:

- A cross-sectoral development strategy, "Vision 2020" (established in 2000), set ambitious annual targets for reducing under-5 mortality by improving the country's PHC system.
- Health officials steered partner investments away from disease-specific vertical interventions and towards this horizontal, holistic vision of PHC improvement.
- This approach leveraged donor funds and expertise while maintaining the government's control over health system strategy.

2. SECTOR-WIDE APPROACHES (SWAs) AT ALL LEVELS OF THE HEALTH SYSTEM CAN BE AN ESSENTIAL TOOL FOR COORDINATING RESOURCES ACROSS GOVERNMENT AND DEVELOPMENT PARTNERS.

SWAs are coordination mechanisms that bring together governments, donors, and related stakeholders to carry out joint planning, financing, monitoring, and oversight of health programs. SWAs can boost management capacity and enable overall improvements in system performance and efficiency.

SWAs maintain government ownership of health system priorities and key functions including the development of budgets and plans, the facilitation of policy dialogue, and general oversight through monitoring and evaluation of health programs.

- In **Bangladesh**, health officials have deployed SWAs since 1998 to pool funding and projects in support of a broader system-wide goal: increasing access to and use of maternal and child health and family planning services. The first SWA consolidated 128 discrete projects.
- In **Rwanda**, a district-level equivalent of a SWA, the Joint Action Development Forum (JADF) includes donor and government participation, provides oversight on the implementation of district action plans and designs, and monitors inter-sectoral collaborative interventions.

3. STRUCTURES AND TOOLS FOR COORDINATING PARTNER ASSISTANCE ARE USEFUL EVEN WHEN POOLED FUNDING IS ABSENT.

Maintaining health system efficiency and eliminating gaps in coverage means ensuring that development partners and health officials are working toward shared goals, whether they use pooled funding mechanisms to accomplish them or not.

Importantly, transparency and visibility into fund flows and activity plans enables alignment. This can be aided by tools such as information or reporting systems, which create visibility into financial data and support improved public financial management.

- In **Zambia** in 1993, officials introduced basket funds, which pooled public and donor money into a single government-administered fund, which in turn dispersed resources to districts. While basket funding was discontinued in 2009, its coordinating structures are still in place for joint planning, budgeting, and oversight.
- In **Ghana** in 2010, the government and partners established a comprehensive financial management system that is audited on a regular basis to ensure that donor-pooled funds are used in accordance with national policies and priorities.
- In **Rwanda**, development partners committed to deploy resources via government disbursement and financial reporting systems. In instances where this wasn't possible, partners provided the Ministry of Health with detailed information on the costs and implementation status of health programs and projects in a standardized and pre-agreed format.

4. GOVERNMENTS CAN ACHIEVE HEALTH SECTOR GOALS BY LEVERAGING COORDINATION MECHANISMS IN SECTORS BEYOND HEALTH ALONE.

Coordination mechanisms can be leveraged to achieve cross-sectoral objectives such as poverty reduction, which can contribute to the achievement of health system objectives through trickle down effects. Such mechanisms are best supported with dedicated oversight strategies, institutions, and tools.

- In **Zambia** in 1993, the SWAp established a coordinated funding mechanism that enabled funds to be channeled to districts to support Zambia's National Health Strategic Plan, which included anti-poverty, economic development programs in addition to PHC-centered goals.
- In **Peru** in 2007, policymakers launched the National Strategy for Poverty Reduction and Economic Opportunities (CRECER), to coordinate the government agencies administering different social programs in health, education, finance, water and sanitation, housing, and agriculture. In 2011, a new Ministry of Development and Social Inclusion (MIDIS) introduced results-based indicators to assess the efficiency and impact of social programs.

Enablers of government-partner alignment

Governments should not (and cannot) implement these reforms in isolation from the other systems-strengthening measures that make them successful. Alongside reforms which foster government and partner coordination, governments should consider:

Fostering strong central governance bodies with robust political leadership to establish a clear national health system vision and align partner interests around it

Building managerial and organizational capacity so that authorities at all levels have the skills they need to lead coordination processes

Maintaining effective mechanisms for monitoring and accountability to ensure fidelity to and performance of joint plans and budgets

Ensuring the availability and use of data for decision-making—particularly for planning, budgeting, and deploying resources

Research Partners



ABOUT EXEMPLARS IN GLOBAL HEALTH

The Exemplars in Global Health (EGH) program is a global coalition of partners including researchers, academics, experts, funders, country stakeholders, and implementers. Our mission is to identify positive global health outliers, analyze what makes countries successful, and disseminate core lessons so they can be adapted in comparable settings. We aim to help country-level decision makers, global partners, and funders make strategic decisions, allocate resources, and craft evidence-based policies. EGH is part of the Gates Foundation's Global Development Division.



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