

2016 IHP+ Monitoring Round

Monitoring of Commitments
on Effective Development
Cooperation in Health

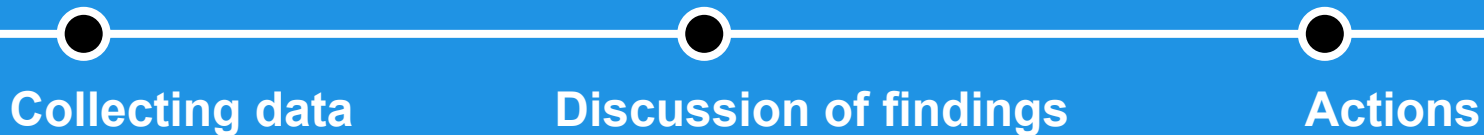
**Presentation of the
findings for Pakistan**



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 2015-2016, 44% of DPs participated (including: Australia, GAVI, Gates Foundation, GFATM, UNICEF, USAID, World Bank), representing 38% of total external support in 2014 (source: OECD CRS database);
- 9 CSOs participated in online survey and 17 in focus group discussion; 3 PS representatives participated in FGD
- The collection of the completed data collection tools from Government and DPs proved problematic.

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



1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY





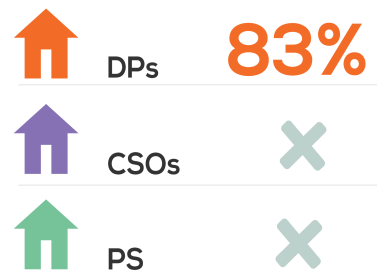
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned with the national health sector strategy
- Due to 18th Constitutional Amendment, health policy is devolved to provinces.
- The Federal Ministry has developed a National Vision 2016-2025 for key health challenges.
- Many DPs cooperate almost exclusively with the Provincial Ministries of Health.

Joint assessment of health sector plan

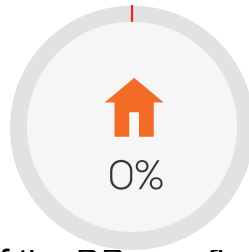


- GAVI, the Global Fund, UNICEF, USAID and WB participated in joint assessment of health sector plan
- Health is devolved to provinces with provincial health sector plans. These plans have never been jointly assessed though sub-programme areas especially the ones funded by external aid.
- There are project specific coordination fora to enhance accountability.



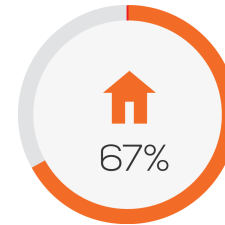
MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation



- None of the DPs confirms they only use national health sector indicators to monitor their support.
- M&E plans are part of provincial health sector strategies. DPs use their own M&E systems.
- The government M&E might not be collecting data for the indicators required for DPs reporting.
- Government collected data is insufficient or of poor quality.

Mutual accountability processes



- Australia, GAVI, the Global Fund and USAID participate in mutual accountability processes
- MA processes include JARs and donor coordination for sub-programmes of health sector.
- Facilitating the dialogue and regular meetings between DPs and Government can improve mutual accountability processes.
- Development of a country compact or partnership agreement with measurable targets can also enhance mutual accountability

2. COMMITMENT

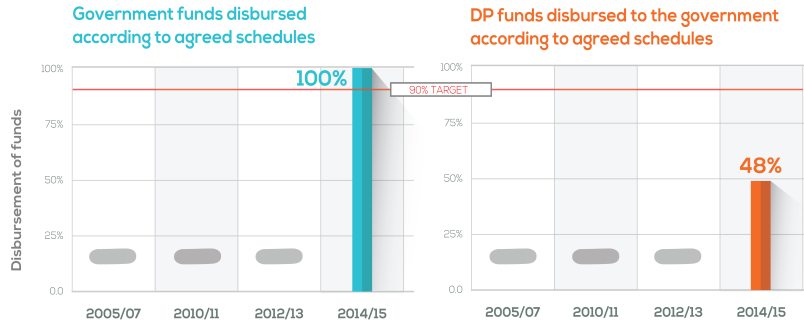
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL
MANAGEMENT OF THE HEALTH SECTOR





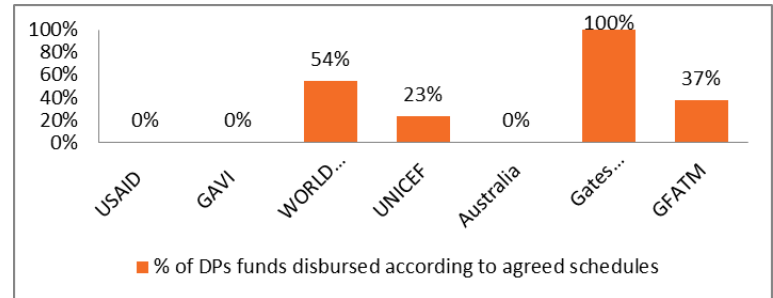
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



- Both the Federal Gov and Punjab Gov had a 100% disbursement of funds.
- The Federal and Provincial Gov.budgets are planned annually and lapse at the end of year if not used
- DPs referred to lengthy and slow government processes for under-disbursements.

% of funding disbursed according to agreed schedules by DP





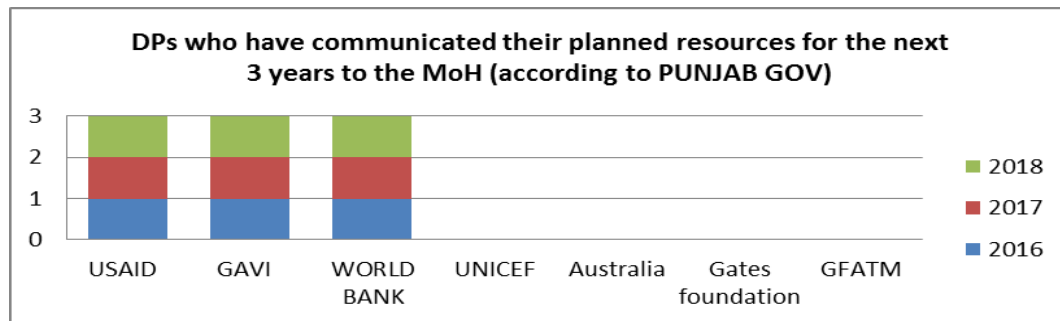
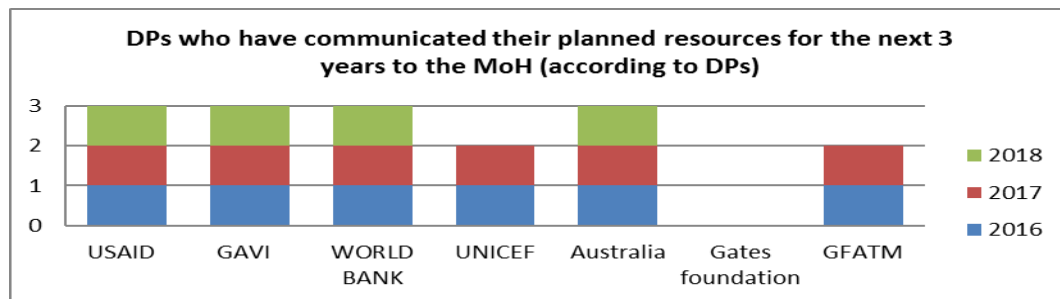
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- 57% of participating DPs have communicated their planned resources for the next 3 years to the MoH, as reported by the DPs.
- No data was available from the Federal Government on forward looking expenditure plans.

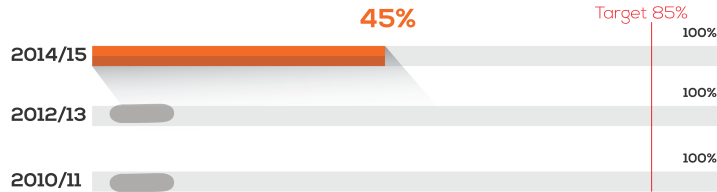
Communication of planned resources for next 3 years by DP, according to the DPs and the Punjab Gov





HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- Enhancing the capacity of government to absorb development cooperation can improve timely implementation.
- Most of the DPs do not provide direct budget support to the Federal or Provincial Govs.
- The Gov.budgets reflect contributions from development partners only for development projects.

% of aid reported on budget by DP, reported by DPs and Gov

	Reported by DPs	Reported by Fed Gov	Reported by Punjab Gov
USAID	NA	NA	6%
GAVI	NA	NA	86%
WORLD BANK	100%	NK	82%
UNICEF	0%	NK	NK
Australia	NA	NA	NA
Gates Foundation	0%	NK	NK
GFATM	0%	NK	NK

Note: NA = Not applicable; NK = Data not known

3. COMMITMENT

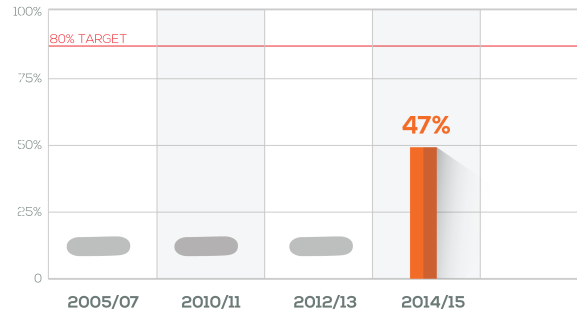
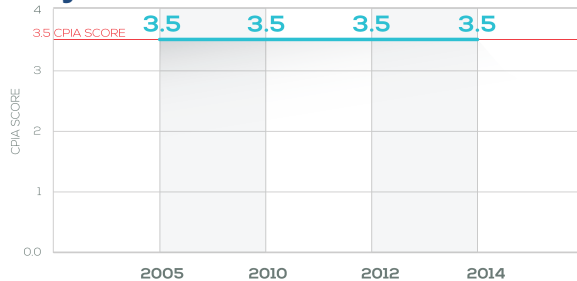
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS





PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

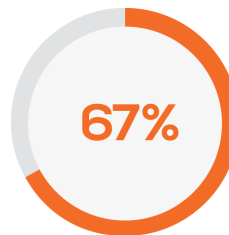
Strength and use of PFM system



% of DP funding using national procedures

	% of DP funds using national budget executing procedures	% of DP funds using national reporting procedures	% of DP funds using national auditing procedures
USAID	NA	NA	NA
GAVI	NA	NA	NA
WORLD BANK	100%	100%	100%
UNICEF	0%	0%	0%
Australia	NA	NA	NA
Gates foundation	0%	0%	0%
GFATM	0%	0%	0%

Capacity building



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

Comments and key findings

- A majority of DPs have their own financial reporting and auditing system and fiscal year.
- PIFRA is in place for Government financial reporting.
- The DP whose support is reflected in Government budget use Government financial system
- Donors are seeking to identify how the government systems can be modified to accommodate their requirements.



PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems



No national procurement and supply strategy exists.



50% of DPs that use national procurement and supply systems

Capacity Strengthening



100% 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:

- Australia
- USAID
- WB

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

- GAVI
- UNICEF
- The Global Fund

Comments and key findings

- The government plan for national procurement and supply exist but are project specific and mainly for vertical programs.
- Public Sector Procurement Rules (PPRA) are very stringent.
- A revision of the PPRA would provide greater opportunities for DPs to alignment procurement processes with Government.



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



No national plan for technical assistance is in place



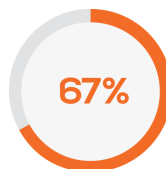
0% of DPs provide TA in line with the national plan

- As no national plan for technical assistance is in place, DPs cannot provide TA in line with the plan
- Federal and Provincial ministries are involved in developing the terms of reference for TA.
- The TA reports indirectly to government

South-south cooperation



The MOH benefits from south south cooperation most of the time



67% of participating DPs support south south cooperation

- 67% of DPs support South-South Cooperation
- The Punjab MoH also benefits from SSC sometimes.
- Resource constraints as the main reason for not providing support.

4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



CIVIL SOCIETY ENGAGEMENT

- 9 CSO participated in the online survey
- 17 CSO participated in the Focus Group Discussion





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



0% of CSO's confirm they are consulted



Government provides financial resources



0% of CSO's receive financial resources



Government provides training support



0% of CSO's receive training support

Key findings from CSO focus group discussion

- CSOs expressed a different view of the situation than the Gov.
- They are not timely consulted to allow meaningful participation
- The CSOs have to improve their capacities for more meaningful involvement.



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



67% of DPs consult CSOs when developing their cooperation programme



44% of CSOs confirm they are consulted



67% of DPs provide financial resources



33% of CSOs receive financial resources



67% of DPs provide technical assistance



33% of CSOs receive technical assistance

Key findings from CSO focus group discussion

- In general there is reluctance on the part of the Government as well as the DPs to involve the CSOs.
- In order to improve the CSO involvement in health policy processes, a strong advocacy to change the perception about CSOs is required.
- Some DPs involve CSOs in feasibility studies, scoping missions and implementation of subcomponents of their strategy.



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?

- No explicit comprehensive or cohesive policy with respect to CSOs participation in health policy processes.
- Absence of an institutional mechanism to coordinate the role of different CSOs.
- Organisational capacity, financial viability, and the public image of CSOs are also important constraints.

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

- The legal and regulatory environment of CSOs is only partially effective and non-restrictive.
- Certain groups were prevented from participating in health policy processes.
- Foreign funded CSOs are viewed with suspicion due to their greater financial and functional autonomy.

PRIVATE SECTOR ENGAGEMENT

3 Private Sector representatives participated in
the Focus Group Discussion





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 private sector has an important role in health service delivery.
- Private sector organisations develop their own policies and strategies to maximise their profits.
- The National health policy does not provide guidance to the private sector

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

- There is a need for establishment of more formalised structures of cooperation with the private sector.
- Opportunities for private sector engagement are not yet fully realised
- Many international agencies have established guidelines on interacting with the private sector.



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 is absence of an institutional mechanism to coordinate the role of different players within the private sector.
- There is a need to improve the capacities of private sector in terms of policy and program development in order to ensure meaningful participation.
- The private sector stakeholders share negligible information about their operations and resources with the Gov.

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

- The professional associations, unions and private sector groups in health sector are free to organize themselves and get registered under Labor Law
- Though provinces are allowed to legislate on such matters now, yet only Punjab province has enacted its law so far
- The private sector is varied with no defined structure and weak regulations

OVERVIEW OF DP PERFORMANCE







EDC PRACTICE	INDICATOR	US AID	GAVI	THE WORLD BANK	UNICEF	AUSTRALIAN HIGH COMMISSION	GATES FOUNDATION	GLOBAL FUND
 EDC 1	DP participated in joint sector or sub-sector assessments	✓	✓	✓	✓	✗	?	✓
 EDC 2a	% of funds disbursed according to agreed schedules	NA	NA	54%	23%	NA	100%	37%
 EDC 2b	Planned resources communicated for 3 years	✓	✓	✓	✗	✓	✗	✗
 EDC 2c	% of funds registered on budget	NA	NA	100%	0%	NA	0%	0%
 EDC 3	% of funds using national budget execution procedures	NA	NA	100%	0%	NA	0%	0%
	% of funds using national reporting procedures	NA	NA	100%	0%	NA	0%	0%
	% of funds using national auditing procedures	NA	NA	100%	0%	NA	0%	0%
 EDC 4	DP uses the national procurement system	✓	✗	✓	✗	✓	?	✗
 EDC 5	DP only uses national health sector indicators to monitor their support	✗	✗	✗	✗	✗	?	✗
	DP participates in joint mutual accountability processes	✓	✓	✗	✗	✓	?	✓
 EDC 6	DP supplies TA in line with agreed national plan	NA	NA	NA	NA	NA	NA	NA
	DP supports south south collaboration	✗	✓	✓	✓	✗	?	✓
 EDC 7	DP supports CSOs with financial resources	✓	✓	✗	✗	✓	?	✓
	DP supports CSOs with training	✓	✓	✓	✗	✗	?	✓
	DP supports technical assistance	✓	✓	✓	✗	✗	?	✓
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✓	?	✗	✗	✓	?	✓





DISCUSSION OF FINDINGS

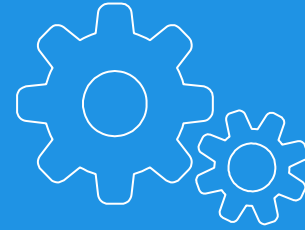


MAIN POINTS FOR DISCUSSION (1)

EDC PRACTICE	ISSUES IDENTIFIED
 EDC 1 (Health sector plan)	Health is devolved. Each province has its own health sector strategy for five year. DP support of the health sector is aligned with the health strategies depending upon geographical area of operations.
 EDC 2 (Predictability of funding)	The health sector is underfunded. There hasn't been any over or under disbursement in government budget. There has been under-disbursement by some DPS. This is due to slow execution of projects and slow capacity of government institutions to absorb DPs funding. The Gov budgets are planned annually. There are rolling budgets of 3-5 years for approved development projects. DPs provide forward expenditure plans for two to three years to Economic Affairs Division but are not acknowledged by the Gov in interviews.
 EDC 3 (PFM systems)	PIFRA (Project to improve Financial Reporting and Auditing) is in place to increase the accuracy and transparency of Gov. financial reports PIFRA was developed over time with World Bank assistance. The World Bank encourages DPs to use Gov. systems, however the World Bank IDA loan was the only DP contribution that was reported as using PFM institutions and processes in the 2015-16 fiscal year.
 EDC 4 (Procurement and supply systems)	National procurement and supply plans exist, but they are project specific and mainly for vertical programmes. Public Sector Procurement Rules PPRAs are very stringent. A revision of the PPRAs would provide greater opportunities for DPs to alignment procurement processes and to increase the volume of DP funds using the national procurement and supply systems.

MAIN POINTS FOR DISCUSSION (2)









EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 5 (Mutual accountability)</p>	<p>The national/provincial health sector plans have never been jointly assessed through a JANS or a similar process due to lack of resources. There have been joint annual reviews (JARs) at sub-sector levels. There are project specific coordination fora to enhance accountability. There is no country compact or partnership agreement with measurable targets in place.</p>
 <p>EDC 6 (Technical support and SSC)</p>	<p>There is no national or provincially agreed technical assistance (TA) plan. There are TA projects supported by different DPs in different sectors and subsectors. The TAs report to government, but usually only indirectly The Federal Ministry usually benefits from SSC. DPs acknowledged resource constraints as the main reason for not providing support for SSC.</p>
 <p>EDC 7 (CSO engagement)</p>	<p>Government involves CSOs in consultative process during the conceptualisation of health sector programmes and policies, but not in implementation and monitoring. Most DPs also involve CSOs in the development and implementation of subcomponents of their health sector programme. The government and DPs reported that they provide financial resources to support inclusion of CSOs in health policy partnership processes. The view of CSOs were different.</p>
 <p>EDC 8 (Private sector engagement)</p>	<p>The private sector has an important role in health service delivery. The opportunities for private sector engagement that are not yet fully realised. Private sector organisations develop their own policies and strategies to maximise their profits. In the absence of an umbrella institution that provides a platform for private sector coordination, the involvement of the private sector in health policy consultations is difficult.</p>



PLAN OF ACTION



AGREED ACTIONS

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
 EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
OTHER ACTIONS						



Thanks!

Any questions?

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Colour coding



Slide Blue: #1d7fde



Development partners
Graph Orange: #F36D26



Private sector
Graph green: #77C29A



IHP Icons: #3A7CC0



Government
Graph light blue: #32C1D2



Civil society
Graph purple: # e6dae3

