

# **REPUBLIC OF ZAMBIA**



## **MINISTRY OF HEALTH**

### **ROADMAP FOR IMPLEMENTATION OF THE INTERNATIONAL HEALTH PARTNERSHIP**

***DIRECTORATE OF PLANNING  
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## **1.0. INTRODUCTION**

In the health sector in Zambia we have since 1994 been co-coordinating external resources from our bilateral and multilateral co-operating partners. This was out of realization that aid to the health sector given in piece meal and fragmented manner had a propensity to frustrate or undermine the national health reform development agenda which was built on the premise of improving equity of access to quality health care and therefore contribute to improved health outcomes and status. There was also concern that fragmentation in aid delivery contributed to considerable weakening of the health system due to:

- inefficiencies in service delivery through duplication;
- geographic inequalities through the targeting of assistance to favoured areas and populations;
- confusion through, for example, the espousal of conflicting and changing donor policies;
- exacerbation of administrative inefficiencies as ministry staff devote excessive time to coping with heterogeneous and incompatible aid administration requirements;
- Displaced local priorities as donors' preferences prevailed over national health priorities.

To address these encumbrances, the Ministry of Health in Zambia developed a sector policy on aid harmonization in consultation with all the aid Co-operating Partners in the health sector in 1994. This policy was later coined the Sector Wide Approach to Health Programming or SWAPs. Implementation of this policy has contributed tremendously to aligning and coordinating most of the health sector co-operating partners' external assistance towards supporting the implementation of government led National Health Strategic Plans. This has been achieved primarily due to the following systems, processes and structures which have been put in place within the health sector:

- A Memorandum of Understanding of 1999 and 2006 between the Ministry of Health and its co-operating partners which provides the framework for jointly agreed terms and procedures for support to the National Health strategic Plan and serves as a tool for coordinating donor efforts in the health sector.
- One sector strategic plan which every Co-operating Partner buys into and uses as an entry point for providing support to the health sector
- To cut down on transaction costs we have developed mechanisms for joint sector reviews as opposed to each Cooperating Partner undertaking separate reviews. We have also agreed on a core set of indicators which we shall jointly use to assess the performance of the sector
- Pooling of GRZ and Donor resources into basket funding mechanisms to provide flexible funding to beneficiary institutions. These resources are not earmarked but rather go to support implementation of locally developed action plans based on locally defined priorities.

While these systems and procedures have improved tremendously the overall management of the sector and from a sectoral investment point of view have contributed to improving the coordination of external resources from our Cooperating

Partners, we are still faced with many aid coordination challenges in Zambia's health sector which continue to undermine our efforts to harmonize aid through our SWAp. This is particularly due to a number of Cooperating Partners' disinclination to align their support within the SWAP framework. For instance:

- It is still a requirement by nearly all Cooperating Partners giving support to the sector to tackle the major public health diseases (HIV/AIDS, TB, and Malaria) that we develop separate plans and budgets when we do in fact already have one sector strategic plan which has clearly articulated our public health priorities. Currently the health sector in Zambia has more than five separate plans and budgets for the major global partners contributing to the fight against, HIV/AIDS, TB, Malaria and Child Health illnesses. This has exacerbated administrative inefficiencies as ministry of health staff devote excessive time to coping with developing plans instead of devoting their energies towards program implementation.
- We are faced with inequalities within the health system due to the major global partners giving conditionalities that their aid must go to a few selected and targeted interventions instead of contributing to the overall health system wide strengthening. For a country such as Zambia that is faced with a critical human resources shortage, inadequate and dilapidated infrastructure for health delivery and insufficient logistics to support the delivery of health services such as good transport, such conditionalities are counterproductive to our efforts to attain our health related millennium development goals because investment in health system wide strengthening is key to the attainment of our millennium development goals.

Given these challenges that we are still grappling with in our aid architecture in Zambia, it is important for the Ministry of Health to further engage in dialogue and a process with its Co-operating Partners to remove all outstanding encumbrances on aid delivery to make aid more effective.

## **2.6. THE WIDER HARMONISATION IN PRACTICE AND JOINT ASSISTANCE STRATEGY FOR ZAMBIA (JASZ)**

The Wider Harmonization and Alignment process in Zambia started in 2002 and resulted in a Framework for Action in March 2003 under the leadership of the Ministry of Finance and National Planning. On 1<sup>st</sup> April 2004 a high-level Memorandum of Understanding (MoU) was signed by GRZ and 10 donors (the Nordic+ group, the World Bank, the UN system and Germany). At a later stage, the MoU was signed by another five donors (Canada, the EU, France, Italy and Japan). The MoU specifies principles, processes and procedures to which both the GRZ and donors pledge to adhere to in pursuit of the broader goals of making aid effective through better harmonization and alignment.

The two major initial outputs of the Wider Harmonisation in Practice are the **Aid Policy** and a **Joint Assistance Strategy for Zambia (JASZ)**. The Aid Policy and JASZ are primarily intended to provide a framework for guiding the mode in which all development aid in support of the National Development Plan (NDP) will be delivered. The policy will ensure that Zambia has a clear, systematic, predictable and well coordinated approach to acquisition, utilization, management, monitoring and evaluation the impact of external assistance. The JASZ further attempts to harmonise aid delivery by establishing a shared vision and guiding principles for Co-operating Partners support to the objectives of the FNDP. It articulates priorities for support during the FNDP period, align Co-operating Partners' country strategies (including resource allocations) with FNDP priorities, targets and country systems and introduce a system of effective Division of Labour (DoL) and allocation of CPs' resources.

This will be achieved through a system in which, within each sector, one lead donor functions as the intermediary between the donors and the GRZ and in which donor funding will cover the GRZ's sector budget requirements. In the health sector, the arrangement involves three lead donors (Troika), with one of the three partners taking an overall lead on a rotational basis. The lead for the current FNDP and NHSP 2006-10 are Sida, DFID and WHO.

On the strength of the mature donor co-ordination and aid harmonization within the health sector in Zambia through SWAPs, the Ministry of Finance has used the Ministry of Health as a model for implementing the Wider Harmonization in Practice process by drawing on the Ministries experiences and approach in implementing SWAPs. The Ministry of Health is therefore an active participant in the ongoing dialogue between GRZ and Co-operating Partners on the Aid harmonization process.

In view of the degree to which the Ministry of Finance is relying on the health sector to provide leadership on the Aid Harmonisation process through sharing its experiences on the implementation of the SWAP process including how the SWAp has evolved over the years, the health sector in Zambia should proactively accelerate the implementation of all outstanding elements of the SWAP to facilitate attainment of a full SWAp so that its experiences can be replicated to other sectors that will embark on SWAp implementation.

The IHP therefore presents an opportunity to the health sector in Zambia to accelerate attainment of a full SWAp because it focuses on the core fundamental principles that are cardinal to making aid delivery effective and results oriented (Attainment of the Millennium Development Goals)

### **3.0. THE INTERNATIONAL HEALTH PARTNERSHIP AS AN ACCELERATOR OF THE WIDER AID HARMONISATION IN PRACTICE**

On 5<sup>th</sup> September 2007, seven developing Countries (Burundi, Cambodia Ethiopia, Kenya, Mozambique, Nepal and Zambia), nine International Organizations (WHO, WB, GF, GAV, UNFPA, UNAIDS, UNICEF, UNDP and EC), seven Bilateral Donors (UK, Norway, Germany, France, Italy, Portugal and Netherlands) and two other funders

(Bill and Melinda Gates and African Development Bank) signed a compact called the International Health Initiative with the objective of operationalising the Paris Declaration and meeting the MDG goals in the health sector at country level through better aid co-ordination with a focus on meeting the health related MDG goals and targets.

The International Health Partnership (IHP) is an initiative that is trying to provide a framework for donor alignment and coordination to ensure that development aid effectively contributes to the attainment of the MDG 4 and 5. The IHP is being spearheaded by the British Government under the leadership of the British Prime Minister Mr. Gordon Brown. **It is not a new initiative but rather it builds on ongoing efforts by the Donor Community to harmonize the delivery of development aid within the framework of the Paris Declaration of 2005.**

The purpose of the IHP is to **accelerate action to scale up coverage and use of health services** and deliver **improved outcomes against the health related MDGs and universal access commitments.** It does not create new institutions or funding streams

**The IHP will compel aid recipient countries such as Zambia to** increase their own resources for health, change policies and practices that are obstacles to efficient use of these resources, strengthen planning and accountability mechanisms to make them more inclusive and transparent, and better demonstrate improvements in health outcomes.

International Co-operating Partners are also compelled through the IHP to better coordinate external support around priorities set out in comprehensive, government owned national health plans, provide aid in ways that strengthen health systems and, provide financial and technical resources in a more long term, predictable and flexible manner, coordinated under the National Health Plans and with a greater proportion of those resources channeled through national systems.

## **WHAT DOES IT ENTAIL FOR THE HEALTH SECTOR IN ZAMBIA?**

The International Health Partnership aims to address four of the major issues that can influence the effectiveness of aid to Zambia's health sector:

- firstly, global health assistance is over-complex, with multiple health partnerships and international organisations - there are over 8 bilateral donors, 6 multilateral donors and numerous Global Initiatives in Zambia;
- secondly, not enough focus has been put upon building strong sustainable health systems in Zambia by the donor community. Impressive results have been achieved in combating HIV and AIDS, TB and Malaria (MDG 6) but other

health issues, such as the health of children and women (MDGs 4 and 5) and support for building stronger health systems – such as training doctors and nurses, building clinics or providing basic health services – receive less attention. In Zambia, only about 10% of all donor support for health goes directly to government for the support of comprehensive health systems - the remaining 90% goes to support disease-specific programmes particularly HIV/AIDS through NGOs.

The Ministry of Health is neither aware about these resources and how they are channeled nor is it given an opportunity to influence the allocation of these resources to the needy based on the basic fundamental principle of equity of access to cost effective quality health care to the poor who are in greatest need of basic health services.

- thirdly, Zambia as a low income country sometimes finds it costly and time consuming to deal with multiple demands from so many partners. It is still a requirement for instance by nearly all cooperating partners giving support in tackling the major public health diseases such as HIV/AIDS, TB, and malaria that we develop separate plans and budgets when we already have one sector strategic plan which has clearly articulated our public health priorities. As a result of this conditionality, the health sector currently has more than five separate plans and budgets for the major global partners contributing to the fight against, HIV/AIDS, TB, malaria and child health illnesses. This has exacerbated administrative inefficiencies in the ministry of health as staff have to devote excessive time to coping with developing plans instead of putting their energies towards program implementation.

Fourthly, we are still faced with inequalities within the health system due to the major global partners giving conditionalities that their aid must go to a few selected and targeted interventions instead of contributing to the overall health system strengthening.

The International Health Partnership will address these encumbrances and contribute to improved delivery of health services as follows:

- Firstly, through the International Health Partnership, Donor partners are agreeing to work towards providing longer-term and more predictable funding to Zambia. This will mean the health sector in Zambia will better be able to make long-term plans, knowing that they will have the money to pay health workers' salaries, maintain and build clinics and hospitals, procure drugs and train new doctors and nurses.
- Secondly, donors are committed through the IHP to coordinating support and making funding more flexible towards supporting the implementation of government led and developed health sector plans with clearly defined national priorities. This will entail that there will be no displacement of local priorities by donors' preferences prevailing over national health priorities. This will provide the government with confidence to channel resources to overall

health systems strengthening by funding core inputs to service delivery such as human resources, drugs, equipment, infrastructure and transport. It will also promote greater fiscal sustainability.

Overall resources for health will be targeted to addressing the major challenges faced by the health sector notably human resources, drugs and medical supplies, infrastructure and equipment and transport. This will ultimately lead to improved health service delivery and improved health status for all Zambians which will further lead to economic growth as Zambia will have healthy and productive citizens.

#### **4.6. EXPECTED PARADIGM SHIFT IN DONOR CONDUCT WITHIN THE SECTOR IN PURSUIT OF THE IHP PRINCIPLES**

The guiding principles on how donors should conduct business in the sector in line with the provisions of the IHP are derived from the Memorandum of Understanding between the Ministry of Health and its Co-operating Partners that was signed on 7<sup>th</sup> June 2006. The MoU clearly reaffirms the commitments made by Co-operating Partners through the Paris Declaration on aid effectiveness through alignment and harmonisation. The MoU further reaffirms the MoH and CP commitments to jointly support the implementation of the National Health Strategic Plan 2006-10 and the health chapter of the Fifth National Development Plan 2006-10.

In pursuit of achieving the goals and objectives of the IHP and our SWAp vision, (*all significant funding for the sector supports a single sector plan, under government leadership, adopting common approaches across the sector, and progressing towards relying on government procedures to disburse, procure and account for all funds*), it is expected that there will be a paradigm shift on the donors with respect to the mode in which they will (1) provide aid to the sector, and (2) their involvement in the management of the sector. Donors will undertake to provide aid to the health sector using the following arrangements:

(i). Accept national health policies, strategies and plans as the basis for providing funding and avoid introducing new plans or projects that are inconsistent with national health plans and priorities. In that respect, Co-operating Partners will provide support to implementing priorities as defined in the National Health Strategic Plan which will be operationalised through annual action plans and the three year rolling out Medium Term Expenditure Framework (MTEF). Donors will refrain from developing separate action plans and will commit to supporting one MoH sector led plan. Further, donors will commit to implement all activities supported by their resources through the structures of the government led public health care delivery system;

(ii). Co-operating Partners will support the Ministry of Health to undertake analytical work which will provide evidence for effective policy making, development of strategies and action plans such as the Public Expenditure Tracking Survey, Public Expenditure Review, Income and Expenditure Reports, Demographic and Health Survey

(iii). Cooperating Partners supporting the public sector through the National Health Strategic Plan will not establish parallel implementing structures or systems. If capacity is lacking within the Ministry of Health structures, Co-operating Partners will endeavor to strengthen the public system to fulfill its role as opposed to creating parallel implementing structures which end up drawing staff from the mainframe public health care delivery system and in the process end up weakening the system;

(iv). Co-operating Partners will build on and use the existing systems at country level for planning, coordination, delivery and management of the health sector within the overall national development framework to achieve MDG related outcomes;

(v). Co-operating Partners will agree and use shared processes to support national health plans at country level. This includes a) a common or joint system through a shared approach to reviewing national health plans and sector management arrangements to minimise requirements for further assessments; b) agreement with governments on the sources and amounts of funding for the health plan c) increased use of shared mechanisms for managing and accounting for funds, reporting on progress and reviewing performance.

(vi). Co-operating Partners will contribute to funding national health plans that address the whole health system – including public and the NGO sectors. Funding will not be earmarked for specific aspects of the plans but rather will be disbursed to support the implementation of the overall National Health Strategic Plans. The Ministry of Health will be given leverage to allocate resources to identified priority interventions based on the health needs of the people of Zambia. Co-operating Partners will however be consulted on the resource allocation criteria to ensure that resource allocation is consistent with agreed policy.

vii). Cooperating Partners particularly those supporting disease specific programs will work to ensure that disease and population specific approaches and those to achieve broad health system strengthening such as human resources and infrastructure are mutually reinforcing. This may include revising existing health and disease specific programmes to make better use of the support towards health systems strengthening.

## **5.6. IMPLEMENTATION MODALITY FOR THE IHP**

The implementation of the IHP will be done within the framework and provisions of our SWAP. The existing structures for SWAp co-ordination namely the Annual Consultative Meeting (ACM), the Sector Advisory Group (SAG), the monthly policy meetings and the various technical working groups will provide the platform for implementing the provisions of the IHP and reviewing progress in its implementation.

Using benchmarks or milestones set in this document, the above stated SWAp structures will agree on targets to be met by Cooperating Partners and the Ministry of Health in pursuit of achieving the objectives of the IHP. Progress towards achieving the agreed benchmarks will then be reviewed monthly during the policy meeting, semiannually during the SAG and annually during the ACM.

Every year, the Ministry of Health in collaboration with its Cooperating Partners undertakes a Joint Annual Sector Review (JAR) from February to March. During this process, Aid Harmonization in general and the IHP in particular will be reviewed comprehensively based on agreed performance indicators or targets as a theme for the JAR.

With respect to the implementation process, the following are the given MoH policy, strategic and process considerations for the way forward:

- I. The ultimate aim is to move to a better harmonized sector with respect to aid delivery through donor alignment and coordination to ensure that development aid effectively contributes to the attainment of the MDG 4 and 5.
- II. From the current SWAP coordination arrangements, the next step is to move towards a full SWAp where Cooperating Partners will support one single sector plan; will disburse resources into one pooled (expand basket) account to support implementation of one sector plan; implement activities through the government led public health care delivery system and cease to establish parallel implementation structure; undertake to participate in joint sector reviews and desist from undertaking separate fragmented reviews; provide funding in a flexible and predictable manner where the MoH will be given the leverage to allocate resources to priority interventions based on identified health needs of the Zambian population.
- III. The core strategy is to: (i) logically sequence the overall process of moving towards a full SWAp (ii), to start with certain things first - which are of highest priority or easier to implement (iii) to create opportunities for the participations of the various stakeholders (by taking cognizance of their respective constraints) (iv) continued reliance on effective support systems (v) to learn and re-adjust from experiences
- IV. Engaging in dialogue with all partners at every stage of implementing the IHP will be given prominence. This will be through the already established SWAp co-ordinating structures indicated above.

The sustenance and progression towards a full SWAp under the framework of the IHP requires that MoH meets a number of benchmarks on income and expenditure, gender mainstreaming, procurement, human resources, reporting, planning and budgeting at all levels. MoH will undertake to fulfill these milestones and take advantage of the good will and support from Co-operating Partners to mobilise adequate resources for effective implementation of these milestones. The agreed milestones will be reviewed during the JAR, SAG and monthly policy meetings.

#### **6.6. MONITORING PERFORMANCE AND BENCHMARKS TO TRACK PERFORMANCE**

As indicated in (5) above, the implementation of the IHP and our goal to achieve a full SWAp will be monitored through the existing structures and systems for our SWAp

coordination. The monthly policy meetings will periodically review achievement of agreed milestones. Semiannually the SAG will consider and review a progress report on implementation of the IHP and annually during the JAR there will be a comprehensive review of the implementation of the IHP and our progression towards a full SWAp based on agreed performance milestones. The following are milestones which will be tracked to monitor progress with the implementation of the IHP:

**PERFORMANCE MILESTONES FOR THE IHP AND SECTOR PROGRESSION TOWARDS A FULL SWAP**

<b>THEME</b>	<b>PRIORITY ACTIONS</b>	<b>INDICATOR FOR MONITORING PROGRESS</b>	<b>RESPONSIBLE</b>	<b>FREQUENCY OF REPORTING INDICATOR</b>
<b>ALIGNMENT AND HARMONISATION</b>	1. Aid flows are aligned on national priorities	Proportion of total donor aid to the sector that goes towards supporting NHSP priorities	Director of Planning and Development	Annually
		Proportion of aid flows to the health sector comprehensively and accurately reflected in the annual MoH budget estimates	Director of Planning and Development	Annually
	2. Aid is more predictable	Proportion of aid disbursed within the intended year	Director of Planning and Development	Annually
		Timeliness and accuracy with disbursement of aid in accordance with the agreed disbursement schedules in the MoU		Semiannually
	3. Aid is un earmarked	Proportion of total aid disbursement to the sector flowing through pooled funding (Basket Funding)	Chief Accountant/Director of Planning and	Annually

		mechanisms	Development	
	4. Use of country public financial management systems	% of total donor aid reported using the Financial Administration Management Systems (FAMS)	Chief Accountant	Semiannually
	5. Use of country procurement systems	% of aid flow using country public procurement system	Head Procurement and Supplies/Director of Planning	Annually
	6. Avoid parallel implementation structures	No of Project Implementation Units (PIUs) mainstreamed within the structures of the MoH from the total PIUs established	Director Human Resources and Administration	Annually
	7. Use of common arrangements or procedures	% of aid disbursed using common disbursement mechanisms	Chief Accountant	Annually
		% of donor resources reported using FAMS	Chief Accountant	Semiannually
		No of donors using joint MoH procurement systems	Head Procurement and Supplies	Annually
		No of donors using MoH HMIS to track sector performance and not separate M&E systems	Director of Planning and Development	Annually

	8. Joint missions and analytical work	No of donors participating in the JAR  No of separate missions undertaken by Co-operating Partners which are not coordinated by MoH	Director of Planning and Development  Director of Planning and Development	Annually  Annually
	9. Conduct assessment on alignment and harmonization to understand donor flow of funds, parallel behavior, resistance/bottlenecks to alignment	Performance assessment report	Director of Planning and Development	One assessment plus included as a theme during every JAR
<b>OWNERSHIP &amp; MANAGING FOR RESULTS</b>	1. MoH develops quality National Health Strategic Plans, MTEF and annual action plans  2. MoH has developed a robust HMIS which tracks and reports all key indicators to enable the MoH and CPs undertake a comprehensive M&E of the sector performance on key programs  3. Clearly defined mutual action	MTEF is jointly reviewed by MoH, CPs Civil Society and approved before submission to MoFNP  MTEF is linked to NHSP priorities  No of CPs using the HMIS for sector M&E	Director of Planning and Development  Director of Planning and Development  Director of Planning and Development  Director of	Annually  Annually  Semiannually

	agenda where MoH and CPs engage in dialogue to discuss policy issues that affect service delivery including aid effectiveness	No of SWAp coordinating meetings (ACM, SAG, policy) held in a year against the annual agreed schedule of SWAP meetings	Planning and Development	Annually
	4. MoH and CPs should use agreed performance assessment frameworks based on manageable set of indicators to track results included in NHSP	No of Joint Reviews of the NHSP done during its implementation  No of JARs undertaken during the implementation of the NHSP	Director of Planning and Development  Director of Planning and Development	Once midterm and at the end year five  Once midterm and at the end year five
	5. Financing for Health as a percentage of the total budget	Ministry of Finance budgetary allocation to the health sector meets the Abuja target of 15%	Director of Planning and Development	Annually

