

Aid Architecture in health

Eldis Health Systems Key Issues Guide

In recent years donors have committed substantial additional resources towards scaling up efforts to meet the health related Millennium Development Goals. With this additional funding there is also growing consideration about the effectiveness and impact of the institutions, systems and tools used to structure and deliver aid – the aid architecture in health.

This key issues guide provides an overview of the current state of the aid architecture in the health sector. It shows that the proliferation of donors, along with changing approaches for delivering and managing aid, has contributed to the challenges that donors and recipient countries face towards improving the effectiveness and impact of aid. The guide identifies ways of tackling these challenges at international and country levels.

An online version of this guide is available at:

www.eldis.org/go/topics/resource-guides/health-systems/key-issues/aid-architecture-in-health

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1. 'Aid Architecture' – What Does It Mean?

The term 'aid architecture' refers to the wide configuration of institutions, systems and tools at the international and country level, which are responsible for the transfer of financial, technical and human resources from donors to recipient countries for development purposes.

In recent years there has been a substantial rise in the amount of aid directed towards health. This has been propelled by the Millennium Development Goals – some of which focus on health related challenges to reduce child mortality, improve maternal health, and prevent the spread of HIV and AIDS and other communicable diseases.

Whilst the availability of more development aid is clearly positive, the increasing amount of aid involves a growing number of institutions, agencies and channels for dispersing it. A key question is whether more development assistance, donors and aid instruments has resulted in improved aid effectiveness.

See also: [Eldis health resource guide section on the Millennium Development Goals](#)

Recommended readings

- [The emerging aid architecture, PRS and the MDGs](#)
- [Aid architecture, an overview of the main trends in official development assistance](#)

1.1. The proliferation of new donors

Between 1990 and 2005 development assistance for health increased from US\$2.5 billion to over US\$13 billion. Much of this increase in funding has been directed at Global Health Partnerships (GHPs) that have formed in response to the shortcomings of traditional institutions and mechanisms to deliver aid effectively. Aid for health is provided by multiple sources including: 5 development banks, over 30 UN organisations, over 90 GHPs, 30 bi-laterals and thousands of non-governmental organisations. [See figure 1 for a graphical representation of the international development finance system]

GHPs are often alliances among multiple public and private sector organisations that seek to strengthen healthcare in developing countries through research and development, capacity building, advocacy, funding or specific disease specific interventions. Major GHPs include the [Global Alliance for Vaccines and Immunization](#) (GAVI) and the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) (GFATM).

GHPs have been successful in raising the profile and mobilising funding for under-resourced or neglected diseases and improving access to appropriate and affordable medicines and vaccines. GAVI has provided 15 million children with basic vaccines and increased the availability of safe injection equipment by delivering over a billion disposable syringes. The [Roll Back Malaria Partnership](#) has improved global political commitment to malaria through advocacy, and supported technological advancement in the development of long-lasting insecticide treated nets and new combination drug therapies.

See also: [Eldis health systems section on Global Initiatives](#)

Recommended readings:

- [Mapping global health partnerships: what they are, what they do and where they operate](#)
- [Assessing the impact of global health partnerships: country case study report](#)
- [New actors in health financing: implications for a donor darling](#)

1.2. Approaches for delivering aid

A range of approaches are available to distribute aid. They differ by whether or not aid is targeted towards a specific sector or project; the channels through which it is distributed (government institutions, private sector, civil society organisations); the economic, political or technical conditions that might be placed on aid; and the accountability arrangements used to ensure that aid is spent in accordance with donor requirements. Aid can also be provided in the form of technical cooperation (sharing knowledge, expertise or human resource) and policy engagement which aims to influence policies and practice.

In the health sector key approaches for delivering aid include, but are not limited to, stand alone projects, sector wide approaches and budget support.

Stand Alone Projects

In Stand Alone Projects donors support activities that are separate from government channels of financing, management and evaluation. They appear to be the most feasible instrument for delivering aid in fragile states or in weak policy environments. The shortcomings of stand alone projects is that they only provide fragmented improvements and can have unintended negative effects, for instance by diverting human and technical resources away from the public sector.

Sector Wide Approaches

Since the mid 1990s, many health policy-makers have preferred to use a Sector Wide Approach (SWAp) for delivering aid. This is a process whereby donors direct funding towards a single sector strategy and expenditure programme, led by the recipient country. SWAps promote government ownership and leadership which are essential for development. They also enable donors to be better coordinate and for funding to be more predictable, thus reducing aid fragmentation and duplication.

Budget Support

This is a form of aid that is channelled directly to partner government's national treasuries and is spent on national policies rather than specific project or sector activities. Budget support means the aid is dispersed in accordance with the national priorities set through the general budget process. This enables countries to spend according to their priorities and similar to SWAps, promotes government ownership.

The type and mix of instruments used to deliver aid is not the same for all countries but will depend upon the local context, capacity and development objectives. As shown above, different approaches have distinct benefits and limitations, and selecting the right instruments for use in the right context is important. Emphasis is increasingly moving away from stand alone projects and towards more sustainable approaches that focus on building government capacity to implement effective health policy.

See also: Eldis dossier on [meeting the health related needs of the very poor](#), section on [aid instruments](#); Eldis health systems section on [SWAps](#) and [budget support](#)]

Recommended readings:

- [Effective development assistance – a guide to aid instruments](#)
- [The Uganda health SWAp: new approaches for a more balanced aid architecture](#)
- [The Global Fund operating in SWAp through a common fund: issues and lessons from Mozambique](#)
- [Aid instruments and the very poor: the case of global health partnerships](#)

2. Challenges to delivering aid for health effectively

There are a number of challenges in effectively delivering aid for health. These challenges arise partly as a result of recipient country constraints (lack of capacity to coordinate and deliver aid, political and economic instability, and weak governance and policy environments). The proliferation of donors and donor behaviour at the country level has exacerbated such country-level constraints, and also created new difficulties for delivering and managing aid. For instance, many GHPs focus on narrow issue specific goals, such as reducing the transmission of malaria or increasing diagnosis and treatment of tuberculosis.

Tackling these disease specific priorities and programmes sometimes 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. Other issues that GHPs raise include a lack of participation in sector wide planning, monitor and evaluation activities, consequently parallel processes are established. Efforts to positively change this are being made by GHPs.

Recommended readings

- [Aid effectiveness and health](#)

2.1. Disease specific efforts and health systems strengthening

The past trend for a focus on disease specific approaches has raised concerns that funding for health system development has received less resources and attention - for instance addressing human resources constraints, service organisation issues or problems of access.

It is increasingly being highlighted that disease specific interventions rely upon the health system for delivery and population reach. Health system weaknesses or constraints can therefore limit service delivery and reach. For example, whilst donors may provide sufficient funding for medicines for AIDS, tuberculosis and malaria, there may not be the doctors or nurses available to prescribe these medicines adequately.

Conversely, if a significant proportion of the time of health service staff is allocated to specific areas of the health service (e.g. AIDS, tuberculosis and malaria services) then other parts of the service may suffer (e.g. antenatal care). Additionally, competition for skilled staff has impacts too. For example, evidence from Malawi suggests health workers are being drawn away from working in public sector services towards better paying non-governmental organisations and aid agencies.

Another challenge that disease orientated approaches wrestle with is the linkage or integration with other related parts of the health services. For example, HIV and AIDS services with family planning and sexual and reproductive health care.

Recommended readings:

- [Medicines without doctors: why the global fund must fund the salaries of health workers to expand aids treatment](#)
- [Effects of the Global Fund on reproductive health in Ethiopia and Malawi](#)

2.2. Alignment of aid with recipient country priorities

Further problems are created when the priorities of donors do not match the needs of recipient countries. Overall HIV/AIDS has been prioritised for official development assistance and is allocated a share of resources that is proportionally greater than its share in the total burden of disease. In Rwanda in 2005, donors earmarked US\$1 million for integrated management of childhood illnesses, US\$18 million for malaria and US\$47 million for HIV and AIDS, even though malaria is the biggest cause of morbidity and mortality in the country.

When aid is earmarked for specific activities or is channelled outside of national policies, plans and systems, it can distort funds away from government priorities and population needs and lead to the misallocation of resources. In many low income countries, pro-poor health intervention sub-sectors including basic nutrition, infectious disease control, reproductive health and family planning, have actually seen their share of health assistance fall.

Small and poor countries that are dependent on aid do not have the power or capacity to influence bilateral policies or system wide issues such as where to allocate aid. Presently, there are no credible structures pursuing these issues.

Recommended readings:

- [Scaling up to achieve the health MDGs in Rwanda](#)
- [Priorities in global assistance for health, AIDS and population](#)

2.3. Technical capacity at the country level to coordinate multiple finance flows

The large number of actors involved in aid for health, with their different delivery approaches, management systems and monitoring requirements, puts huge demands on recipient countries to monitor and coordinate these aid flows. Such work is complicated further by frequent changes to donor policies, systems and staff. For instance, between 2003/04 and 2006/07, Uganda received aid from over 40 different donors. The Ugandan government dealt with 684 different aid instruments and associated agreements.

Coordinating multiple aid flows can be very expensive and detract from spending on health. In Rwanda, 27 per cent of donor and government health expenditure was spent on administration costs. This is exacerbated by the fact that much funding is short term. As a result, there is a constant need to renegotiate agreements. It is clear that financial aid also needs to be supported by technical assistance. This must focus on strengthening information systems to monitor flows, improve budgetary planning and finance systems (including accountability mechanisms), and better communicate and coordinate between different government departments and sectors.

More broadly, the whole area of technical assistance provision in the aid architecture for health requires attention. Technical assistance (in all its guises) accounts for over a quarter of development assistance. There is currently patchy evidence about the quality of technical support used in many environments, and a lack of a shared understanding about agency comparative advantage regarding the delivery of such assistance (i.e. sometimes resulting in duplication and fragmentation of such assistance).

Recommended readings:

- [Learning from experience: a review of recipient-government efforts to manage donor relations and improve the quality of aid](#)
- [New actors in health financing: implications for a donor darling](#)

2.4. Communication mechanisms with and between donors

Lack of effective communication and coordination of activities between organisations that provide and distribute aid has resulted in duplication of efforts and wasted resources. These parallel processes place burdens on countries with already limited capacity to lead the health sector and increase transaction costs. In addition, many organisations do not share information with each other about planned missions and reports resulting in further duplications.

In Bangladesh it is reported that poor communication between the government and development partners has undermined the success of the health SWAp. Lack of effective mechanisms for dialogue meant that stakeholders were unable to deal with emerging issues. The SWAp was weakened and lost the opportunity to discuss sector wide issues jointly and for a time, reverted back to relying on one-to-one issue specific meetings.

All this can also be exacerbated by disconnects between headquarter and country level operations due to the challenges of translating strategic goals and directions into new ways of working. Simultaneously, agency or programme incentives can continue to favour a project mode of work due to the ability to access specific funds, or because such projects can demonstrate attributable results.

Recommended reading:

- [Improving aids communication among multilateral institutions and international donors](#)
- [Sector wide approaches at critical times: the case of Bangladesh](#)

2.5. Amount and predictability of funding

Most donor commitments are short to medium term (one to three years). This allows agencies to cut aid if it is not effective or used as agreed but it is also influenced by the length of term of many funding governments (i.e. financial commitments beyond the term of any one government are often not encouraged).

Without assured long-term funding, recipient governments will become reluctant to scale-up interventions and invest in long-term activities that strengthen health systems and reduce dependency. Furthermore, the short-term nature of funding cycles and constant need for annual reviews means that time and money is devoted towards compiling reports and negotiating future funding.

Another problem is that governments often receive less aid than they have been promised. Unpredictable funding may threaten health outcomes. For example, if aid inflows stop and medication supplies are stopped or interrupted. To date, whilst trends in donor funding has risen, it is still insufficient to achieve levels forecasted to meet the needs of the health-related Millennium Development Goals by 2015.

Recommended readings:

- [Fiscal space and sustainability: towards a solution for the health sector](#)
- [Funding flows for health: what might the future hold?](#)

3. Tackling the challenges and moving forward

In recent years there have been several cornerstone international initiatives that have called for more co-ordinated provision of development assistance in order to improve the quality of aid and subsequently its impact on health outcomes, poverty reduction and development. 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 Paris Declaration on Aid Effectiveness establishes global commitments for donor and recipient countries to support more effective aid. The declaration lays out five principles that should shape aid delivery. These are:

- **Ownership:** partner countries exercise effective authority over their development policies, strategies and national systems, including health sector plans, when relying on external resources
- **Alignment:** donors base their overall support on partner countries' national development strategies, systems (including health service delivery systems, information and monitoring systems) and procedures
- **Harmonisation:** donors organise their multiple activities in ways that maximise their collective efficacy
- **Managing for results:** countries manage resources and improve decision-making for results
- **Mutual accountability:** donor and developing countries will be mutually accountable for development results

The next High Level Forum (HLF) will take place in Accra, Ghana in September 2008. The intention of this HLF is to review the progress made in implementing the Paris Declaration. It aims to broaden and deepen the dialogue on aid effectiveness by giving space and voice to partner countries and new actors including civil society organisations.

The real challenge remains in translating these declarations into deeds and actions. Important building blocks for this change are described in brief below. They include a number of different but complementary efforts at both international and country levels.

See also:

[Eldis resource guide on aid – section on aid effectiveness](#)

Recommended readings:

- [Paris declaration on aid effectiveness](#)
- [Aid effectiveness: overview of the results 2006 survey on monitoring the Paris Declaration](#)
- [Reforming the international aid architecture – options and way forward](#)
- [From Paris 2005 to Accra 2008: will aid become more accountable and effective?: a critical approach to the aid effectiveness agenda](#)

3.1. The evolution of Global Health Partnerships

GHPs are starting to change the way they operate by moving from more disease specific funding to demonstrating awareness of wider health system issues. For instance, since November 2007 the GFATM has allowed grants to be used to strengthen public, private or community health systems, but only if in doing so it makes it easier for the country to combat AIDS, tuberculosis or malaria. This is known as a "diagonal" intervention" – i.e. where funding for specific disease specific areas can result in wider health system benefits.

In 2006 GAVI opened up a Health System Strengthening (HSS) funding window. This was for initiatives aimed at enhancing and developing the capacity of health systems that are fundamental for the provision of a range of public health interventions. In particular it aims to address health systems barriers that impede the demand for, and delivery of, immunisation and other child and maternal health services. GAVI has identified priority areas based on assessments of health systems barriers. These are: health workforce mobilisation, distribution and motivation; organisation and management of health services; supply distribution and maintenance systems for drugs, equipment and infrastructure for primary health care.

A report by the Working Group on Global Health Partnerships for the HLF on the health MDGs has set out 17 best practice principles for GHPs at country level, based on the five pillars of the Paris Declaration. Principles include: to respect partner country leadership and help strengthen their capacity to exercise it; to base support on partner countries' national development and health sector strategies and plans, institutions and procedures; and to shift from project to programme financing. The report recommends that GHPs should collaborate at a global level and with donor and country representatives, to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems.

See also:

- [GAVI alliance health system strengthening applications](#)

Recommended readings:

- [Best practice principles for global health partnership activities at country level](#)

3.2. United Nations Reform

The United Nations (UN) is undergoing a series of modernising reforms aimed at improving its key management processes and structures. Given its commitment to the attainment of the Millennium Development Goals, a panel on System-Wide Coherence co-chaired by the Prime Ministers of Mozambique, Norway and Pakistan reported to the Secretary-General in 2006. It emphasised the need for the large and diverse UN organisations, including the World Health Organization, to ‘deliver as one’ – in particular at the country level. ‘Delivering as one’ means the possible adoption of a single United Nations approach at the country level, with one leader, one strategy, one budget and where appropriate, one office. This ‘One UN’ approach to working is currently being piloted in eight countries.

A more defined example of UN organisations working in a more joined up manner is demonstrated by efforts to undertake ‘*joint programming*’. This refers to a common work plan and related budget, involving two or more UN organisations, and possibly (sub-) national partners. The work plan and budget form part of a joint programme document, which also details roles and responsibilities of partners in coordinating and managing the joint activities. The concept and motivation of joint programming stems from awareness that ‘working together’ is more efficient and effective and reduces problems of duplication and fragmentation.

For more information go to:

<http://www.un.org/events/panel/resources/pdfs/HLP-SWC-FinalReport.pdf>

3.3. The International Health Partnership

The International Health Partnership (IHP) was launched by the UK Department for International Development (DFID) in September 2007. It is an agreement between donor countries, developing countries and international health agencies and foundations to ensure that development partners and governments work better together, and that they direct their support to the priorities identified in the national health plans of poor countries. The IHP aims to make health aid work better for poor countries and accelerate progress by doing three things:

- provide better coordination among donors
- focus on improving health systems including infrastructure and training, rather than on individual diseases or issues
- develop and support countries' own health plans.

There are seven 'first wave' recipient countries (Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal and Zambia) who will strengthen their planning and accountability mechanisms and show more clearly how external support has led to improvements in health. These countries have committed to increase funding for health care and ensure access to services for the poorest people.

For more information go to: <http://www.dfid.gov.uk/news/files/ihp/default.asp>

3.4. Joint Assistance Strategies

Joint Assistance Strategies (JAS) are frameworks based on the principles of the Rome and Paris declarations. They help in managing aid, enhancing harmonisation between donors and building on cooperation with national governments. The aim of JAS is to achieve a clearer segregation of lead, active and delegated partnerships and to reduce the transaction costs that governments face when dealing with multiple donors.

In JAS programmes, donors are more selective in their programming and policy dialogue. Each programme concentrates its efforts in line with its comparative advantages so as to avoid an overlapping of work. In some instances, JAS programmes also seek to involve non-government partners (NGOs and the private commercial sector) in these efforts. One criticism of JAS is that they can lead to competition between donors over the largest sectors such as health and education, while detracting attention from less popular issues that may not be well represented or not represented at all in the development agenda.

Recommended readings:

- [Joint assistance strategies in Tanzania, Zambia and Uganda](#)

3.5. 'Harmonisation for Health in Africa' initiative

The 'Harmonization for Health in Africa' initiative (HHA), conceived in response to the recommendations of the Paris declaration, is a regional mechanism through which collaborating partners (African Development Bank, UNAIDS, UNFPA, UNICEF, WHO, World Bank) provide technical support and capacity building assistance to African countries on a demand-driven basis.

The HHA intends to work with existing development and financing frameworks such as SWAps, budget support and poverty reduction strategy papers and other national development frameworks that draw on a country-led and participatory approach to health policies and programmes.

Key interventions include to:

- provide technical and capacity building to the development and improvement or implementation of aid instruments (SWAps, budget support etc)
- provide stakeholders with comprehensive communication on progress and country needs for achieving the health MDGs
- serve as a broker and where appropriate provide support in facilitating resource mobilisation 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

Recommended readings:

- [Capacity development and aid effectiveness](#)
- [Harmonization for health in Africa: an action framework](#)

4. Recommended readings

1. The emerging aid architecture, PRSs and the MDGs

Authors: R. Liebenthal; S. Wangwe

Publisher: UN Economic Commission for Africa , 2006

This background paper published by the Economic Commission for Africa, sets out the facts about aid to Africa and reviews the estimates of aid requirements and availabilities. The paper also discusses aid modalities, with a particular focus on budget support and mutual accountability, and aid policies for African countries. It finds that there is a need for policies to address issues of aid effectiveness and quality more comprehensively. It is important for African countries to develop policies which address: aid dependence and exit strategy; the preference for particular aid instruments; the preferred approach to capacity; the number of donors and their comparative advantage.

The paper concludes with recommendations for countries to improve aid effectiveness, influence aid delivery and build aid into development plans. It recommends that African governments should:

- continue to strengthen national planning, budgeting and financial systems, with a special focus on poverty reduction

- continue pressing to increase the share of aid in the form of budget and sector support
- establish mutual accountability frameworks at the national level
- develop explicit aid policies and consider embodying selected aspects in legislation

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35913&type=Document>

2. Aid architecture: an overview of the main trends in official development assistance flows

Publisher: International Development Association, 2007

This paper by the International Development Association reviews the broad trends in Official Development Assistance (ODA) flows; the growing complexity of the existing global aid architecture; and the prospects and challenges facing the donor community. It finds that the recent upward trend in ODA volumes has been accompanied by an increase in the amount of aid delivered through grants. Almost 90 per cent of bilateral ODA is now in the form of grants, and there has also been an increase in the use of grants by multilateral organisations. New donors bring with them more resources to help developing countries reach the Millennium Development Goals, but also new challenges for harmonisation and alignment.

The paper concludes with a brief look into the main challenges facing the donor community going forward, including: (i) achieving complementarity across national, regional and global development priorities and programmes; and (ii) strengthening recipient countries' ability to make effective use of potentially scaled-up fast-disbursing ODA such as budget support. The platform provided by the principles and targets of the Paris Declaration should help to achieve complementarity. [adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35722&type=Document

3. Mapping global health partnerships: what they are, what they do and where they operate

Authors: C. Carlson

Publisher: Department for International Development Health Systems Resource Centre, 2004

This paper, from the DFID Health Resource Centre (HRC) aims to provide a common understanding of what Global Health Partnerships (GHPs) are, how they might be classified and how they operate. The document reviews definitions of GHPs, outlines a classification system used in the Resource Centre's broader GHP project, describes the key findings, and provides a detailed list of GHPs with their missions, aims and/or objectives. It also details a global GHP mapping exercise, which examined prevalence or cases of specific diseases of interest to target GHPs, poverty, and political and health systems characteristics.

The document classes GHPs into four categories: research and development, including discovery and development of new therapies; technical assistance/services support, including drug donations; advocacy at national and international levels; and financing, which includes providing funds for specific programmes. Its findings show that Africa has the highest level of GHPs and there is a high correlation between GDP levels and numbers of GHPs. However, neither the type of government (authoritarian to democratic) nor the percentage of public spending going to the health sector were found to be correlated with the number and type of GHPs operating in a country. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=19652&type=Document>

4. Assessing the impact of global health partnerships: country case study report (India, Sierra Leone, Uganda)

Authors: C. Carlson; N. Druce; R. | Sadanandan

Publisher: Department for International Development Health Resource Centre (HRC), 2004

This report, published by the DFID Health Resource Centre (HRC), looks at evidence on the impact of global health partnerships (GHPs) at the country level in India, Sierra Leone, and Uganda. It finds that GHPs brought in additional funds for health in all three countries, but their financing mechanisms were sometimes problematic. Heavy reliance on health systems sometimes limited their effectiveness and could increase inequalities. The report argues that the strength of GHP programmes was in focusing attention on a priority disease or health concern. However, they have been better at doing this in some areas (such as immunisation, polio, and TB) than others (such as malaria).

The report recommends that donors should invest more in strengthening health systems to complement resources brought in by GHPs. GHPs should be more explicit and accountable about the pro-poor objectives in their programmes. Post-conflict and difficult environment countries need a slower, more hands-on approach than other countries. Some countries have multiple programmes focusing on HIV and AIDS, and the GHPs should work with country partners to harmonise these programmes. Finally, the report suggests that careful assessment is needed before setting up new partnerships to tackle other public health problems.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=20121&type=Document>

5. New actors in health financing: implications for a donor darling

Authors: D. Drechsler; F. Zimmermann

Publisher: OECD Development Centre, 2006

This policy brief, by the OECD Development Centre, examines trends in development finance, focusing on the emergence of new actors such as global funds, foundations and NGOs, who provide additional financial flows. The paper draws on the experience of Ghana's health sector. It finds that, even for 'donor darlings', where aid accounts for a large percentage of gross domestic product, new sources of finance have become a credible alternative to Official Development Assistance (ODA).

The brief identifies major challenges for effective development finance. It shows that developing countries need stronger information systems to predict the various flows, and better co-ordination mechanisms. In order to take ownership of their own development process, countries must find ways to improve inter-ministerial co-operation and to address mismatches between budgets and spending. The paper concludes that domestically, many poor countries face capacity gaps that can not be filled by increased finance or improved effectiveness alone. These include skills shortages in ministries and unpredictable human resources in the public service. Addressing such capacity gaps should be an urgent priority for both governments and the donors seeking to assist them.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33363&type=Document>

6. Effective development assistance: a guide to aid instruments

Publisher: HLSP Institute, UK, 2005

This CD-Rom, produced by the HLSP provides a structured overview of the key aid instrument and development assistance issues. The CD has five modules covering:

- the development context: poverty, the architecture of international aid, the Millennium Development Goals, Poverty Reduction Strategy Papers;
- aid instruments such as projects, sector-wide approaches and direct budget support, exploring their pros and cons, and considering when and where each is applicable;
- practical issues such as partnership working, fiduciary risk, procurement and monitoring.

Designed for self-directed learning, the CD-Rom enables users to work at their own pace, or to move rapidly through familiar sections. The CD-Rom also contains exercises, a bibliography and a series of key web links.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=31989&type=Document>

7. The Uganda health SWAp: new approaches for a more balanced aid architecture?

Authors: C. Ortendahl

Publisher: HLSP Institute, UK, 2007

The early years of the Uganda health Sector Wide Approaches (SWAp) are generally considered a success story. However, its performance has subsequently declined. This HLSP paper examines the factors that have contributed to this decline, and the current challenges faced by government and donors. These are: reduction in government health spending; changes in preferred aid modalities used by development partners; weak government leadership; and weak governance. Analysis reveals that all these factors have interacted with one another and contributed to weakening performance.

The paper concludes that the lessons from the Uganda experience with the health SWAp also have wider relevance. The evidence points to the need for a more balanced architecture of development assistance for health which: promotes the active participation from global financing partnerships with other donors acting within the framework of common co-ordination structures; enables effective use of non-financial resources; and is informed by financial planning frameworks. [adapted from authors]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35563&type=Document>

8. The Global Fund operating in SWAp through a common fund: issues and lessons from Mozambique

Authors: C. Dickinson; J. Martínez; D. Whitaker

Publisher: HLSP Institute, UK, 2007

This policy brief, published by the HLSP, presents the main lessons learned from integrating the Global Fund with broader health sector support and pooled funding arrangements. It is based on a review of literature, key informant interviews and a country visit to Mozambique.

The paper examines how the Global Fund model is adapting to country systems and suggests conditions that are conducive to the integration of the Global Fund into a Sector Wide approach (SWAp). These include: the existence of a clear Code of Conduct and of harmonisation mechanisms; relatively robust and transparent reporting and accounting systems; an improving monitoring and evaluation system; positions of influence of all sides occupied by individuals with the leadership, vision and determination to pursue this agenda.

The authors conclude that alignment of global programmes' activities (such as the Global Fund) with national development strategies is essential for effective implementation. Coordination mechanisms should support an agreed sector strategy and strive for inclusiveness if aid is to be made more effective. Although the specific factors conducive to integration of funds are determined by country context, the Mozambique experience is a good example of how global programmes with a unique business model can fit with country led harmonisation and alignment arrangements.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=31995&type=Document>

9. Aid instruments and the very poor: the case of Global Health Partnerships

Authors: H. Wells

Publisher: Department for International Development Health Systems Resource Centre, 2005

This paper, produced by the DFID Systems Health Resource Centre, reviews the literature on Global Health Partnerships (GHPs) and their impact on the health needs of the very poor. The paper explores ways in which and to what extent GHPs currently target the very poor and asks what future role GHPs should play in this respect. The author notes that GHPs are self-targeted to the extent that they focus on diseases that are mainly faced by the poor, or on services that the poor stand to benefit from. In addition, GHPs have achieved some success at a global level, particularly in generating additional funds, allocating resources and reducing commodity prices.

However, the author highlights several areas of concern, including differences in the profile of the poor at country level, which may mean these most vulnerable groups are not reached through GHPs. Local variations may also mean that global level principles or actions, such as commodity price negotiations, are irrelevant, undermined or even reversed by a range of situations in country. Also, the focus of GHPs on particular diseases may result in the neglect of other priorities. To enable a more accurate assessment of impact on the poor, the author calls for more sensitive systems for the monitoring and evaluation of GHPs than coverage figures alone. [adapted from authors]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=19922&type=Document>

10. Aid effectiveness and health

Authors: R. Dodd; G. Schieber; A. Cassels

Publisher: World Health Organization, 2007

This paper discusses the key challenges in the provision of more effective aid for health. It examines the complexities of the health sector, the challenges to making aid effective and recent efforts to address these issues. The paper demonstrates that aid effectiveness is particularly challenging in health, partly because of the inherent complexities of the sector itself. It highlights the Paris Declaration, as an important approach for improving aid effectiveness in health. The Paris Declaration lays down a roadmap to improve the quality of aid and its impact on development. Its key principles include: ownership; alignment; harmonisation; managing for results; and mutual accountability.

The paper concludes that creating an effective aid architecture in health helps make the case that 'aid works' and should leverage further resources for the sector. A key challenge is to demonstrate the link between the aid effectiveness agenda and better health outcomes. The authors recommend that efforts are needed at the country level to develop instruments for mutual accountability between donors and countries. These efforts should be initiated by the health community, but look beyond the sector and aim to ensure alignment of health strategies and goals with other development objectives.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=31984&type=Document>

11. Medicines without Doctors: why the Global Fund must fund salaries of health workers to expand AIDS treatment

Authors: G. Ooms; W. Van Damme; M. Temmerman,

Publisher: Public Library of Science Medicine, 2007

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to fight three of the world's most devastating diseases. Recent internal comments from the Global Fund suggest an intention to focus more on these diseases, and to leave the strengthening of health systems and support for the health workforce to others. This article, in PLoS Med, examines the implications of this strategy, and suggests that it could create a 'Medicines without Doctors' situation in which the medicines to fight AIDS, tuberculosis, and malaria are available, but not the doctors or the nurses to prescribe those medicines adequately.

The paper uses examples of two countries – Mozambique and Malawi - to underline the crucial role of Global Fund support to the health workforce. The paper concludes that it is easier to remedy the shortage of medicines with external funding than it is to remedy the shortage of health workers: medicines can be bought, whereas health workers have to be trained first. This underlines

the importance of starting emergency human resources programmes. The Global Fund is in a position to fund the salaries of health workers, but donors must give the Global Fund the resources to do so.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=31505&type=Document>

12. Effects of the global fund on reproductive health in Ethiopia and Malawi: baseline findings

Authors: W. Schott; K. Stillman; S. Bennett

Publisher: Partners for Health Reformplus, 2005

This report by Partners for Health Reformplus assesses the effects of the Global Fund to Fight AIDS, tuberculosis and Malaria (GF), and the activities it supports on reproductive health and family planning programmes in Ethiopia and Malawi. The paper considers the effects of the GF on policy processes, human resources, the public/private mix, pharmaceutical and commodity procurement and management with relation to reproductive health and family planning services. It finds that reproductive health players have not participated extensively in GF planning processes, and GF activities are not integrated with reproductive health, family planning, or other preventative care services.

In Ethiopia, health workers are shifting out of the public sector in search of better working conditions at non-governmental organisations, and in Malawi, there is evidence of resource shifts away from community reproductive health programmes in favour of activities related to AIDS, tuberculosis and malaria. The paper concludes that in order to bolster reproductive health and family planning services in future GF activities, reproductive health advocates and providers should make a case for integrating services for AIDS, tuberculosis and malaria with reproductive health and family planning, and become more involved in the planning process of GF activities. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=24371&type=Document>

13. Scaling up to achieve the health MDGs in Rwanda

Authors: Rwanda Ministry of Finance and Economic Planning and Rwanda Ministry of Health

Publisher: High-Level Forum on the Health Millennium Development Goals (MDGs), 2006

This Rwandan case study, produced in conjunction with the World Bank, was prepared for the High-Level Forum on the Health Millennium Development Goals (MDGs). It finds that the Rwandan government, through its Health Sector Strategic Plan (HSSP), has a clear strategy for scaling up evidence-based

interventions. However, insufficient funding is a major constraint to the effectiveness of the approach: donor funds are perceived as being outside government control, and not reliable. The study tests the viability and added value of a World Bank proposal for a brokering service that would facilitate coherent donor support for government health strategies and expenditure plans.

The study concludes that additional resources will have greatest impact if they are focused on the HSSP and channelled through the Government budget. It notes that donor impediments to compliance with the new Rwanda aid policy need to be addressed, and will need sustained high level attention within each agency. The report recommends the process proposed by the Government of Rwanda, of asking each agency to undertake a self-assessment against the aid policy and to come up with a plan of action. Coordinating this would be a potential role for the proposed brokering service. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33614&type=Document>

14. Priorities in global assistance for health, AIDS and population

Authors: L. MacKeller

Publisher: OECD Development Centre, 2005

This OECD Development Centre paper analyses trends in official development assistance (ODA) for Health, AIDS and Population (HAP). It finds that HIV/AIDS is the top priority in international health assistance. While the share of health in total ODA has increased significantly over the last decade, it is HIV/AIDS that accounts for this increase in share. If HIV/AIDS is excluded from the calculation, health has actually declined as a share of ODA.

The health sub-sectors that are considered to be pro-poor are losing share in health ODA. These include basic health infrastructure and care, health education and personnel development, basic nutrition and reproductive health and family planning. These trends are inconsistent with the emphasis put on health as a key sector in development and the growing recognition of the links between health and poverty. The paper also finds no clear relationship when comparing the composition of ODA at the country level with health priorities as expressed in country Poverty Reduction Strategy Papers (PRSPs). The absence of this relationship signals to policymakers that there is room for improvement in the PRSP process, in the allocation of ODA, or both. [adapted from authors]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35723&type=Document>

15. Learning from experience? A review of recipient-government efforts to manage donor relations and improve the quality of aid

Authors: A. Menocal; S. Mulley

Publisher: Overseas Development Institute, London, 2006

This paper reviews the efforts of five countries seen as relatively successful examples of recipient-led aid policies and donor management. These countries are Afghanistan, Mozambique, Tanzania, Uganda, and Vietnam.

From this review, the paper identifies five enabling conditions that may enable recipient governments to take the lead in establishing aid policies and managing relations with donors:

- good standards of macroeconomic management and stable economic growth can facilitate forward planning, and minimises policy dislocations necessitated by IMF conditionalities, and contribute directly to the maintenance of good relations with the donor community
- a history of open and frank engagement between donors and recipients promotes mutual trust and confidence
- a commitment to reform and/or strengthen public institutions (especially regarding public financial management) can enhance national capacity to identify and address development needs, as well as enabling donors to 'align' to national priorities and strategies, and nurturing the trust of donors on national systems
- a strong political will and commitment by the recipient government to lead on the development agenda and own the development process is important. It is easier for donors to align to a recipient country's development plan when country strategies are prioritised and operationalised, and it is easier for recipient countries to lead when their priorities have been identified internally
- though still very rare, 'mutual accountability' mechanisms, intended to extend accountability to donors as well as recipient governments, have assisted in overcoming tensions between donors and recipients

In some of the cases studied, independent monitoring was also an important aspect of developing recipient leadership.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=23493&type=Document>

16. Improving AIDS coordination among multilateral institutions and international donors

Authors: Global Task Team

Publisher: Joint United Nations Programme on HIV/AIDS, 2005

This report from the Global Task Team (GTT), a UNAIDS-led initiative that sets out to improve coordination among multilateral agencies and international donors responding to HIV/AIDS, aims to improve coordination, alignment and harmonisation of the international AIDS response. The report begins by outlining the context in which the GTT operates and goes on to detail its major challenges. These include issues around inclusive national leadership and ownership, alignment and harmonisation of multilateral institutions and international partners, and the effectiveness of the multilateral response.

GTT recommendations include: creating national mechanisms that drive implementation and provide a basis for the alignment of external agencies; supporting macroeconomic policies that drive the response to AIDS; and strengthening of country monitoring and evaluation mechanisms that facilitate oversight. It is important that multilateral institutions and international partners commit to working with national AIDS coordinating authorities to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans. The Global Fund, the World Bank, and other multilateral institutions and international partners will identify specific approaches to improving the alignment of their financing with country cycles and annual priority AIDS action plans. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33872&type=Document>

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

Authors: J. Martinez

Publisher: HLSP Institute, UK, 2008

Sector wide approaches (SWAp) 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35730&type=Document>

18. Fiscal space and sustainability: towards a solution for the health sector

Authors: High-level Forum on the Health MDGs

Publisher: High-Level Forum on the Health Millennium Development Goals (MDGs), 2005

Donor commitments to individual countries remain short-term and highly conditional and do not come close to reflecting the global promises of increased aid, while donor disbursement performance remains volatile and unreliable. This paper discusses options for addressing aid commitment, aid predictability, and budget management issues that are critical to tackling this problem.

It examines:

- What can be done to encourage governments to reflect donor promises of increased aid in their expenditure plans?
- How can longer-term commitments be reconciled with aid effectiveness?
- Should external aid support the government plan?
- How can the costs of aid volatility be reduced?
- How can countries insure against donor non-performance?

The paper details options for addressing these issues, and their benefits, constraints and disadvantages. For instance, in response to how countries can reduce the costs of aid volatility which disrupts the implementation of expenditure programmes, the paper suggests possible solutions including: improve aid monitoring; improve government absorptive capacity through capacity building, decentralised management, public expenditure management reforms; and donors use simpler, harmonised procedures to deliver aid based on those used by national governments.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35800&type=Document>

19. Funding flows for health: what might the future hold?

Authors: M. Pearson

Publisher: HLSP Institute, UK, 2007

This HLSP paper maps out how overall funding flows for health in developing countries might evolve over the coming years. It considers the key factors that affect levels of spending including government financing, aid support and private expenditure. It then sets out how much funding is actually needed, and makes a series of projections about the size of the funding gap. The paper estimates that achieving the \$35 per head target will require over \$100bn of additional resources by 2015. Significantly reducing the financing gap would likely result in increased aid dependency in much of Africa. Unless donors are able to make progress on the harmonisation and alignment agenda, this is likely to pose major problems at the country level.

The paper recommends that aid needs to be provided in a more predictable manner through the use of appropriate and well understood conditionality. Aid also needs to be integrated into national expenditure programmes and not provided off budget. Better information systems are needed to track progress and appropriate accountability mechanisms need to be put in place. A more pro-poor allocation of aid resources could potentially play a large role in reducing the financing shortfalls. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35044&type=Document>

20. Paris declaration on aid effectiveness

Authors: High-Level Forum on Aid Effectiveness

Publisher: Aid Harmonization & Alignment, 2005

Adopted at the High-Level Forum on Aid Effectiveness (March 2005) the Paris Declaration on Aid Effectiveness, has been prepared with broad participation from development practitioners, through a process coordinated by the High-Level Forum Steering Committee. The declaration will outline a set of joint commitments and targets for governments and multilateral donors to reach over the next five years.

Against the different key principles of the Rome Declaration (2003) and the Marrakech memorandum on Managing for Development Results (2004), the following commitments for donors and partners are highlighted in the Declaration:

- **Ownership** — Partner countries exercise effective authority over their development policies, strategies and national systems when relying, partially or entirely, on external resources.
- **Alignment** — Donors base their overall support on partner countries' national development strategies, systems and procedures. This creates

mutual commitments. For partners, it means having sound and operational development policies and systems for managing aid. For donors it means using partner countries policies, institutions and systems as the framework of reference for providing aid.

- **Harmonisation** — Donors organise their multiple activities in ways that maximise their collective efficacy.
- **Managing for results** — Improves the performance and accountabilities in achieving sustainable improvements in development by focusing on development results.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=18389&type=Document>

21. 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33465&type=Document>

22. 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35727&type=Document>

23. 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33813&type=Document>

24. Best practice principles for global health partnership activities at country level: report of the working group on global health partnerships

Authors: Working group on global health partnerships
Publisher: High-Level Forum on the Health Millennium Development Goals (MDGs), 2005

This background paper for the High-Level Forum on the Health MDGs (Millennium Development Goals) examines how Global health partnerships (GHPs) can help scale up priority health interventions and investments. It argues that GHPs have played a major role in this. They have been instrumental in advocating for large-scale new financing, raising the profile of target diseases, and raising the profile of non-governmental stakeholders including NGOs (non-governmental organisations) and the private sector. The authors argue that the collective impact of GHPs has created a series of problems at country level, such as: poor coordination and duplication; high transaction costs from multiple initiatives; variable degrees of country ownership; and lack of alignment within country systems.

The authors conclude that without increased support to build health systems capacity, GHPs will not reach their full potential. They stress the need for more aligned and harmonised approaches. They recommend that GHPs should endorse and enact some best practice principles for country-level work; and should work with countries and other agencies to solve relatively simple problems at the same time as developing approaches to more challenging issues. They also recommend a regular, issue-focused global forum for GHPs, governments and donors to review principles, practice and progress. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=20999&type=Document>

25. Joint assistance strategies in Tanzania, Zambia and Uganda

Authors: DANIDA

Publisher: Ministry of Foreign Affairs, Denmark, 2005

This study focuses on the on-going process of developing Joint Assistance Strategies (JAS) in Tanzania, Zambia and Uganda. JAS are national, medium term frameworks for managing development cooperation between governments and development partners. By highlighting what has happened so far, the paper brings new insights into country specific experiences and draws out some lessons learned that may help other countries to complete a JAS process in a more informed and effective manner.

The authors identify issues that are essential in order for JAS processes to succeed effectively. These include the need for partner governments to lead and solve critical issues, and the need for a common vision and action plan at country level so that all parties are aware of the objectives of the JAS, how to get there and the implications of their involvement. It is also important that JAS have political buy-in from donors and line ministries in partner countries who need to adjust to a new scenario in which development assistance is coordinated by the Ministry of Finance rather than through individual project-based programmes.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35912&type=Document>

26. 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35799&type=Document>

27. 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: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35805&type=Document>

Appendix

Figure 1: The complexity of the development finance system

Source: OECD DAC and OECD development centre, 2006

