



Health & Development
Information Team

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Tackling the challenges of aid harmonisation and alignment

Health systems reporter, 26th March 2008

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Feature: Tackling the challenges of aid harmonisation and alignment

Between 1990 and 2005 development assistance for health increased from US\$2.5 billion to over US\$13 billion. Whilst the availability of more aid for health has clearly had positive effects, the growing number of institutions, agencies and channels for dispersing

aid has created new challenges to its effectiveness and impact on health outcomes, poverty reduction and development.

Key challenges to the effective delivery of aid include the alignment of donor support with the priorities of recipient countries, and the harmonisation of operational policies, procedures and practices between development partners. When aid is channelled outside of national systems, it can distort overall funding to the health sector and dislocate resources (e.g. human resources) away from other key areas where they are needed too.

Several cornerstone international initiatives have called for more coordinated provision of development assistance whereby donors base their overall support on partner countries' national development strategies and systems and organise their activities in ways that maximise their collective efficacy. These include: the Monterrey Consensus on Financing for Development, 2002; the Rome Declaration on Aid Harmonization, 2003; and the Paris Declaration on Aid Effectiveness, 2005.

The real challenge remains in translating these declarations into actions. The International Health Partnership (IHP) and the Harmonization for Health in Africa (HHA) initiative, are two examples of recent attempts to improve donor coordination and alignment in the health sector. The IHP, set up by the UK Department for International Development, is an agreement between donor countries, developing countries and international health agencies to ensure that development partners and governments work better together. It does this by providing better coordination among donors, focusing on improving health systems including infrastructure and training, and developing and supporting countries' own health plans.

The HHA initiative is a regional mechanism through which collaborating partners (African Development Bank, UNAIDS, UNFPA, UNICEF, WHO, World Bank) provide capacity building assistance to African countries on a demand-driven basis. The HHA intends to provide support and work with existing development and financing frameworks such as SWAps, budget support and other national development frameworks, and to also provide support in facilitating resource mobilisation and grant proposal preparation for countries.

More information:

- Aid Architecture in Health key issues guide
www.eldis.org/go/topics/resource-guides/health-systems/key-issues/aid-architecture-in-health
 - The International Health Partnership - six months on
www.dfid.gov.uk/news/files/ihp/six-months.asp
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Recommended readings on aid harmonisation and alignment

1. Reforming the international aid architecture: options and ways forward

Authors: S. Burall; S. Maxwell; A. R. Menocal

Publisher: Overseas Development Institute, London, 2006

This Overseas Development Institute working paper describes the characteristics and constraints of the current international aid architecture. It also summarises the perceptions in developing countries of the strengths and weaknesses of key bilateral and multilateral aid agencies. The paper presents five options for reform of the international aid architecture. These are: do nothing; rely on harmonisation and alignment in the Paris Declaration; harmonisation and alignment with additional features; increased multilateralism of aid delivery; and empowerment of aid-receiving countries.

The paper concludes that countries should focus in the short term on implementing the Paris Declaration on aid effectiveness and strengthening the capacity of recipient governments. This will enable them to play a greater role in aid co-ordination at the national level and use the aid they receive more effectively. This will require technical assistance and capacity-building for governments as well as civil society and parliaments to monitor developmental programmes. [adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35727&type=Document

2. Aid effectiveness: overview of the results 2006 survey on monitoring the Paris Declaration

Publisher: DAC-OECD Working Party on Aid Effectiveness and Donor Practices, 2007

This document presents the first volume of results from a survey on the Paris Declaration. It provides an overview of the key findings across the 34 countries involved, as well as assessing the survey process and setting out key conclusions and recommendations. Key implications of the survey that are highlighted include higher expectation levels for reform, deeper ownership and more accountable institutions, and increasing aid efficiency together with donor harmonisation. The authors suggest that aid effectiveness issues and results need to be discussed more explicitly at country level, and credible monitoring mechanisms need to be developed.

If countries and donors are to accelerate progress towards achieving the Paris Declaration commitments, it is recommended that:

- partner countries must deepen their ownership of the development process
- donors need to support these efforts by making better use of partners' capacity
- to further harmonisation, donors must work aggressively to reduce the transaction costs of delivering and managing aid

- to begin addressing mutual accountability commitments, countries and donors should clearly define a mutual action agenda.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33465&type=Document

3. From Paris 2005 to Accra 2008: will aid become more accountable and effective? a critical approach to the aid effectiveness agenda

Authors: International Civil Society Steering Group for the Accra High Level Forum

Publisher: CSO Parallel Process to the Ghana High Level Forum Network, 2007

Civil society organisations (CSOs) continue to lobby for effective implementation of the Paris Declaration (PD) on aid effectiveness. This policy paper outlines some of the key CSO critiques and concerns about the Paris agenda, as well as some specific recommendations for the High Level Forum (HLF) to be held in Accra in 2008.

The paper argues that politics is central to aid effectiveness and the measures should be taken to ensure democratic ownership of citizens in recipient countries. It argues that aid must ensure mutual accountability between donors, government and citizens. Furthermore, donors need to ensure high standards of aid quality by fairly allocating aid toward poverty reduction, untying aid and limiting technical assistance, as well as ensuring predictability for recipient countries.

The paper makes a number of recommendations ahead of the Accra High Level Forum on aid effectiveness, which include:

- donors should recognise the centrality of poverty reduction, equality and human rights
- all donor-imposed policy conditionality should be ended
- donors and Southern governments must adhere to the highest standards of openness and transparency
- donors should recognise CSOs as development actors in their own right and acknowledge the conditions that enable them to play effective roles in development
- an effective and relevant independent monitoring and evaluation system for the Paris Declaration and its impact on development outcomes should be developed
- mutually agreed, transparent and binding contracts to govern aid relationships should be introduced
- new multi-stakeholder mechanisms for holding governments and donors to account should be created

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33813&type=Document

4. Capacity development and aid effectiveness

Authors: D. Silovik

Publisher: United Nations Development Programme , 2006

This UNDP paper seeks to address key policy issues and instruments to improve the effectiveness of development aid. These issues include new aid architecture and the role of the UN systems; new aid modalities including Sector Wide Approaches and joint assistance mechanisms; and aid management for transparency and accountability. It focuses on the key drivers of change in the existing recipient donor partnership paradigm: national leadership and ownership, national capacity and partnerships.

The paper concludes that there is no one way to promote the effectiveness of aid at country level and strategies, programmes and support should be country and context specific. The UN system, and the UNDP in particular, has a role to play in the changing aid architecture and the implementation of the Monterrey Declaration on Financing for Development and the Paris Declaration on Aid Effectiveness. At the country level, this means strengthening the convening role of the UN to ensure better performance, development outcomes and that scaling up of aid, as well as new sources of financing, work for the poor.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35799&type=Document

5. Harmonization for Health in Africa: an action framework

Publisher: World Health Organization , 2007

This paper sets out an initiative by African Development Bank, UNAIDS, UNFPA, UNICEF, WHO and the World Bank that aims to tackle barriers to scaling up health in Africa. The 'Harmonisation for Health in Africa' initiative HHA is a regional mechanism through which collaborating partners agree to focus on providing support to the countries in the African region for reaching health MDGs.

The HHA initiative aims to:

- support countries to identify, plan and address health systems constraints to improve health related outcomes
- develop national capacity through training, planning, costing and budgeting, harmonisation and stimulating peer exchange
- promote the generation and dissemination of knowledge, guidance and tools for specific technical areas including strengthening health service delivery and monitoring health systems performance
- support countries to leverage predictable and sustained resources for the health sector
- ensure accountability and assist in monitoring performance, of national health systems, aid effectiveness and the performance of the International Health

- Partnership
- enhance coordination to support nationally owned plans and implementation process, helping countries to address the country level bottlenecks arising from constraints within international agencies

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35805&type=Document

Latest additions from the Health Systems resource guide

1. Primary care management of diabetes in a low/middle income country: a multi-method, qualitative study of barriers and facilitators to care

Authors: H. Alberti; N. Boudriga; M. Nabli

Publisher: BMC Family Practice, 2007

This article from BMC Family Practice looks at factors influencing the primary care management of diabetes in Tunisia, a low/middle-income country with ten per cent prevalence of the disease. The authors surveyed patients, health professionals and organisations for their views. More than 400 factors emerged. Overall, the most commonly cited factor was the availability of medication at the health centre. The main organisational factors were the existence of chronic disease clinics, seen as key to improving care, and doctors' heavy workload, seen as a barrier. The most commonly mentioned health professional factor was doctors' motivation, particularly relating to inadequate time spent with patients. Key patient factors included financial constraints, poor attendance and lack of compliance with treatment. Gender was also an important factor, with women accounting for 62 per cent of diabetes patients attending healthcare facilities despite similar prevalence of the disease among men.

The authors suggest that doctors' motivation appears to be the most important factor which could be improved by intervention, and requires further study. They acknowledge that this may not be possible in settings with more limited resources. However, they conclude that policymakers and practitioners in other developing countries could still usefully apply these findings to improving diabetes care in their own settings.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35987&type=Document

2. Sector wide approaches at critical times: the case of Bangladesh

Authors: J. Martinez

Publisher: HLSP Institute, UK, 2008

Sector wide approaches (SWAs) have helped countries like Bangladesh to shape government health policy, strengthen its implementation and make health financing more

predictable and flexible. However, after initial success the Bangladesh SWAp is losing momentum. This HLSP paper attempts to explain what has limited the ability of the Bangladesh SWAp to deal with new realities and to focus on the health needs of the poor. Annual reviews of the SWAp in 2006 and 2007 find that Bangladesh has a poorly managed health sector, where absorptive capacity of external and domestic resources is seriously compromised. The country's inability to deliver more and better services is not the result of the SWAp model, but its application.

Through the case of Bangladesh, the paper emphasises the importance of keeping a constant watch on key SWAp principles, such as: government leadership, a realistic government health plan, commitment to adopt common view, reporting and monitoring systems, and continued efforts to provide external financing in ways that increase absorptive capacity. It recommends that when fatigue sets in and problems emerge, SWAp partners need to look critically at themselves and ensure that their focus remains on the core SWAp principles and values. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35730&type=Document

3. Medicine sellers and malaria treatment in sub-Saharan Africa: what do they do and how can their practice be improved?

Authors: C. Goodman; W. Brieger; A. Unwin

Publisher: American Journal of Tropical Medicine and Hygiene , 2007

This report from the American Journal of Tropical Medicine and Hygiene reviews the literature on medicine-sellers in sub-Saharan Africa, and assesses interventions to improve their malaria-related practices. It finds that medicine sellers are widely used for the treatment of malaria. They operate in specialist drug shops as well as general shops, kiosks, and market stalls, and as travelling hawkers. Their legal status and educational level also vary considerably, with some having little or no training in medicine or pharmacy. Their knowledge of drugs and doses is often poor, and challenged further by the introduction of artemisinin-based combination therapies (ACT). However, interventions such as training increased rates of appropriate treatment, and medicine sellers were willing to participate. Features of successful interventions included a comprehensive situation analysis of the legal and market environment; gaining support from medicine sellers, community members and government; use of a combination of approaches; and maintenance of training and supervision.

The report concludes that these interventions must be adapted to include ACT. There is an urgent need for further research to explore their sustainability and potential to operate at a national level and ultimately contribute to the achievement of the Roll Back Malaria (RBM) targets.

Available online at: www.eldis.org/go/topics/resource-guides/health-

4. Hospital governance in Latin America: results from a four nation survey

Authors: R. J. Bogue; C. H. Hall Jr; G. M. La Forgia

Publisher: Health, Nutrition and Population Division, Human Development Department, World Bank, 2007

This World Bank discussion paper reports on a survey of hospital governance in Latin America involving nearly 400 hospitals in Argentina, Brazil, Colombia and Mexico. The researchers identified four different types of hospital governance: budgetary unit of government; autonomous (independent) unit of government; corporate unit of a private conglomerate or broader, private hospital system; and private autonomous unit. Findings showed that the private governance types, both autonomous and corporate, did better on measures relating to quality, including facility and equipment upkeep, availability of medicines, and level of nurse training. They were also more efficient, as measured by fewer nurses and lower costs per bed, more admissions per employee and higher self-ratings for administrative efficiency. They also tended to select more non-clinical, business-oriented leaders, while the budgetary type had broader social and community goals. However, overall, autonomous types - whether governmental or private - consistently outperformed institutional types (budgetary and corporate combined).

The authors conclude that freeing hospitals from institutional and governmental control, referred to as facility-based management, seems to be associated with better hospital performance. However, the study also highlights the need to provide guidance and develop tools for hospitals to perform their broader social and community functions while ensuring quality and efficiency.

Available online at:

<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resource/s/281627-1095698140167/LACHospitalGovernanceFinal.pdf>

5. Debt and health

Publisher: Jubilee Debt Campaign, 2007

Developing country governments will struggle to invest in decent public health facilities when valuable resources are needed to service debt. However, the evidence is that debt relief works to alleviate healthcare shortages - spending on health in countries that have received debt cancellation has risen by seventy percent.

The report calls for urgent action to ensure developing countries' can provide adequate healthcare:

- rich countries, institutions and commercial creditors must cancel all illegitimate (i.e. due to 'unfair or irresponsible' lending) and unpayable debts being claimed

- from all poor countries, not just those eligible for the Highly Indebted Poor Country (HIPC) Initiative
- creditors should recognise debtor governments' accountability to their own citizens, and not impose economic policies through conditions on debt relief or loans. This includes conditions limiting public spending or specifying how healthcare should be delivered
 - southern governments must abide by the demands of their citizens that funds from debt cancellation be used to improve essential public services - and the governments must be open and accountable to their people over the use and monitoring of these funds.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35850&type=Document

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Announcements

Conference: WHO European Ministerial Conference on Health Systems: Health Systems, Health and Wealth, Tallinn, Estonia

Organised by WHO/Europe and hosted by the Government of the Republic of Estonia, the Conference aims to place health systems high on the political agenda. It aims to:

- lead to better understanding of the impact of health systems on people's health and therefore on economic growth in the WHO European Region
- take stock of recent evidence on effective strategies to improve the performance of health systems, given the increasing pressure on them to ensure sustainability and solidarity.

It will bring together ministers of health from the 53 Member States in the WHO European Region. Up to 500 participants are expected to attend the 2.5 day event. High-level delegations will be invited, as well as health systems partners, experts, observers and representatives of international and civil society organizations and the media. It is being organized in response to resolution EUR/RC55/R8 adopted by the WHO Regional Committee for Europe at its fifty-fifth session in 2005.

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=35576&type=Item

Conference: Bangladesh Public Health Conference 2008, June 13-14 2008, Dhaka, Bangladesh

This conference will provide opportunities for productive, structured dialogue on the major findings of research and evidence on the challenges facing the national response to various health reforms carried out by the government of Bangladesh. The conference will provide a platform for examining, comprehending, and learning on delivery of health care in the backdrop of ongoing reforms in the health system of Bangladesh. Central to all of these sessions on public policies relating to the sector is aspiration for an accessible, affordable and equitable health system that services all of the citizens particularly the poor and the marginalized.

The conference will cover the following cross- cutting themes:

- The role of the State in health care delivery
- Impact of essential service package on the poor
- Rational use of medicine
- Public-private partnership
- Public-public partnership

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=36033&type=Item

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can

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