

# **REPUBLIC OF ZAMBIA**



## **MINISTRY OF HEALTH**

**SPEECH DELIVERED BY HONOURABLE DR. BRIAN  
CHITUWO, MINISTER OF HEALTH AT THE LAUNCH OF  
THE ROAD MAP AND SIGNED COMPACT FOR THE  
INTERNATIONAL HEALTH PARTNERSHIP**

**MULUNGUSHI INTERNATIONAL CONFERENCE  
CENTRE 1<sup>ST</sup> NOVEMBER 2007**

**YOUR EXCELLENCIES AMBASSADORS, HIGH  
COMMISSIONERS AND RESIDENT REPRESENTATIVES  
ACCREDITED TO ZAMBIA**

**THE PERMANENT SECRETARY MINISTRY OF HEALTH**

**DIRECTORS IN THE MINISTRY OF HEALTH**

**HEALTH ADVISORS BASED IN MISSIONS AND  
DEVELOPMENT AGENCIES IN ZAMBIA**

**TODAY MARKS YET ANOTHER LANDMARK IN OUR AID  
COORDINATION EFFORTS THROUGH OUR SWAP. THE  
ROAD MAP AND SIGNED COMPACT FOR THE  
INTERNATIONAL HEALTH PARTNERSHIP THAT WE  
ARE LAUNCHING TODAY IS AS A RESULT OF  
ONGOING EFFORTS BY POLICY MAKERS FROM OUR  
MULTILATERAL AND BILATERAL DONORS PRESENT  
HERE TODAY TO MAKE AID DELIVERY TO THE  
HEALTH SECTOR IN ZAMBIA MORE EFFECTIVE.**

**DISTINGUISHED GUESTS, LADIES AND GENTLEMEN,  
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 WITH THE OBJECTIVE OF  
TRANSLATING THE PARIS DECLARATION INTO**

ACTIVITIES WITHIN THE HEALTH SECTORS FOR THE FIRST WAVE SEVEN DEVELOPING COUNTRIES THAT WOULD CONTRIBUTE TO MEETING THE MDG GOALS THROUGH BETTER AID CO-ORDINATION AND A FOCUS ON RESULTS. THIS INITIATIVE THAT WAS SPEARHEADED BY THE BRITISH GOVERNMENT UNDER THE LEADERSHIP OF PRIME MINISTER GORDON BROWN IS CALLED THE INTERNATIONAL HEALTH PARTNERSHIP (IHP)

THE IHP THAT WE ARE LAUNCHING TODAY PRESENTS MORE OPPORTUNITIES TO OUR SECTOR AND THE ONUS IS UPON US IN THE MINISTRY OF HEALTH WORKING IN COLLABORATION WITH OUR PARTNERS IN HEALTH TO SEIZE THE OPPORTUNITIES THAT THIS INITIATIVE PRESENTS BY USING IT TO DEVELOP MECHANISMS IN COUNTRY THAT WILL MAKE AID IN THE HEALTH SECTOR TO BE MORE ALIGNED TO THE COUNTRY LED HEALTH DEVELOPMENT AGENDA IN ORDER TO ACCELERATE ACTION TO SCALE UP INTERVENTIONS THAT WILL CONTRIBUTE TO ATTAINMENT OF THE HEALTH RELATED MDGS 4 AND 5 WITHIN THE AGREED TIME FRAMES.

DISTINGUISHED GUESTS, LADIES AND GENTLEMEN, WHAT WE ARE LAUNCHING AND HAVE EMBARKED ON TODAY IS NOT A NEW INITIATIVE. IT IS AN ATTEMPT TO QUICKEN UP THE PACE AT WHICH WE SHALL IMPLEMENT WHAT WE HAVE ALREADY ENDORSED UNDER THE FRAMEWORK FOR AID HARMONIZATION IN PRACTICE WHICH WAS SIGNED BY MOST BILATERAL AND MULTILATERAL DONOR AGENCIES PRESENT HERE TODAY IN 2005 UNDER

**THE PARIS DECLARATION. IN THE HEALTH SECTOR IN ZAMBIA, IT IS OUR STRONGEST BELIEF THAT THROUGH THIS RENEWED EFFORT, WE SHALL WORK TOWARDS REMOVING ALL BOTTLENECKS IN OUR AID ARCHITECTURE THAT HAVE IN THE PAST ENCUMBERED INTERVENTIONS AIMED AT IMPROVING HEALTH OUTCOMES FOR OUR PEOPLE.**

**IN THE HEALTH SECTOR IN ZAMBIA WE HAVE SINCE 1994 BEEN CO-COORDINATING THE EXTERNAL RESOURCES FROM OUR BILATERAL 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 DEVELOPED A SECTOR POLICY ON AID HARMONIZATION IN CONSULTATION WITH ITS CO-OPERATING PARTNERS 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 CO-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 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 CO-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 REVIEW. WE HAVE ALSO AGREED ON A CORE SET OF INDICATORS WHICH WE SHALL JOINTLY USE TO ASSESS THE PERFORMANCE OF THE SECTOR
- TO PROVIDE FLEXIBLE FUNDING TO THE SECTOR, WE DEVELOPED BASKET FUNDING MECHANISMS. THIS INITIATIVE HAS CONTRIBUTED TO INCREASED AND PREDICTABLE FUNDING TO ALL BENEFICIARY INSTITUTIONS IN THE HEALTH SECTOR

WHILE THESE SYSTEMS AND STRUCTURES 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 UNDER MINE 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 INFAC T 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 INFRASTRUCTURE FOR HEALTH DELIVERY, INSUFFICIENT LOGISTICS TO SUPPORT THE DELIVERY OF HEALTH SERVICES SUCH AS A GOOD TRANSPORT AND OBSOLETE MEDICAL EQUIPMENT, SUCH CONDITIONALITIES ARE COUNTERPRODUCTIVE TO OUR EFFORTS TO ATTAIN OUR HEALTH RELATED MILLENNIUM DEVELOPMENT GOALS.**

- **SOME COOPERATING PARTNERS ARE STILL INCLINED TO ESTABLISH PARALLEL IMPLEMENTING STRUCTURES OR SYSTEMS WHICH ARE COMPETING WITH THE MAIN FRAME PUBLIC HEALTH CARE DELIVERY SYSTEM. PARALLEL IMPLEMENTING STRUCTURES ALSO DRAW STAFF FROM THE MAIN FRAME PUBLIC HEALTH CARE DELIVERY SYSTEM AND IN THE PROCESS END UP WEAKENING THE SYSTEM**

**GIVEN THESE CHALLENGES THAT WE ARE STILL GRAPPLING WITH IN OUR AID ARCHITECTURE IN ZAMBIA, WE SEE THE INTERNATIONAL HEALTH PARTNERSHIP THAT WE ARE LAUNCHING TODAY AS A VERY WELCOME INITIATIVE FOR THE MINISTRY OF HEALTH BECAUSE IT CREATES A PLATFORM FOR JOINT EFFORTS WITHIN OUR PARTNERSHIPS TO FURTHER IMPROVE AID CO-ORDINATION IN THE HEALTH SECTOR BY ENSURING THAT CO-OPERATING PARTNERS SUPPORTING THE SECTOR ARE ALIGNED TO THE GOVERNMENT LED SYSTEMS, PLANS AND PROCEDURES AND COMMIT TO INVEST RESOURCES TO NATIONAL PRIORITIES AS ARTICULATED IN THE NATIONAL HEALTH STRATEGIC PLANS.**

**A ROAD MAP TO FACILITATE IMPLEMENTATION OF THE INTERNATIONAL HEALTH PARTNERSHIP AND PROVIDE A FRAMEWORK FOR MONITORING ACHIEVEMENT OF THE BENCHMARKS THAT WE SHALL SET OURSELVES TO ACHIEVE HAS BEEN DEVELOPED AND WILL BE DESSIMATED IN THIS MEETING. A COPY OF THE SIGNED INTERNATIONAL**

**HEALTH PARTNERSHIP COMPACT IS ALSO READY AND AVAILABLE FOR DISSEMINATION.**

**I THEREFORE WISH TO TAKE THIS OPPORTUNITY TO OFFICIALLY LAUNCH THE INTERNATIONAL HEALTH PARTNERSHIP, THE ROAD MAP TO FACILITATE ITS IMPLEMENTATION AND THE COMPACT THAT WAS SIGNED BY THE SEVEN FIRST WAVE COUNTRIES AND THE BILATERAL AND MULTILATERAL DONORS.**

**THANK YOU**