Delivering for Health Systems Strengthening

Civil Society Organisations' Comments on the
Proposed Joint Platform for Health Systems Strengthening
October 2009

We, the undersigned civil society organisations welcome the principle of more and better co-ordination between funding and technical agencies in support of one national health strategy to help mobilize additional funding, strengthen strategies, streamline funding, make aid more effective and reduce transaction costs for developing countries. In this regard this submission focuses on the recent proposal to form a joint platform for health systems strengthening (HSS) between the Global Fund to Fight AIDS, TB and Malaria (GFATM), the Global Alliance for Vaccines and Immunisations (GAVI) and the World Bank, under the co-ordination of the World Health Organisation (WHO).

Our comments focus on five critical issues:
1. Respective roles of the different partners;
2. Structure of the new platform and relationship with other donor agencies;
3. Resources and funding streams;
4. Universal access to health care and vulnerable groups; and
5. Role and meaningful engagement of civil society.

We strongly urge all donor agencies and developing country governments involved and impacted by the joint HSS platform proposal to take these comments into consideration and to guarantee full and transparent consultation with all stakeholders as the proposal further develops.

1. The Respective Roles of the Different Partners

At this point it remains unclear what specific roles the respective partners will assume within the proposed joint platform. However, it appears the lack of in-country structures and presence of GAVI and GFATM have led to an inherent assumption that the World Bank will coordinate the process and provide the bulk of technical advice on HSS at country level and claim responsibility for 'upstream' HSS investments. These assumptions need to be challenged. The World Bank has a poor track-record in health systems strengthening and lacks the credibility to justify its leadership role in such an important process. Indeed the World Bank's enforced spending cuts and wide-scale restructuring of health services in poor countries over two decades have contributed to considerable damage and inequity in access to health services. More recently the Independent Evaluation Group reviewed the performance of the World Bank over the last ten years and reported poor results, including:

- One third of health reform projects performed unsatisfactorily. In Africa the results were particularly weak, with 73 percent of projects failing to achieve satisfactory outcomes.
- Only half of the Bank's portfolio (107 projects) had a pro-poor focus. Only one in eight projects (13 percent) had an objective to target health status, access, use, quality, or demand, or to provide health insurance specifically among the poor.
- Only 29 percent of freestanding HIV projects had satisfactory outcomes; in Africa the figure was only 18 percent.
- Project monitoring was "weak" and evaluation "almost non-existent," leading to inappropriate project designs, unrealistic targets, and the inability to

measure the effectiveness of the Bank's interventions. The IEG called this a "great concern."

- Political risk and complexity were often missing in the risk analysis of health reform projects.[1]

Moreover, the most recent progress report on the Bank's HNP performance since the IEG evaluation shows performance has not improved: only 52% of HNP projects have achieved a satisfactory rating since the IEG review, compared to a baseline of 66% and a target to achieve a satisfactory rating of 75%.[2]

The evidence shows that the other agencies involved in this joint platform – GAVI and GFATM – while also having some weaknesses, have a stronger track record in supporting country-driven approaches, accountability, and transparency, democratic governance, reaching marginalised communities and delivering results in health.

Both the GFATM and GAVI have also established a model of inclusiveness of developing countries that share equal voting power with their rich country counterparts. Both agencies have also built systems for the transparent and democratic inclusion of civil society in both policy setting and programme implementation. This is not the case for the World Bank.

In contrast to the World Bank, the WHO is the lead UN agency on health and already has the global mandate to lead on health policy and health systems strengthening. Although the performance and leadership of the WHO has been sometimes lacking in the past, if supported and enabled it remains the strongest and most experienced agency to provide the technical advice needed at country level. The World Bank's role should be limited to some specific and jointly identified areas of comparative strengths for HSS potentially including their ability to promote a multi-sectoral approach to health; support to Ministers of Health to negotiate budgets with their own Ministers of Finance and Central Banks; supporting infrastructure to boost access to health facilities including roads; and the improvement of procurement systems for health products.

Based on the evidence, we, along with many other civil society organisations oppose the World Bank adopting a leadership role at global or national level in the proposed joint platform for health systems strengthening. Instead the WHO should be fully supported to take the lead in providing technical advice at country level on health systems strengthening, setting agreed standards and in co-ordinating the overall development and implementation of the joint platform.

As the GFATM and GAVI already have similar processes and procedures for funding countries we suggest if the joint platform proposal proceeds it should initially be implemented between these two agencies in a small number of countries. This co-ordination can benefit from the current Joint Assessment of National Strategies process and can function within the country national framework under the leadership of the countries supported by the WHO.

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[1] IEG (2009) Improving Effectiveness and Outcomes for the Poor in Health, Nutrition, and Population: An Evaluation of the World Bank Group since 1997. URL: http://siteresources.worldbank.org/EXTWBASSHEANUTPOP/Resources/hnp_full_eval.pdf

[2] The World Bank (2009). Implementation of the World Bank's Strategy for Health, Nutrition and Population (HNP) Results: Achievements, Challenges, and the Way Forward: Progress Report. URL: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/03/25/000334955_20090325043030/Rendered/PDF/478800BR0SecM2101Official0Use0Only1.pdf

This process will enable learning and improvement for the future scaling up of the joint platform.

2. **Structure of the New HSS Platform & Relationship with Other Donors**

The exact structure of the new platform remains unclear. Moreover there is no real clarity on the joint platform's relationship to other major bilateral and multilateral donors and mechanisms. At the same time there is genuine concern about adding another layer of complexity and processes to the already overburdened systems in recipient countries.

We urge the participants in the joint platform to ensure clear and practical co-ordination. This includes pooling of resources for recurrent costs associated with health systems strengthening with effective transparency and accountability safeguards in place. This should build on those Sector Wide Approaches (SWAps) for health that have been shown to be successful and on the IHP+ processes already started in several countries to achieve transparency, effectiveness, efficiency, and to minimise burdens on countries. In addition to improving these process areas, these approaches must be designed, implemented, monitored and evaluated to ensure demonstrably improved health outcomes and facilitate scale up towards universal coverage. It is critical that these processes ensure the successful and meaningful engagement of citizens and organised civil society in each country.

Technical assistance to countries is currently provided by a plethora of actors. This situation often leads to fragmentation and gaps in the types of assistance provided. As with funding, technical assistance must be co-ordinated in support of national health plans and the joint platform must promote and build on such co-ordination. Priority must be given to building capacity within the countries to ensure the long-term sustainability of health systems performance and minimise the transaction costs of external technical assistance.

3. **Resources and Funding Streams**

Significant additional funding for HSS need to be made available if joint funding is to be supportive of comprehensive and ambitious national health plans that will achieve universal, comprehensive health care and access for all.

There must be a fully transparent and robust methodology employed by the joint platform to assess and publish the financing gap for health systems in each country based on the principle of achieving universal and equitable access to comprehensive health care. This process must be country-led and under the guidance of the WHO. Developing countries must demonstrate their commitment by scaling up expenditure on health to at least 15% of government budgets as outlined in the 2001 Abuja Declaration by 2015 at the latest. The Joint Platform in partnership with bilateral donors and health agencies must fill the remaining financing gaps now and beyond 2015. In this regard, before any Joint Platform is formed there must be an explicit commitment by all bilateral donors and health aid agencies involved to fully fund all good national health plans assessed by the Joint Platform.

Funding for health systems should be made available in the form of long-term (minimum of 5 years), predictable sector or general budget support where it is feasible to implement effectively and is appropriate to the country context. This support must come with a clear focus on improving health outcomes, the meaningful involvement of civil society and be accountable to all citizens. This support must also come with significant investment in country level health information systems to ensure progress in health systems can be appropriately and transparently monitored and evaluated. Increasing the amount of health aid as sector budget support as well as improving the efficacy of its implementation is necessary

to pay for the recurrent expenditure associated with essential components of health systems strengthening such as salaries and medicines. An explicit commitment to the funding of such recurrent expenditures is needed from the agencies involved in the Joint Platform.

4. Focus on Universal Access to Health Services

We are concerned that without a clear focus on achieving universal access and equity, and without clear commitment from donors to assist developing countries to achieve these goals, women and vulnerable groups particularly will continue to face exclusion from essential services. We therefore call on the joint platform to work in partnership with countries to ensure the poorest, marginalised, and vulnerable groups are always prioritised for health care financing and provision within comprehensive national health plans.

5. Engagement of Civil Society

GAVI and GFATM have introduced progressive and groundbreaking ways of civil society engagement at country as well as at global level. Although imperfect in implementation to date any joint platform for health system strengthening should build on the positive achievements of both institutions, improve mechanisms where necessary and show the same commitment to civil society involvement in decision-making, governance, and programme monitoring. We expect the joint platform for HSS to be fully inclusive of civil society, transparent in decision-making processes and accountable to all parties involved especially to poor countries themselves.

In conclusion we urge that under the WHO's co-ordination, the Joint Platform for HSS build on the principles and results of the GFATM and GAVI and provide the additional long-term and predictable support needed by poor countries to build strong, accountable and equitable health care delivery systems for all.

Signed,

Action Against AIDS Germany
ActionAid
Action for Global Health Europe
AMREF UK
European Public Health Alliance
Federación de Planificación Familiar de España (FPFE)
Global AIDS Alliance USA
Global SIDA Spain
International Planned Parenthood Federation
National Empowerment Network of PLHAs in Kenya (NEPHAK)
Oxfam International
Public Services International
Resource Centre for Primary Health Care Nepal
RESULTS / RESULTS Educational Fund USA
Treatment Action Group USA
Wemos Netherlands
Women and Children First UK
World Vision International