

2016 IHP+ Monitoring Round

Monitoring of Commitments
on Effective Development
Cooperation in Health

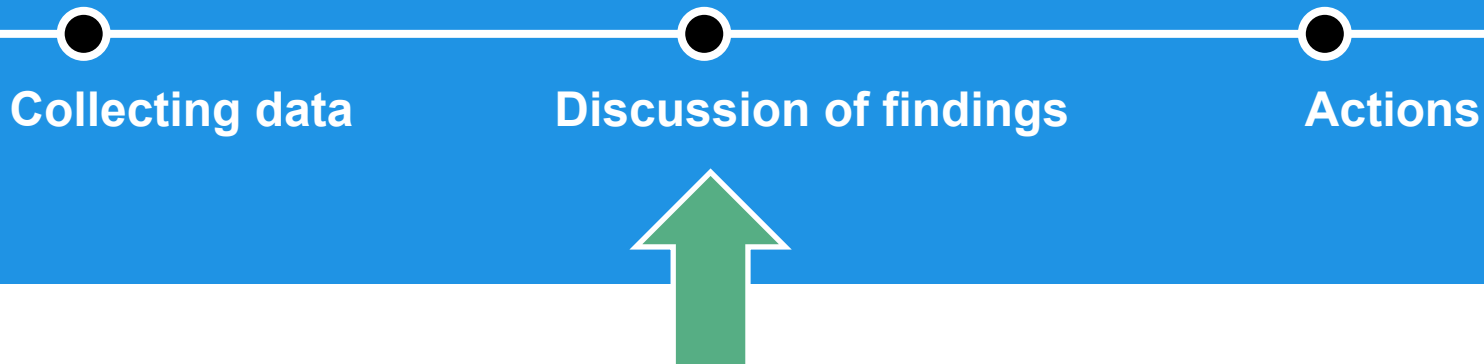
**Presentation of the
findings for Ethiopia**



INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In our country, data was collected for 2014-2015, 58% of DPs participated (including: DFID, European Commission, Gates Foundation, Gavi, Italy, Ireland, Netherlands, Spain, The Global Fund, UNAIDS, UNFPA, UNICEF, WHO and World Bank), representing 60% of total external support (source: OECD/CRS database);
- 7 CSOs participated in online survey and 5 in focus group discussion (FGD); 5 PS representatives participated in FGD

IHP+ 2016 Monitoring Process











OBJECTIVE OF DISCUSSION

“to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

- **Review performance** against the eight EDC practices
- **Identify barriers** to progress
- **Agree on actions** to improve accountability and performance of EDC in health.

Eight EDC practices, four commitments

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector are engaged	

FINDINGS OF DATA COLLECTION



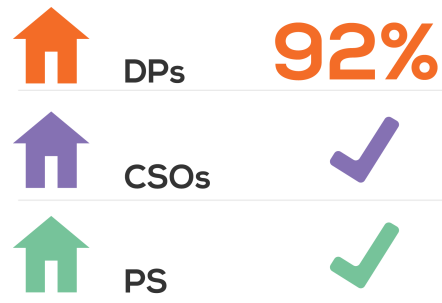
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- Issues
 - 38% of DPs argue they need separate assessment for agency specific indicators may not be included.

Joint assessment of health sector plan

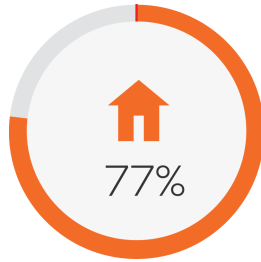


- DFID, European Commission, Italy, Ireland, Netherlands, Spain, The Global Fund, UNAIDS, UNFPA, UNICEF, WHO and World Bank did participate in joint assessment
- Only Gavi did not participate in the joint assessment.



MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation



- European Commission, Gavi, Italy, Ireland, Netherlands, The Global Fund, UNAIDS, UNICEF, WHO and World Bank confirm they only use national health sector indicators to monitor their support.

ISSUES

- DFID & S. Aid use their own M&E mechanism because of the limited coverage & quality of data from HMIS & DHS; limited indicators (Nutrition program); slow M&E process.

Mutual accountability processes



- All DPs have participated in mutual accountability processes

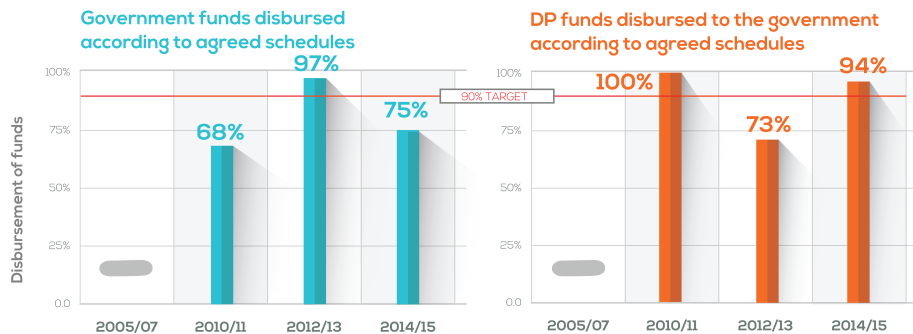
ISSUES

- FMOH- Measurable indicators for DPs to be included in the national partnership agreement



HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds

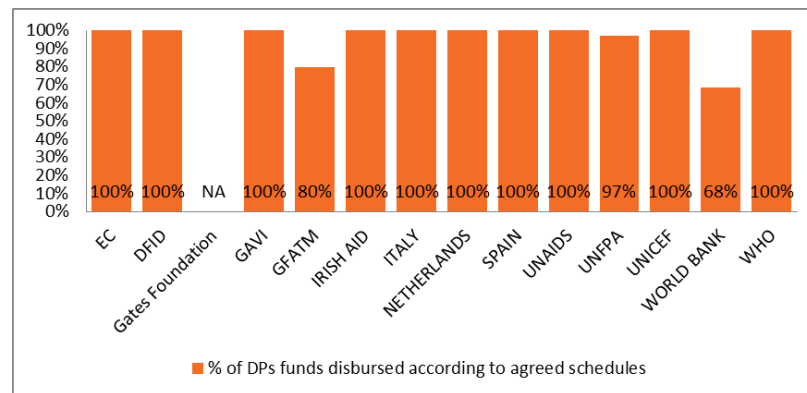


- Source WHO NHA data for 2014

ISSUES

Disbursement-Global Fund (80%) and WB (68%) because of low program and financial performance and under achievement of agreed results respectively.

% of funding disbursed according to agreed schedules by DP





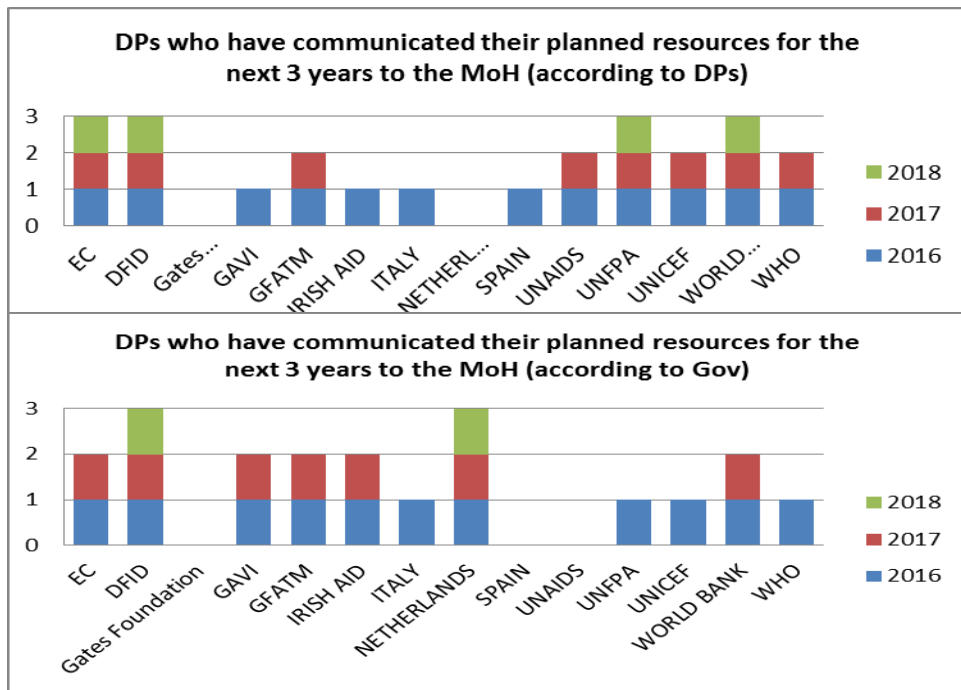
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- Only the EC, DFID, UFPA and the World Bank have communicated their planned resources for the next 3 years to the MoH (according to DPs)
- NB: There is a discrepancy between data provided by DPs and the GOV.
- Most DPs could not provide forward looking plans because funds are not predictable.

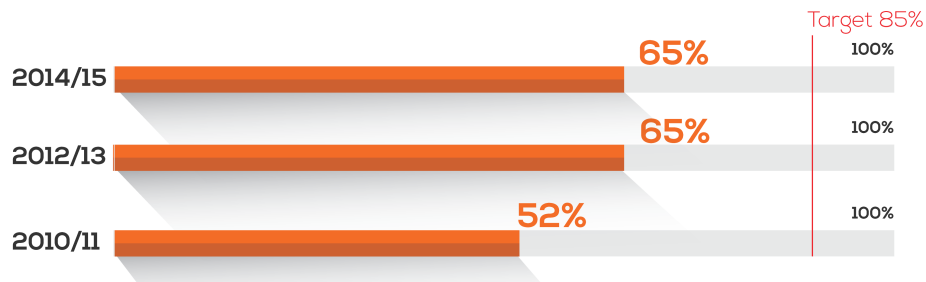
Communication of planned resources for next 3 years by DP





HEALTH AID IS ON BUDGET

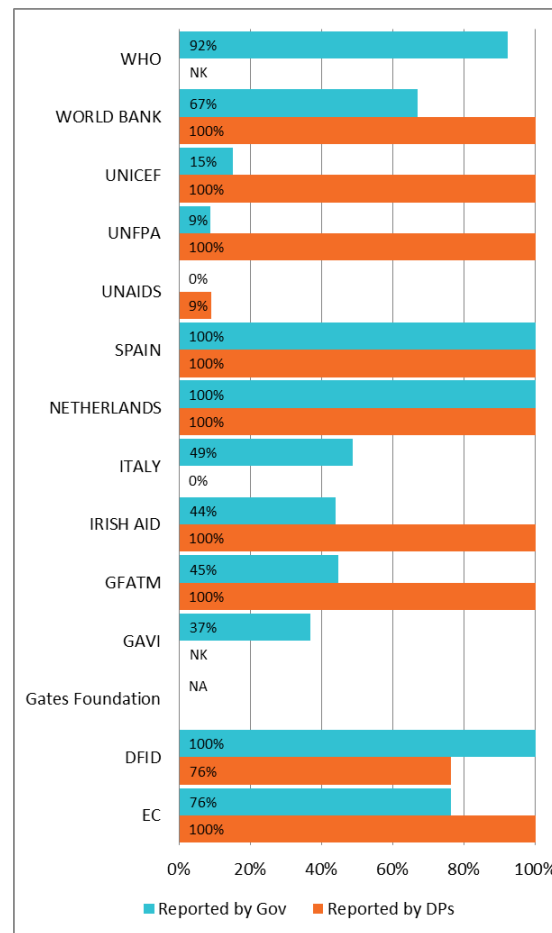
% of DP aid reported on budget



ISSUES

- Limitations to increase DPs resources in the national budget- week coordination by Channel 2 of MOFEC, absence of suitable financing mechanism for Nutrition programs; and some DPs are obliged to allocate resources to CSOs and the PS.

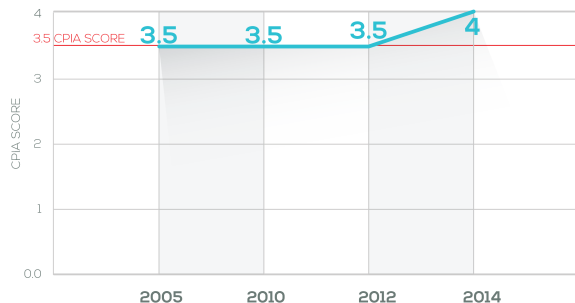
% of aid reported on budget by DP



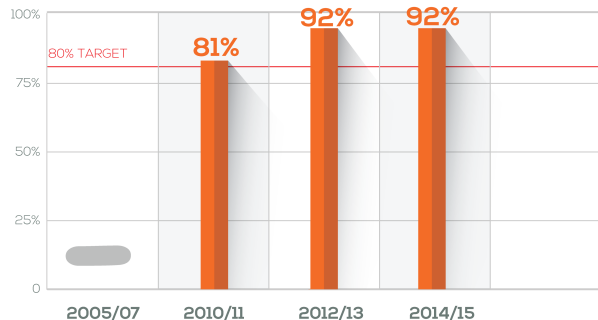


PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM



Source: World Bank, CPIA data 2014



% of DP funding using national procedures

	Budget execution	Financial reporting	Auditing
EC	100%	100%	100%
DFID	NK	NK	NK
Gates Foundation	NA	NA	NA
GAVI	100%	100%	100%
GFATM	100%	100%	100%
IRISH AID	100%	100%	100%
ITALY	0%	100%	100%
NETHERLANDS	100%	100%	100%
SPAIN	100%	100%	100%
UNAIDS	0%	9%	0%
UNFPA	100%	100%	100%
UNICEF	62%	62%	62%
WORLD BANK	100%	NK	NK
WHO	NK	100%	NK

Comments and key findings

- 46% of DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

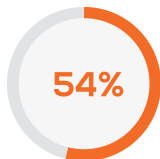


PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems



A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

Capacity Strengthening



% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:

- DFID
- European Commission
- Gavi
- Ireland
- Netherlands
- Spain
- The Global Fund
- UNFPA

DPs who don't use the national supply and procurement system

- Italy
- UNAIDS
- UNICEF
- WHO

Comments and key findings

- Gavi, UNAIDS, UNFPA and WHO resort to regional or global procurement approach for it enables higher quality for cheaper price.



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



A national plan for technical assistance is in place



% of DPs provide TA in line with the national plan

- Gavi, Spain and UNICEF provide TA in line with the national plan

ISSUES

- Only 50% of the DPs in the survey are aware of the existence of the national plan.

South-south cooperation



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- DFID, Gavi, GFATM, Italy, Netherlands, UNFPA, UNICEF, WHO support South-South Cooperation



CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?

Key findings from Gov survey and CSO online survey



Government consults CSOs in the design, implementation or monitoring of national health policies



80% of CSOs confirm they are consulted



Government provides financial resources



100% of CSOs receive financial resources



Government provides training support



33% of CSOs receive training support

Key findings from CSO focus group discussion

The PRRP (Participatory, Review and Reflection Program) and GO/NGO forums allow CSOs to participate in monitoring and evaluating their activities

Generally, there is lack of information and follow up mechanism with regard to the various proposals and inputs that the CSOs put forward at their various engagements with the FMOH.



CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Key findings from DP survey and CSO online survey



77% of DPs consult CSOs when developing their cooperation programme



69% of DPs provide financial resources



38% of DPs provide technical assistance



80% of CSOs confirm they are consulted



100% of CSOs receive financial resources



100% of CSOs receive technical assistance

Key findings from CSO focus group discussion

- Many national CSOs are suffering from lack of fund and are forced to either to dwindle their activities or even close their offices. Hence CSOs reminded DPs to allocate more resources so that they will be able to pursue the important role they are playing to increase the accessibility of health services.



CIVIL SOCIETY ENGAGEMENT (3)

How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

- There are stringent mechanisms and Gov't structures to control the effectiveness of the operational and financial activities of SCOs.

How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

- CSOs have confirmed that they can freely get organized and operate within the given Gov't rules and regulations.
- The CSO legislation particularly the subjective interpretation of some CSA officers is negatively affecting the growth and viability of SCOs.



PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- The PS appreciate the Gov't for allowing them to actively take part in the health policy, planning and monitoring at federal and regional level.
- There is no mechanism of following up the findings and recommendations of the private sector and feedbacks are not provided.
- The establishment of a medical professional council that has a say in a systematic manner in policy dialogue, resource allocation and monitoring was recommended but to date this has not materialized.

How effectively is the participation of the private sector in national health policy processes supported by international development partners?

- Medical Association of Physicians in Private Practice Ethiopia' (MAPPPE) confirmed that it is not getting any support from development partners and that DPs don't engage it in any of their health development endeavours.



PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?

- There are strong regulatory mechanisms that are seriously applied on the private health institutions at woreda/district regional and federal levels. All private health facilities are obliged to provide operational, financial and human resource information to the various regulatory bodies.
- A strong consortium having a seat at the FMOH which would enable them to engage more proactively in health policy, planning and monitoring has not been established to date.

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- Some medical professional associations are labelled as or registered as Ethiopian Charities and Societies. This has made fund soliciting very difficult and significantly limited their capacity to conduct researches and health related surveys.
- Health professionals practicing in the private sector are not given opportunities in higher educational institutions as their colleagues serving in the public sector.



Thanks!

Any questions?

You can find me at @username &
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