



Harmonization for Health in Africa (HHA)

An Action Framework

Background

1.1 In Africa, the twin effect of poverty and low investment in health has led to an increasing burden of diseases notably HIV/AIDS, malaria, TB, high maternal and child mortality and morbidity, and non-communicable diseases. This is challenging the achievement of the health Millennium Development Goals (MDGs) in the region. The current per capita expenditure on health in most countries of the region is below \$10 per capita compared to \$34 as recommended by the Commission on Macroeconomics and Health. The Abuja Declaration of 2001 proposed that 15 percent of public expenditure be allocated to the health sector. Progress towards this target has been slow and health spending continues to be seen as 'consumption' rather than 'investment'. By 2005, only a third of the African countries had allocated 10 percent or more of their national budgets to the health sector, while another 38 percent had allocated 5-10 percent and the remaining 29 percent had allocated below 5 percent¹. During 2005 – the year of development – the G8 and the World Summit accordingly recognized the need for increased development aid to African countries.²

1.2 A series of High Level Forums held between 2003 and 2006³ reviewed how to accelerate progress towards the health MDGs and identified critical upstream policy-level constraints that need to be urgently addressed. To support African countries, most health partners agree that multilateral and bilateral assistance will remain an important source of funding to health development for a long while. The WHO through its "Strategic Orientations for WHO Action in the African Region, 2005-2009", the World Bank through its poverty reduction strategy initiatives, and UNICEF through its child survival initiatives have all expressed their commitment to strengthening partnerships for scaling up essential services such as HIV/AIDS, TB, Malaria, maternal and child health and health systems strengthening, and tackling the determinants of health. New global health initiatives to reinforce support available to countries from development partners emphasize the importance of national health plans and strategies, results based financing and addressing health systems and services so as to deliver on MDG 4, 5 and 6.⁴

1.3 The post-HLF meeting held in Tunis (June 2006) recommended that donors and countries work to strengthen regional capacity to provide demand-driven technical support to countries, as well as opportunities to exchange experiences. Among the recommendations was recognition of a need to establish a mechanism that will facilitate and coordinate the process of country-led development of evidence based policies, plans and budgets that lead to catalytic action and innovation for the accelerated attainment of the MDGs. Such a mechanism would also need to focus on harmonization and alignment with needs in order to strengthen health systems and service delivery targeting the poor and vulnerable in the Africa Region.

¹ Second ordinary session of the Conference of African Ministers of Health. Progress report on the implementation of the plans of action of the Abuja Declaration for malaria, HIV/AIDS and tuberculosis. 10-12 October 2005. African Union. Botswana.

² The G8 collectively agreed to increase aid to Sub-Saharan Africa, providing US\$18.6 billion.

³ See www.hlfhealthmdgs.org

⁴ Global initiatives include the International Health Partnership (IHP), and Global Campaign for Health MDGs launched in September 2007, and the Catalytic Initiative launched in November 2007.

1.4 The African Development Bank (AfDB), UNAIDS, UNFPA, UNICEF, WHO, and World Bank have taken forward this commitment by developing an Action Framework for 'tackling the barriers to scaling up in health' through a mechanism known as the Harmonization for Health in Africa (HHA). Today, in the context of new global initiatives for strengthening the health systems, such as International Health Partnership (IHP), the Catalytic Initiative and the Global Campaign for Health MDG, the HHA mechanism is consolidating itself as the operational and capacity building support modality to countries and development partners to facilitate: (i) evidence- and country-based planning, costing and budgeting for health outcomes; (ii) alignment to country processes and harmonization; and (iii) systems bottleneck analysis and support to overcome them.

Establishment of HHA

2.1 HHA is conceived as a regional mechanism through which collaborating partners agree to focus on providing support to the countries in the African region for reaching Health MDGs. Modalities of collaboration involve joint analytical work as well as planning and implementation support which partners would normally undertake as individual agencies. In moving to establish HHA, AfDB, UNAIDS, UNFPA, UNICEF, WHO, and World Bank as collaborating partners have derived the legitimacy and mandate for action from the decisions of:

- African Ministers of Health (56th WHO Regional Committee, August 2006 and 57th WHO Regional Committee, August 2007), to whom the HHA Action Framework and initial progress report were presented and who strongly endorsed HHA as a coordinated response to address the 'proliferation of parallel systems within the same environment'.
- Initial discussions on the *Scaling-Up for Better Health Initiative* (September 2006) that recognized the importance to distinguish between needs that can be met at the regional level and those that require intervention at the global level. It was agreed that HHA, as a regional mechanism, has a role as a locus for the provision of rapid technical support and capacity building assistance to countries.
- The OECD/DAC Meeting on Aid Effectiveness in Health (December 2006) where the commitments of health development partners to uphold the key principles of the Paris Declaration resulted in agreement for the health sector to serve as a "tracer sector" in harmonization and alignment monitoring work. The High-Level Forum on Aid Effectiveness to be held in Ghana in 2008 will present a unique opportunity for HHA collaborating partners to communicate preliminary outcomes from initiated country support actions.
- The International Health Partnership (September 2007) and other similar global initiatives involve a global compact between development partners and international agencies, promoting a more coordinated approach to developing and implementing national health plans and strategies, and addressing health systems constraints. This is completely in line with the principles underpinning the HHA.

Issues of Focus

3.1 Despite the increased goodwill to continue providing aid assistance in all forms, the outcomes achieved have not been up to par. The continuing low outcomes from earlier and current support have been attributed to:

- ***Evidence and Country Based Planning, Costing and Budgeting for health outcomes:*** Currently health strategies and national plans are not robustly focused on scaling up evidence based and outcome oriented programs with:
 - Lack of a multi-sectoral approach to achieving health outcomes;
 - Limited attention to country specific bottlenecks hampering the scaling up of more equitable and efficient health systems including service delivery and health care financing mechanisms. Those bottlenecks include both supply constraints (low geographical access, insufficient availability of drugs and qualified staff, low incentives to serve the poor, poor procurement and financial management mechanisms, weak monitoring and evaluation and other health systems organization issues), as well as demand side constraints (affordability of health commodities and services, opportunity costs, values and norms etc.);
 - Costing of strategies is often poor and based on a normative and diseases focused approach rather than an analysis of the cost of removing country specific systemic bottlenecks to increasing coverage with life savings interventions;
 - The linkage between strategies and country budgets remains very weak leading to low domestic resource mobilization and low efficiency of public spending.
- ***Alignment to country processes and harmonization:***
 - Overall the linkages between the health sector and broader development processes at country level (public sector and budget reform, poverty reduction strategies, macroeconomic and fiscal planning, etc) remain tenuous;
 - In particular monitoring systems for tracking resource flows, progress and outcomes are often largely inadequate;
 - Finally there is 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 reduction of fragmented aid leading to high transaction costs, in line with the Paris Declaration on Harmonization and Aid Effectiveness.

■ **Country Implementation:**

- Despite an increasing commitment of the global community to health goals, countries still experience critical shortages in funding to build up their health systems, including funding for producing and retaining critical human resources, providing incentives to performance, building procurement and logistics systems and providing transfers to poorer households to address demand side obstacles to better health;
- As more and more funds are mobilized for specific diseases such as HIV/AIDS, an increased imbalance is often observed at country level, with health service delivery and financing mechanisms not in place to absorb the funds made available for special initiatives. As a result, low levels of execution and effectiveness of diseases control programs are observed;
- Finally, absent or weak accountability mechanisms undermines effective implementation, including lack of control of beneficiaries over the use of public funds and poor control of government over behaviors of services providers including low quality of services and corruption.

The purpose of this 'Action Framework'

4.1 Many of the development partners and international agencies supporting the health sector have started working more closely together to establish a common framework to address the above issues. The framework consists of six elements that provide the focus for HHA:

- Support countries to identify, plan and address health systems constraints to improve health related outcomes in a sustainable and effective matter;
- Develop national capacity through training in planning, costing and budgeting, harmonization, stimulating peer exchange, establishing a roster of technical expertise in the region and developing partnerships with Africa based academic institutions;
- Promote the generation and dissemination of knowledge, guidance and tools in specific technical areas - focusing on strengthening health service delivery, monitoring health systems performance, results based financing and synthesis of experience on aid effectiveness and health;
- Support countries to leverage predictable and sustained resources for the health sector, developing investment cases, providing a platform for bringing together funding from all global mechanism;
- Ensure accountability and assist in monitoring performance, of national health systems, aid effectiveness and the performance of the International Health Partnership;
- Enhancing coordination in support of nationally owned plans and implementation process, helping countries to address the country level bottlenecks arising from constraints within international agencies.

4.2 Within Africa, the HHA operations are already under-way. This ground breaking harmonization for health mechanism - the first of its kind – is conceived out of a partnership between AfDB, UNAIDS, UNFPA, UNICEF, WHO and the World Bank in response to the recommendations of the Paris Declaration and the follow-on meeting of the High Level Forum⁵. Their conviction, in establishing this mechanism, is that unless development partners work together to translate the international consensus into country-led, country-based and region facilitated action, there is little that can be achieved.

4.3 The HHA 'Action Framework' represents the willingness of like-minded agencies to align their support to strengthen health systems and services in African states. As a mechanism, HHA is dedicated to coordinating and providing quality technical support to countries on a demand-driven basis. HHA is a region based and country focused support mechanism that aims to contribute to ensuring that global commitments are met, and momentum to reaching the health MDG targets is maintained. Countries must have access to relevant and timely technical support and capacity building tailored to their specific needs for results based planning and budgeting, harmonization and alignment and health systems strengthening to achieve the MDGs. The global-regional-country link envisaged is designed to ensure better coordination and adherence to decisions being made at country level.

4.4 The role of IFIs in this mechanism is important in: (i) Mobilizing ministers of finance for MDG focused budgeting/MTEF, leveraging domestic resources, mobilizing predictable long time donor aid for national plans, analyzing and expanding fiscal space for health MDGs; (ii) Facilitating procurement of essential health commodities through harmonized procurement rules; (iii) Strengthening of human resources for health by ensuring long term budget allocations for salaries and incentives; (iv) Expanding health infrastructure; (v) Advocating and providing policy guidance with finance ministers, health ministers, heads of state and donor and AU.

4.5 Real progress will require that adequate incentives are provided to staff on the ground. Well functioning, coordinated country teams operating in the context of inclusive development partner groups in support of nationally owned and led health sector efforts will be an important intermediary result of the HHA initiative. Initially, joint communications from HHA partners to their country based agencies will be required with the aim of building a common platform for engagement. These Country teams are ultimately responsible to address, in support of the government and in collaboration with other development partners, health systems and services problems and bottlenecks, and determine areas of technical support and capacity building requiring reinforcement from the HHA networks.

Strategic Intervention Areas

5.1 The focus of this initiative is directed towards improving national policy reviews, planning and budgeting as well as aid provision, resource mobilization, management and health systems development over the long term. The aim is to

⁵ Key global programs such as GAVI have endorsed the HHA.

support the countries, on demand, in ways that allow investments and access to human capital flourish over time through the power of sustained and growing momentum. This requires a combination of skills and activities that produce excellence, innovation, and persuasiveness amongst a large mixture of agencies which leads to policies, plans and programs that effectively reach out to those most in need.

5.2 To do this, existing development and financing frameworks such as Poverty Reduction Strategy Papers (PRSP), Sector-wide approaches (SWAps), Multi-budget support (MBS) approaches, Medium Term Expenditure Frameworks (MTEFs), Sector Investment Plans (SIPs) or any other national development frameworks that draw on a country led and participatory approach to health policies, programmes and plans development and implementation will be the focus of the support. The following areas are considered as an initial set of critical interventions that will be subject to review based on experience.

- Provide demand driven technical and capacity building to the development and improvement of above mentioned country instruments and their implementation, using a network approach to mobilize expertise from across the five agencies and beyond (see Annex A);
- Use evidence from the country level to perform regular analysis and produce reports for presentation to boards and global decision-makers that influence health development in the African region;
- Provide all stakeholders with a comprehensive communication on progress and country needs/demands in achieving the health MDGs in the African Region;
- Serve as a broker and where appropriate provide support in facilitating resource mobilization and grant proposal preparation for countries;
- Provide regular opportunities to learn from experience across countries and regional institutions and build this into development of regional centres of excellence.

Expected Outcomes

7.1 By the year 2010 it is expected that at least 23 countries will have been supported, and which by then:

- Make progress in halting deteriorating trends, stabilizing and advancing towards the achievement of the health MDGs;
- Maintain a viable system of donor coordination and fund management under which development partners programme are harmonized and aligned consistent with country priorities;
- Have evidence based results focused health policies and plans, sustainable health systems and implement proven interventions at scale;

- Have a viable institutional mechanism for resource mobilization, harmonization and alignment, and provision of technical support to countries will have been established.

7.2 In addition to the above-noted outcomes:

- Adequate funds will be available for current "aid orphans" to ensure countries with few development partners have access to resources or those who have aid suspended for macroeconomic or political reasons have avenues available to protect the health of the poor and vulnerable.
- A network of institutions and professionals to support countries will be in place and active.

Institutional Framework

8.1 The Regional Directors/Directors from collaborating partners – AfDB, UNAIDS, UNFPA, UNICEF, WHO, and World Bank - oversee the functioning of HHA, providing guidance and direction. They meet two times a year.

8.2 HHA is a country demand driven coordination mechanism of development partners and agencies committed to ensuring timely, and quality technical support and capacity building to countries. There is recognition that different countries are at different levels of development with regard to efforts at harmonization, alignment and health systems strengthening. The support to countries will be sensitive to the specific context but will eventually aim at ensuring stronger country ownership and leadership and better partner coordination, harmonization and alignment. Where a UN theme/SWAp group already exists, the platform created by this group will be the basis of the support to be provided through HHA. Where such a group is just being established, strengthening its capacity and functioning will be an important intermediary result for HHA.

8.3 Learning from experience, the HHA institutional set up is light and very much connected to the core of the technical teams of the participating agencies (HHA is no new vertical programme). A small group of senior staff designated by collaborating partners, initially AfDB, UNAIDS, UNFPA, UNICEF, WHO, and World Bank, serves as a Technical Oversight Committee. This Committee has been tasked by the Regional Directors of the founding agencies to prepare and oversee the implementation of a work plan and to report on progress.

8.4 The HHA Working Team is responsible for follow-up on the day to day work of HHA. It is made up of two components: i) a virtual support group consisting of part-time professional staff of each HHA participating agency, and ii) a Brazzaville based core coordination team. This core coordination team will be staffed with a minimum of 2 core staff: 1 technical and 1 support staff, seconded or recruited through co-sponsorship by the contributing partners. This Brazzaville based core coordination team will work in constant interaction with the virtual support group on the implementation of the HHA work plan. The HHA Working Team will establish and maintain an updated intra web site where all information related to HHA will be available to collaborating partners. They will keep updates of the HHA

work plan, facilitate the partner communications and information flow (i.e. regular conference calls) and pro-actively track progress made on the different work plan items.

8.5 Knowledge Management: Given that the work will involve individuals working across agencies, many separated geographically, the latest techniques in the management and maintenance of knowledge generated by the HHA will be used. This will include an electronic database of expertise, communities of practitioners to keep the various HHA networks updated on latest global knowledge, and a user-friendly internet based virtual library.

Monitoring and Evaluation

9.1 This will have several broad elements:

- Capacity building: covering technical support as required by countries for them to monitor progress -
 - Assessing country specific constraints to be resolved;
 - Developing common set of health systems metrics to assess performance;
 - Harmonizing health finance, coverage and status measures.
- Aid effectiveness: using country experience of constraints to develop a set of indicators and linking these to monitoring the effectiveness of the Paris Declaration.
- International Health Partnership performance: covering progress with regional engagement in the International Health Partnership, and support to any independent evaluations and appraisals commissioned by the International Health Partnership as a whole;
- Engagement with other global initiatives and development platforms: entailing collaboration in the preparation of progress reports and presentations for high level political events with implications for ongoing efforts to scale-up international aid as well as domestic resources for health systems and services.

ANNEX A - Generic Terms of Reference (TOR) and 'process' checklist for HHA Country Support

A. Based on country needs/demand, support the development of evidence-based outcome oriented health development policies, strategies and plans towards achieving the MDGs. The program of work will include but not be limited to:

- Undertaking MDGs Needs assessments
- Providing analytical and technical support for the development of national health policies, legislation, strategy and plans
- Supporting program costing and development of results oriented budgets
- Working with national actors including ministries of finance and planning with regard to the need to identify funding gaps for health systems and for performing fiscal space analysis
- Promoting long term resource mobilization plans for governments and donors: taking into account existing funds, volatility, predictability and misalignment

B. Based on knowledge of operating systems in countries, support development partners/potential development partners to design their interventions, support and aid mechanisms that harmonize and align donor systems with minimal disruption to the dominant country systems.

Essentially, this will include but not limited to support for:

- Designing programs and interventions to align and/or correcting misalignment with national health priorities and needs
- Integrating donor funding and accounting systems with overall fiscal framework
- Developing mutual accountability MoUs and their common management framework

C. Work with countries and their development partners/potential development partners for the improvement of performance of health systems. This will include support for identifying and addressing obstacles in:

- Services and institutional management systems (including health sector reforms)
- District and community-based health service delivery systems
- Human Resources strategies/plans
- Wage policies and implementation plans
- Service and performance contracting systems
- Procurement and financial management systems

CHECKLIST FOR MISSIONS TO COUNTRIES

Request from Government

Did the original request come from Government?
Is the request linked to an agreed priority area?
Are all key stakeholders in government aware?

National institution (s)

If international support is required, has a host institution been identified?

Terms of reference

Has the request been agreed with government?
Has it been discussed at an international health partners forum or at least well circulated?

Do terms of reference clarify purpose of mission, expertise required, and outputs expected (deliverables, products)?

Do ToRs specify how national capacity will be assessed and strengthened? Do ToRs specify how the local health partnership will be strengthened? How greater harmonization will be obtained?

Preparation

Is there at least 3-4 weeks between ToRs being circulated to partners and mission date?

Has expertise been identified to match that required to achieve objectives in ToRs?

Has the mission lead been clarified? Have mission members discussed mission in advance?

Have all available reports and analysis from partners been made available to the mission members?

Mission

Is there a clear itinerary covering all major stakeholders, including debrief? Are national institutions/civil society engaged?

Has final draft report been left with host institution before mission members leave?

Follow-up

Are follow up arrangements understood in country and with international partners?

Is it clear who is responsible for following up on different recommendations?

Is there a mechanism to assess the success of the mission - evaluation or post-hoc review?

Has the mission prepared for a debriefing with HHA with lessons learned?

