From: WORKING GROUP ON GLOBAL HEALTH PARTNERSHIPS: REPORT --- BEST PRACTICE PRINCIPLES FOR GLOBAL HEALTH PARTNERSHIP ACTIVITIES AT COUNTRY LEVEL (Oct. 2005)

4: Proposals for Best Practice Principles for GHP activities at country level

Draft proposals for best practice principles

1. The Paris Declaration on Aid Effectiveness is directly relevant to the health sector, and application of its commitments should improve the effectiveness of health development assistance. While there is need to keep GHPs free of unhelpful bureaucracy, they too should honour its commitments since they are now a key part of the global health architecture [1]. The Paris Declaration generally offers an **appropriate framework** for developing best practice principles for GHP activity at country level, though it notably did not cover technical assistance which is an important issue in relation to the success of GHP support for countries.
2. The table below therefore sets out draft proposals for best practice principles for global health partnerships and initiatives which are active at country level. These are intended not as an end in themselves but as a means to improve health outcomes and accelerate progress towards achieving the health and poverty reduction MDGs.
3. The principles will need to be interpreted in light of the specific circumstances of each GHP and each partner country. The evidence suggests that most of the principles are already practicable for some GHPs, but no single GHP appears to practise all. If the principles are agreed, GHPs may wish to review policies and practices, and prepare an action plan for operationalisation.

DRAFT BEST PRACTICE PRINCIPLES FOR ENGAGEMENT OF GLOBAL HEALTH PARTNERSHIPS AT COUNTRY LEVEL	
Global Health Partnerships (GHPs) commit themselves to the following best practice principles:	
OWNERSHIP	
1	To respect partner country leadership and help strengthen their capacity to exercise it. GHPs will contribute, as relevant, with donor partners to supporting countries fulfill their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritised results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.

[1] The same considerations apply to initiatives like the US President's Emergency Plan for HIV/AIDS Relief (PEPFAR) and the World Bank's Multi-country AIDS Program (MAP) which share similar characteristics to the major GHPs (large-scale new funding, a focus on a single disease, and a drive for swift results) and raise similar issues about impact at country level.

ALIGNMENT	
2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing.
4	To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures. *Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.*
5	To avoid, to the maximum extent possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes *(eg Project Management Units)*
6	To align analytic, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonise support for capacity development accordingly.
7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.
8	To rely to the maximum extent possible on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement when the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance[2]. To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations[3].
HARMONISATION	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.
11	To work together with other GHPs and donor agencies in the health sector to reduce the number of separate, duplicative missions to the field and diagnostic reviews assessing country systems and procedures. To encourage shared analytical work, technical support and lessons learned; and to promote joint training, *(eg common induction of new Board members).*
12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
MANAGING FOR RESULTS	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, refraining from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
ACCOUNTABILITY	

[2] Countries themselves may choose to take advantage of procurement pooling mechanisms or third-party procurement, in order to obtain economies of scale.
[3] see http://www.who.int/medicines/library/par/who-edm-par-99-4.pdf

17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.

4. Some key issues relating to GHP governance are not covered by the Paris Declaration. The High Level Forum may wish to consider some best practice principles on this issue, derived from earlier work by DFID and in line with findings from studies.

DRAFT PROPOSALS FOR GHP BEST PRACTICE PRINCIPLES: FOR DISCUSSION	
GOVERNANCE	
18	In the interest of public accountability, to ensure that GHP purpose, goals and objectives are clear; procedures are transparent; and timely and comprehensive information is provided to publicly. *Key documents should be published on the internet, including annual plans, budgets and performance reports (including income and expenditure reports); evaluations; standing orders, including processes for appointments of Board members and Chairs; and papers and reports of key meetings, especially Board meetings.*
19	To be subject to regular external audit. There should be a strong commitment to minimizing overhead costs and achieving value for money.
20	To make clear and public the allocation of roles and responsibilities within the management structure of the partnership or fund. Overall decision-making powers should rest with a governing board or steering committee with broad representation and a strong developing country voice.
21	To make clear and public the respective roles of the partnership and relevant multilateral agencies (especially where one of the latter houses the partnership).

Implications of draft Best Practice Principles

Implications for GHPs

5. The intention is to move forward swiftly to practical action. Further work in collaboration with individual GHPs is required to explore fully the implications for GHPs of operationalising the best practice principles, which are likely to be different for each GHP.

6. The following points may serve as useful examples of the kinds of issues that are likely to emerge:

- GHPs should not normally be active in countries where the target disease or condition is not an identified priority in country-owned and -led strategies such as the poverty reduction strategy (PRS) and/or health sector plan. However, there are cases where these plans do not adequately reflect health or prioritize health issues. In such cases, GHPs (like other development partners) have a role in supporting countries to ensure that health is appropriately reflected in PRSs, Sector plans, MTEFs and budgets;
- GHPs without a country presence should consider reaching explicit agreement, possibly backed by formal MOUs, with partner agencies able to represent them in-country, in order to address some current problems about communication and speed of response issues. It may be helpful to extend any such agreement to providing support for implementation;

- Disbursement of funds should be aligned to the government budget cycle, and resources pledged 5 years in advance in order to support health sector planning;
- The implications for fiscal space and fiscal sustainability of introducing (expensive) new technologies should be discussed with ministries of health, finance and planning, and with development partners;
- GHPs should be represented at regular health sector partners' meetings, either directly or through representatives;
- Sustainability planning (for a realistic timeframe) should be coordinated across GHPs, based on a unified discussion with ministries of health, finance, planning and any other relevant national bodies;
- Individual GHPs may need to adapt the indicators used to monitor progress at country level, in line with the development of national health information systems;
- Wherever possible, GHPs should use existing robust analytical work and appraisals of management systems, for example relating to procurement;
- GHPs should allow countries to experiment with the organisation of coordinating bodies to increase efficiency and participation (and countries should ensure appropriate leadership of such bodies);
- GHPs should provide guidance which clearly states that technical assistance for implementation can be an explicit part of proposals;
- GHPs should regularly review their work at country level to see which elements could be handed over to government (eg procurement), and develop where appropriate a plan for disengagement (as in the case of some GHPs working to eliminate specific tropical diseases);
- GHPs and countries should review the need for specific Project Management Units, with a view to disbandment;
- Greater GHP flexibility and tailoring processes to individual country needs will be helpful, but may also make the ground rules less clear for countries and potentially for GHP partners. GHPs will need to invest in communicating proactively the scope and boundaries of flexibility. They could also usefully institute some basic service norms for day-to-day communication (eg a 3-day turnaround time to respond to communications and 30 days to resolve issues).

Enabling conditions

7. The corollary to these best practice principles for GHPs would be some complementary commitments on the part of countries and other partners to assist in providing the enabling conditions.

8. For countries, commitments would include as a minimum to:
    - develop clear national health sector strategies, with a medium-term expenditure framework and a health sector plan, within the framework of a broader national development strategy such as a poverty reduction strategy.
    - exercise leadership in coordinating partner actions
    - have procurement and public financial management systems that either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these.

9. Bilateral and multilateral partners have both joint and differentiated responsibilities in contributing to the enabling conditions. These include:

- Supporting countries to ensure that health is appropriately reflected in PRSs, sector plans, MTEFs and budgets;
- Adopting a coherent position to individual GHPs in their various roles as funders, GHP partners/Board members, and when operating at country level. They should produce clear guidance for field staff, to be widely-publicised within their organisations, about their role in, and important contribution to, GHPs. Engaging substantively in GHPs will have implications for how staff time and effort is spent;
- Seeking to ensure that no new GHP is established unless the value it adds is demonstrably clear, and that continued support is dependent on continued need;
- Providing increased and urgent support for technical assistance for implementation. Multilateral agencies are themselves likely to require additional support from donors in this area. Further work is required to explore different models for more demand-driven technical assistance. This should consider issues including: agreement on the need; identification of possible sources (local, regional, international); establishing quality standards; agreeing on actual costs; and determining selection procedures.
- Specific consideration should be given to providing organisational, facilitative or administrative support to Country Coordination Mechanisms (CCMs) to allow them to fulfill their oversight functions adequately.
- Working with GHPs to enable them to put some of the principles into effect, eg being subject to external audit when housed by a UN body.
- As a matter of urgency, developing technical guidance on health systems, including work on human resources and health financing mechanisms, to guide GHPs in their work on health systems strengthening. This could include work by countries, GHPs and other partners to evaluate alternative models to fund health systems strengthening instead of individual GHP efforts. Current parallel streams of work on this topic should be brought together.

Future follow up of progress

10. Given the need to tailor approaches to different settings, these principles are primarily to be operationalised at country level, and in that context, countries may wish to set their own targets and indicators. There is scope for the development of country-level mechanisms to support compliance through **country-specific agreements between all partners** on rules of engagement.

11. A practical example of the kind of agreement envisaged is provided by the Memorandum of Understanding between the Government of Uganda and its development partners, in support of the National Health Policy and the second Health Sector Strategic Plan 2005-2010, through a sector-wide approach. It sets out the obligations of all parties (for example, for partners to use Government systems including the Health Management Information System; synchronise planning, review and monitoring processes with those established to monitor the Health Sector Strategic Plan; and negotiate with the Ministry of Health all new health/health service programmes to be implemented in districts). It also details approaches, eg to procurement and to the provision of technical assistance (which is to be determined on a demand-driven basis, and encourage the use of Ugandan or regional consultants for short-term assistance.

12. The HLF Working Group on GHPs feels that no additional global mechanism for coordination or monitoring is required or appropriate. A preferable alternative would be for a light-touch and issue-focussed **forum** to be held on a regular basis. Its purpose should be to provide an opportunity for key players from major GHPs, recipient governments and donors to review principles, practice and progress; and address issues of joint concern, including overlaps, gaps and systems issues. Ideally such a discussion would take place within the wider context of taking stock of developments in the health sector as a whole. If the High Level Forum on Health MDGs continues beyond 2005 or some similar mechanism is established, that would provide an appropriate forum for discussion of GHP issues.

13. Such a meeting would be informed by reports from countries and any newly-available studies. The detailed 2005 studies of countries undertaken by McKinsey & Co. could provide the baseline for **periodic review of developments and of lessons learned**.

14. This annual forum should be supplemented by **more informal liaison** and information-sharing between the 5-6 large GHPs on a regular basis.

Action points

15. The High Level Forum is invited to:

    i) review **a set of best practice principles for GHPs** based on the Paris Declaration on Aid Effectiveness (paragraph 89);

    ii) consider whether there is need for further principles on **GHP governance** (paragraph 90);

    iii) recommend that selected major **GHPs** - GFATM, GAVI, Roll Back Malaria, the Stop TB Partnership, the Health Metrics Network and the Partnership on Maternal, Newborn and Child Health - **begin a process of more formal endorsement** by their own Boards.

16. If best practice principles are adopted, **follow-up action from GHPs** should include a self-assessment of individual GHP practice in relation to the principles; development of proposals for action; and consideration with countries and other partners of those wider issues needing collective action.

17. **Enabling action will also be required from other partners**, including countries, and bilateral and multilateral agencies.