MONDAY, 16 MAY 2022, 15.00-16.30 CEST

ALIGNMENT AND COORDINATION IN THE HEALTH SECTOR – HOW IS THE GLOBAL COMMUNITY PROGRESSING?

Session organized by
Wemos

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Language
English only, no interpretation

Meeting website and documentation
http://g2h2.org/posts/may2023

General enquiries
G2H2 Secretariat, info@g2h2.org
Welcome!

This session will be recorded

Closed Captioning is available

Please remain muted when you are not speaking

There is going to be time for discussion at the end

Feel free to use the chat!
Today’s session

- **WHO’s analysis: country recommendations for better alignment**
  Isadora Quick, GAP Secretariat, WHO

- **Country-level alignment of the GFF, Gavi and Global Fund – country cases**
  Dr Stellah Bosire, ED of the Africa Center for Health System and Gender Justice

- **The GFF Alignment Framework: process and implementation in pilot countries**
  Lawrence Mumbe, World Bank

- **The Future of Global Health Initiatives: added value?**
  Linda Muller, FGHI Secretariat

- **Q&A and discussion**
“Better coordination among global health initiatives and alignment with country plans is needed and would lead to more efficient fund utilisation, better outcomes and strengthened health systems at country level”

The global health community
A story of global efforts

- **IHP+ Global Compact**: 26 signatories
- **Joint Health Systems Funding Platform**: GF and Gavi
- **UHC2030**: Expansion of IHP+
- **WHO's SDG3 GAP**: WHO-hosted 13 signatories
- **GFF AWG**: endorsement of the proposed pilot
- **Future of Global Health Initiatives**: Kenya/Norway Wellcome Trust

Timeline:
- 2007
- 2012
- 2016
- 2019
- 2021
- 2022
Alignment and coordination in the health sector – how is the global community progressing?

*G2H2 Policy debate – 15 May 2023*

WHAT WORKED?
WHAT DIDN’T?
WHAT’S NEXT?

2023 progress report on the Global Action Plan for Healthy Lives and Well-being for All
About SDG3 GAP – *Stronger Collaboration, Better Health*

Stronger multilateral collaboration to accelerate SDG progress

**GOAL:** Accelerate progress towards the health-related SDGs.

**HOW:** Improve SDG-focused collaboration and joint action among multilateral agencies in support of national priorities.

**WHO:** 13 multilateral agencies:

- Gavi
- Global Financing Facility
- International Labour Organization
- The Global Fund
- UNAIDS
- UNDP
- UNFPA
- UNICEF
- Unitaid
- UN Women
- The World Bank
- WFP
- World Food Programme
- World Health Organization

**WHY:**

- Global health architecture is complex, sometimes leading to duplication, inefficiencies and a high burden on countries.
- Many countries are off-track to achieve the health-related SDG targets by 2030.
- Stronger collaboration across the multilateral agencies is one way to accelerate progress towards the health-related SDGs.
2023 Progress report - Context

- **SDG3 GAP was launched in 2019** as a self-commitment of 13 multilateral agencies to collaborate better in support of countries’ efforts to achieve the health-related SDGs.

- **Enhanced collaboration** within the multilateral system is therefore more important than ever to help accelerate progress towards the SDGs.

- **2023 is the mid-point to the SDGs** and the world is going only at a fraction of the pace needed to achieve the SDGs by 2030.

- **Through the 2023 progress report,** SDG3 GAP agencies discuss what has worked and what has not worked since 2019 and make 6 recommendations for the future.
What has worked under the SDG3 GAP?

1. SDG3 GAP provides an **improvement cycle on health** in the multilateral system
2. SDG3 GAP provides **structures for collaboration**
3. **Country-level** specific and thematic approaches show promise
What has worked under the SDG3 GAP?
Deep dive – SDG3 GAP monitoring framework

National governments questionnaire

- 75 focal points nominated including 14 UMIC/HIC
- 52 questionnaires returned (69%)
- Return rate highest in LIC/LMIC – 46/61 (75%)

- Questionnaire focuses on government’s perspective on
  - Alignment of development partners to national priorities & plans
  - Collaboration among development partners at country level

- Questionnaire contains
  - 6 agree/disagree statements → heatmap
  - 3 open ended questions on successes, challenges & suggested corrective measures to improve alignment and collaboration

Detailed analysis of the 2022 data – click here
## 2022 Heat Map of Responses by Focal Points to Statements on Health Coordination Environment

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**Colour Coding:**
- **Red:** Strongly disagree
- **Orange:** Disagree
- **Yellow:** Neither agree or disagree
- **Green:** Agree
- **Blue:** Strongly agree
Deep dive: Successes & challenges – examples shared by governments

Successes
- Clear principles on which alignment and cooperation can be based
- A formal agreement between government and development partners for how development assistance will be provided
- An operating framework for how development assistance will be provided
- A document, such as a health sector strategic plan, around which development partners can align their support
- Essential health packages as part of a national health plan
- National coordination mechanisms for the health sector

Challenges
- Agency agendas and mandates
- Lack of coordination between development partners
- Geographical distribution of development partners
- Work with third parties
- Parallel coordination mechanisms
- Diverse, difficult and bureaucratic administrative procedures
- Inappropriate technical assistance
Deep dive: Qualitative comments: corrective measures

- Provide pooled funds where possible. If not possible, ensure funds are provided “on budget”
- Strengthen capacity of lead ministries, for effective coordination
- Have an agreement or compact as to how development assistance will (and will not) be provided
- Ensure coordination mechanisms are in place and are used and respected
- Develop plans with national government based on the national or local health strategy
- Use local monitoring systems and conduct joint reviews and evaluations where possible
- Learn lessons from coordination of COVID-19 responses
- Recognize that processes should be locally-driven
Recommendations to sustain and bring to scale the elements of SDG3 GAP that are working

1. Strengthen the SDG3 GAP *improvement cycle for health* in the multilateral system: amplify country voices and helps shift power dynamics in favour of countries
   - Roll out the second round of country questionnaires by the end of 2023
   - Make incentives and resources available to catalyse stronger collaboration
   - Publish annual progress reports & case studies to document improvements

2. Maintain SDG3 GAP as an effective *structure for collaboration* on health in the multilateral system
   - Retain current structure of agency focal points & accelerator working groups
   - SDG3 GAP Principals should meet annually to review and discuss progress

3. Better focus work under SDG3 GAP at the *country level* and foster greater cross-accelerator collaboration in countries
   - Further emphasize successful country approaches
   - Implement coordinated country action with clear targets
What has not worked under the SDG3 GAP?

4. Translation of SDG3 GAP commitments into **action at the country level** has varied considerably.

5. Initial **engagement of civil society** at the SDG3 GAP’s inception has not been sustained.

6. **Incentives for collaboration:** SDG3 GAP illustrates that “self-commitments” by agency principals at the global level may improve collaboration but can only achieve so much in the absence of external incentives that reinforce collaboration, esp. at country level.
Recommendations to address the elements of SDG3 GAP that are not working

4. Enhance joint **action at the country level** through new approaches, such as delivery for impact.

5. Strengthen **engagement of civil society** and communities through consultations to explore their interest in contributing to work under SDG3 GAP.

6. Strengthen **incentives for collaboration** in the areas of:
   
   - *Political leadership*: work with MS to develop and implement an approach to strengthen ownership and accountability to countries.
   
   - *Governance direction*: each relevant agency governing body could review the annual progress reports and country-level coordination and alignment.
   
   - *Funding for collaboration*: agencies should demonstrate what efforts are being mobilized to drive and deepen collaboration.
Next steps

Through this progress report, and in the run-up to the 2023 SDG Summit and the other high-level meetings of the United Nations General Assembly in September 2023, SDG3 GAP agencies will:

• Consult with Member states, civil society and interested stakeholders to understand how best to jointly implement the 6 recommendations for the future

• Collaborate with other initiatives such as the GFF Alignment Working Group and the Future of Global Health Initiatives to improve collaboration
Country-level alignment of the GFF, Gavi and Global Fund - country cases
Introduction

- Gavi, Global Financing Facility (GFF), and Global Fund have been working for over two decades to address health challenges in developing countries.
- The COVID-19 pandemic has emphasized the need for strong partnerships in achieving global health security.
- Sustainable financing, multi-sectoral collaborations, and improving information sharing and accountability are essential in achieving health security.
- A health system-strengthening approach involves programmatic and operational alignment, knowledge sharing, co-creating policies, and responding to common threats and weaknesses in health systems.
Introduction

- **Gavi** is a global partnership that increases access to immunization for children in LMICs through new vaccines, health system strengthening, and sustainable markets. Its funding windows offer financial assistance for vaccine support and outbreak response.

- The **GFF** is a mechanism launched in 2015 that addresses the funding gap in RMNCAH-N through a country-led approach with investment cases specific to individual countries. Its grants act as catalysts for program expansion and leverage additional funds.

- The **Global Fund** is a multilateral financing mechanism established in 2002 to end AIDS, TB, and malaria epidemics. It provides funding based on proposals from in-country stakeholders and governments and has a target population of those affected by HIV, TB, and malaria.
Findings - Health care Financing

Policy and Regulatory Alignment - The 3Gs have been making efforts to align with national health policies and strategies to ensure their resources and funding are used effectively in supporting a country's health system goals and priorities.

- In Mozambique, GF and Gavi have been fully integrated into the national Public Financial Management (PFM) system, and their interventions align with the country's comprehensive Multi-Year Plans.
- In Rwanda, the presence of committed government leadership has been instrumental in shaping a strong policy environment in which the 3Gs operate, with the Rwanda Aid Policy 2006 being a key instrument.
- Despite governance issues in the DRC, national plans have been established with 3Gs' support. Gavi's HSS funding improved accountability, and GF and Gavi aligned their results framework with the National Health Information System, indicating progress towards improving healthcare.

Domestic Resource Mobilisation - The 3Gs use co-financing models to channel additional resources to LMICs. The Global Fund aligns its model with a country's disease burden, while the GFF provides "seed" funding to attract additional resources and track domestic expenditure. Gavi's model depends on a country's financial status.

- Rwanda is classified as an initial self-financing country.
- Mozambique and DRC rely heavily on external sources, but the latter has doubled its contributions to immunization and partnered with Gavi for a sustainable financing strategy. The investment case has catalyzed health financing reforms in DRC.
- In DRC, the GFF investment case has catalysed health financing reforms, including the introduction of strategic purchasing to increase the quantity and quality of essential maternal and child services provided.
Findings - Health care Financing

- **Public Finance Management** - The 3Gs provide technical assistance to improve transparency, accountability, and innovative financing mechanisms. Gavi introduced a Grant Performance Appraisal, and the GFF partnered with the World Bank's Governance Global Practice. Gavi and the Global Fund also support in-country financial management through the International Federation of Accountants. Support for financial management systems and transparency has been provided in Rwanda, Mozambique, and the DRC.

- **Performance and Result Based Financing** - The 3Gs have established monitoring and evaluation mechanisms for program performance and implemented two healthcare financing models – RBF and PBF. Incentives have been used to improve demand and supply of healthcare, and promote social and economic inclusiveness.
  - Rwanda's Global Fund uses RBF
  - the GFF in Mozambique uses the Program-for-Results approach,
  - Gavi and the Global Fund in the DRC have initiated a Pay for Performance program using Strategic Purchasing of Health Services.

- **Blended Finance** - The 3Gs have used innovative financing strategies, such as sustainable development bonds, AMEF, and Debt2Health, to mobilise private capital markets and incentivize private-sector investment. The GFF and Global Fund have signed multiple finance agreements, leveraging debt financing and philanthropic resources. The private sector is seen as a key partner in achieving the 3Gs' mandates, with the GFF's updated strategy highlighting its importance.
● To align well with the national policy and regulatory strategies, the 3Gs should align their policies with those of recipient countries collaborating with governments and stakeholders, listening and adapting to feedback, supporting policy and institutional reforms, building local capacity, encouraging participation and ownership, and monitoring and evaluating their programs.

● Allow longer funding cycles (of at least five years), creating greater continuity, security and hence planning capacity in the recipient countries. Donors could also consider the possibility of adopting lighter procedures for developing proposals and reporting, in consultation with country stakeholders.

● Gavi, the Global Financing Facility (GFF), and the Global Fund can continue to strengthen the public finance management (PFM) in recipient countries by building capacity, improving transparency and accountability, developing sustainable financing strategies, strengthening budget forecasting and planning, enhancing systems for financial management, building partnerships, improving institutional performance, enhancing data collection and analysis, and promoting policy and institutional reforms.

● Regarding blended finance, we recommend strengthening financial regulation to discourage risky public-private partnerships, investing in publicly-owned production facilities for medical supplies, and making knowledge transfers on vaccine production accessible to lower-income countries and countries that manufacture high-quality generic products.
Findings- Human Resources for Health

- Low-income and lower-middle-income countries face challenges with their healthcare workforce, including shortages, inequitable distribution, inadequate training, and poor working conditions.

- The 3Gs have recognized these issues and taken steps to address them through investment in in-service training and incentive programs and coordination with the WHO's Global Strategy for Human Resources for Health Workforce 2030.

- Investment in building resilient and sustainable systems for health, with a focus on HRH development, is essential. The 3Gs have made progress in addressing HRH challenges in Rwanda, Mozambique, and DRC, but cooperation between development partners, global health initiatives, and governments is crucial to efficiently allocate resources towards strengthening the health workforce.
• Strengthened coordination among the 3Gs in funding HRH would optimise resource utilisation, reduce administrative burden, and avoid overlapping interventions. This would involve flexibility in funding, regular communication, joint planning, and shared monitoring and evaluation frameworks.

• Facilitate the development of evidence-based policies and systems that ensure the equitable distribution of health workers, particularly in underserved and marginalised areas. This would require robust data collection and analysis, stakeholder engagement, and alignment with national health plans and strategies.

• Sustain investments in the training and capacity building of health workers through pre-service education and ongoing professional development. This would entail identifying priority areas for skill enhancement, leveraging technology and innovative approaches to training, and promoting continuous learning and knowledge sharing.

• ‘Do no harm’ needs to be taken into account sufficiently. HRH labor market distortions by external partners (including NGOs) is a huge issue of concern, draining capacity and motivation.
Findings - Health Data and Information Systems

- The 3Gs have identified data management challenges in LMICs, such as poor information quality and data privacy concerns.
- The GAP accelerator proposes a framework for addressing these challenges and enhancing data management in the health sector.
- The 3Gs are committed to aligning technical and financial resources with country-owned strategies for data collection, storage, analysis, and use through the Health Data Collaborative.
- Gavi strengthens existing systems and links health data with integrated service delivery to achieve universal health coverage.
- The Global Fund invests in information systems and strengthens data analysis and use capacities, while the GFF utilises data for planning, monitoring, and mutual accountability.
- In Rwanda, the Global Fund supports community health monitoring and electronic medical records, while a recent collaboration with Rockefeller Foundation and Mastercard aims to strengthen national health information and surveillance systems.
- In DRC, the Global Fund has supported the development of district electronic health information and online surveillance systems, while Gavi has supported the Mashako Plan app and GRID3 program for mapping for Health (M4H).
- In Mozambique, GFF has played a role in enhancing data collection and monitoring in civil registration and vital statistics systems.
- The 3Gs aim to increase the use of data for decision-making and promote better data-driven practices within the health sector.
● Empower countries to manage their own information systems by providing resources, training, and support

● Enhance data quality and standardisation

● Utilise common data exchange standards and protocols to enhance data sharing and interoperability

● Foster participation and engagement by developing policies that incentivize data sharing, forming strategic partnerships with healthcare providers and patient groups, and establishing procedures to encourage collaboration and involvement.

● Invest in technology infrastructure
Findings - Supply Chain Management

- The Global Fund and Gavi have developed a guide for integrating digital logistics management information systems (LMIS) to improve supply chain management in health systems.
- The LMIS helps collect, analyse, and communicate data for effective decision-making and track stock levels, consumption rates, and other supply chain metrics.
- Both the Global Fund and Gavi have strategies to strengthen supply chain management, with the Global Fund intervening in the international market to promote quality products at a reduced cost and strengthening country procurement and supply systems.
  - Rwanda has a robust and well-integrated supply chain framework with a zero-tolerance policy on corruption, while the DRC has made great strides in improving its healthcare supply chain.
  - Mozambique faces challenges in its supply chain management but is working to implement its Strategic Plan for Pharmaceutical Logistics.
- Donor coordination could help improve supply chain management, with common strategies aimed at exploring new models for vaccine reach and enhancing key areas such as inventory management and distribution.
Recommendations - Supply Chain Management Systems

- By strengthening partnerships and collaboration with government agencies, private sector partners, and other organisations, the 3Gs can leverage local knowledge and expertise to design and implement effective and sustainable supply chain solutions at scale, and further explore new technology and innovative solutions.

- The 3Gs can scale up investments in digital technologies, such as supply chain management software and mobile health apps, to improve the visibility and tracking of health products, enhance forecasting and demand planning, and reduce inefficiencies in the supply chain.

- By significantly increasing investment in the training and development of local health workers and supply chain professionals, the 3Gs can help build long-term sustainable capacity in countries to manage and maintain their own supply chains.

- The 3Gs could significantly increase support for the development of local production of vaccines and other health products, which can improve access, reduce dependence on foreign sources, and promote local economic development.

- The 3Gs could implement robust monitoring and evaluation systems and share data openly to ensure that resources are being used effectively and efficiently, and to promote transparency and accountability in the supply chain.
The 3Gs have contributed to improving financial access and physical accessibility to healthcare, particularly in Rwanda.

Mozambique and the DRC have made progress in addressing health inequities through collaboration with partners and targeted interventions.

The Global Fund's support for National Guidelines in Mozambique has resulted in a standard package of 10 services for key populations, significantly improving access to essential services.

The Breaking Down Barriers initiative in the DRC has made significant strides in eliminating human rights-related barriers to healthcare services and addressing the specific needs of key populations.

Collaborations in Mozambique and the DRC demonstrate the importance of inclusive partnerships and targeted interventions in addressing health inequities and improving health outcomes for vulnerable populations.
Recommendations - Community Engagement

- Scale the Investment in community-based health services and train community health workers to bring healthcare closer to marginalised communities and increase their trust and acceptance of health services.
- Strengthen CSOs to build health systems that are inclusive, respectful, and responsive to diverse needs, such as those with disabilities or facing language and cultural barriers.
- Expand collaborations with partners to tackle root social determinants of health that particularly impact marginalised communities, such as poverty, limited access to education, and discrimination.
- Increased funding and resources to CSOs, including technical assistance, training, equipment, and supplies to improve their capacity and operations. Sharing knowledge and best practices can also enhance the effectiveness of health programs.
- Scale up meaningful participation and representation of marginalised communities in health program decision-making by involving them in the design and implementation of health programs.
Findings - Gender

- Gender norms and roles impact women's access to essential health services and decision-making.
- The 3Gs have developed context-specific interventions to meet the needs of women and girls.
- Rwanda has integrated gender equality objectives into all programs, and the Global Fund has supported joint missions to advance human rights and gender equality.
- Mozambique, Rwanda, and the DRC still face challenges mainstreaming gender in the health sector.
- A comprehensive approach is needed to harmonise gender policies, develop an intersectional understanding of gender, and disaggregate data to monitor program implementation.
Building the capacity of all players is crucial. A comprehensive approach is needed that involves harmonising gender policies of the 3Gs, developing an intersectional understanding of gender, and emphasising disaggregating data to monitor program implementation and evaluate health consumption patterns.

Ensuring that programs are designed and implemented in a way that addresses the specific needs and priorities of women and girls as well as gender-diverse persons.

The 3Gs need to operationalise their Gender Equality strategies and strengthen their commitments. This includes gender-sensitive program design and implementation that addresses the needs and priorities of women, girls and gender-diverse persons.
Some general recommendations for better alignment and coordination

• Improve coordinating development efforts to avoid duplication and ensure efficient use of resources.
  1. Establish a shared database of development projects to facilitate better coordination and communication between the organisations.
  2. Regularly review and assess development projects to ensure they are not duplicating efforts and resources are being used efficiently.
  3. Implement joint procurement strategies to reduce costs and improve efficiency.

• Improve coordinating development efforts to maximise the impact of programs and activities.
  1. Conduct joint assessments to identify gaps and opportunities for collaboration.
  2. Develop joint programs and activities that leverage the strengths of each organisation and address the specific needs and priorities of the communities they serve.
  3. Share best practices and lessons learned to improve the effectiveness of programs and activities.
Some general recommendations for better alignment and coordination

- **Improve the alignment with national strategies and stakeholders.**
  1. Foster stronger partnerships with national governments to better understand their priorities and ensure alignment with national strategies.
  2. Conduct joint reviews of programs and activities to ensure they are aligned with national health plans and priorities.
  3. Engage with local stakeholders and communities to ensure their diverse needs and priorities are reflected in the design and implementation of programs and activities.

- Rethink attribution and move away from the need to link every donor’s individual contribution to an outcome.
- Create strategic indicators on coordination between GHIs and alignment with countries priorities, e.g. indicators on the GAP’s implementation progress.
Conclusion

- Gavi, GFF, and Global Fund have made progress in addressing health challenges in developing countries, but stronger partnerships and collaborations are needed for global health security.
- The health system-strengthening approach, sustainable financing, multi-sectoral collaborations, and improving information sharing and accountability are critical in achieving health security.
- Development partners have committed to harmonising and aligning aid delivery, reducing fragmentation, and setting and tracking targets.
- The Global Action Plan for Healthy Lives and Well-being for All (GAP) and the GFF’s Alignment Framework provide platforms for collaboration among multilateral agencies.
- The 3Gs must support countries in developing their capacity and implementing healthcare reforms that promote Universal Health Coverage goals.
Global and country alignment agenda
A country-led, global partnership with laser focus on women, children and adolescent health

How the GFF Works

- Supports countries to convene global and local partners around country priorities
- Facilitates the design of a country-led plan that prioritizes high impact investments
- Provides catalytic grants to mobilize and align several sources of financing in support of the plan
- Promotes health system and financing reforms

Improved health outcomes for women, children and adolescents
...that are sustainably and equitably financed
BACKGROUND

• The success of global efforts to improve the alignment of development assistance to government priorities has been mixed over the years.

• Technical, institutional, and political factors continue to stifle efforts by countries and development partners to work together to effectively and efficiently maximize the use of resources to meet country needs.

• Early meetings of the Alignment Working Group (AWG) – a unique collaboration between partner countries and donors – revealed that:
  • the absence of a way to grade countries across an alignment spectrum and measure progress over time was a major bottleneck, as was the lack of an appropriate system to support and track improvements.

• The development and implementation of the alignment framework comes to fill this gap.
Adaptive & Technical Barriers

- Country operational plans seldom follow prioritization rigor
- Limited redress of partner concerns around fiduciary risks
- Misalignment between multi-sector and sub-sector plans
- Supply Driven Technical Assistance
- Plans are ambitious and seldom consider fiscal space
- Partner funding mainly characterized off-budget
- Gaps in quality and timeliness of Joint Annual Reviews
- Shrinking fiscal space for both DPs and National Governments
- Limitations in frameworks to allow DP funding through national systems
- Multiple reporting systems
- Constant demands for attribution

Inputs

- Investments in country systems
- Learn & draw from existing alignment experiences

Strategic Shifts

- Continued buy-in for the Alignment Agenda
- Commitment to UHC principles & country led coordination
- Behavioral change for both countries & Partners
- Functional mutual accountability mechanisms

Activities

- These will be country specific following the Diagnostic exercise

- Strengthen the One Plan Process
- Strengthen the One Budget Process
- Strengthen the One Report Process

- Address adaptive challenges
- Invest in mutual accountability

Outputs

- Owned & aligned plans informed by available resources
- Functional MTEF process enhanced by use of national systems
- Institutionalized M&E frameworks adopted by all stakeholders
- Aligned & demand driven Technical Assistance
- Enhanced Trust & confidence in national systems

Outcome

- Enhance Efficiency & Value for Money

Impact

- Contribution towards improved UHC Outcomes
THE ALIGNMENT FRAMEWORK

• We look at Alignment as the process of planning and implementing policies, strategies, and priorities with all stakeholders at global and country levels following the basic principle of one plan, one budget, and one report. (Global Financing Facility, 2021)

• The Alignment Framework consists of two linked instruments to support country-led alignment of health service delivery and financing:

1. **Alignment Diagnostic exercise** helps provide a ‘health check’ of a country’s status against the domains of one plan, one budget, and one report and is designed to be conducted by government stakeholders and development partners as an entry point for dialogue. Based on the outcome of the diagnostic exercise

2. **The Alignment Maturity Model** is then deployed – a 5-level system that grades countries along an alignment spectrum and helps facilitate concrete discussions on the process, potential actions, and enforcement plans.
**GFF’s role in Alignment ecosystem**

**Opportunity:**
- **Country consensus** around the PHC and UHC agenda
- **High demand** for country leadership and support on exploration, investment, and implementation of mechanisms to strengthen country led investments in health

**Challenge:**
- Leveraging opportunities in a strategic and systematic way to achieve RMNCAH-N goals
- Accessing sustainable/sufficient financing for PHC and UHC as a whole
- Often dual need for support towards building resilient health systems as well as specific investments in key target populations and projects

**GFF VALUE ADD**

1. **Convening and prioritization:**
   - Country Platforms are a government led forum for identification of innovation opportunities and solutions
   - Country-led prioritization process focuses on needs for RMNCAH+N innovations in line with priorities

2. **Identification of mechanisms for synergies:**
   - The Alignment Framework & Ministerial Network
     - Identification & strengthening partnerships around investments in country led alignment, PHC and health systems strengthening

3. **Financing and technical assistance:**
   - GFF trust fund supports preparatory work + co-financing implementation at scale with IDA/IBRD
   - TA to strengthen institutionalization and country capacity
GFF’s role in Alignment ecosystem: Potential areas of collaboration

• **Global Level Strategic Engagement**
  - Strong global buy in & Participation allows for creation of global practices & recommendations
  - Participation of financiers even those without country specific presence

• **Country Led strategic Engagement**
  - Country led processes provide for adaptation of Global recommendations
  - Provision of country input/ experiences around potential policy guidance
  - For these synergies to be harnessed, the GFF will create stronger avenues of constant communication at both global and country level
    - GFF is currently collaborating with global partners under the SHFA as well as the AWG
The Country Led processes
Implementing the Alignment Framework

First Stakeholder engagement aimed at collecting stakeholder perspectives

Second Stakeholder engagement aimed at Harmonization

Country action plans

Scores from diagnostic exercise used to feed MM

Final maturity grade generated

Harmonization of diagnostic exercise responses

Maturity level score benchmarks used to identify gaps

DPs
Gov.
CSOs
Private sector
Country level Alignment Process

**Pre-pilot checklist:**
- Countries’ alignment platform identified
- Technical sub-committee in place
- Implementation timelines developed

**STEP 01**
Ensure everyone is on the same page

**STEP 02**
Collate and agree on information/data sources

**STEP 03**
Conduct individual stakeholder assessments

**STEP 04**
Hold bilateral sessions between stakeholders and the government (as needed)

**STEP 05**
Independent facilitator summarizes diagnostic exercise output as well as support the harmonization workshop preparations

**STEP 06**
Hold workshop to determine country maturity

**STEP 07**
Prepare country action plan and agree on process for tracking
PROGRESS IMPLEMENTATION OF THE ALIGNMENT FRAMEWORK

- Stakeholder engagement
- Orientation Workshop
- Diagnostic Exercise
- Bilateral Discussions
- Harmonization workshop & Maturity Model
- Action Plan Development & Implementation
Following the orientation workshop on alignment, in BF, **over 80% of participants believe that the process will lead to stronger collaborative partnerships with DPs, CSOs and the Private sector.**

![Diagram showing actor perspectives](image)
ACTORS PERSPECTIVES OF THE PROCESS

In CAR, this is what some actors had to say:

"The creation of an alignment committee at national level is a good initiative"

"It will be crucial to sensibilize every stakeholder within the health sector on the alignment principles of one plan, one budget and one report"

"We have to continue the process to have a consolidated action plan on alignment"

"Certain key partners were not all present"

"We will need to plan the next steps at the most strategic and political levels"
### Summary of Country Stakeholders engaged in the Diagnostic process

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<tr>
<th>Ethiopia</th>
<th>Central African Republic</th>
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Thank you
G2H2 Geneva Global Heath Hub Discussion

Alignment & coordination in the health sector – how is the global community progressing?

May 15 2023
The next 12 minutes!

• Future of Global Health Initiatives process: what is it, how does it link to other initiatives, what value does it add, why is it needed & why now?

• Building the evidence base to support the process & how you can engage

• Introducing our WHA side event: Reimagining the Future of Global Health Initiatives: What are the incentives for change?
What is the Future of Global Health Initiatives?

• It is a time-bound (through 2023) multi-stakeholder process of dialogue, deliberation & action to identify & enable options for global health initiatives (GHIs) to more effectively, efficiently & equitably complement domestic financing to maximize country-level health impacts, as part of country-led trajectories toward UHC

• The University of Geneva’s Centre of Humanitarian Studies is leading a 5-university consortium, funded by Wellcome Trust, to generate research & evidence to underpin the process
The FGHI links to & builds on existing and past efforts to improve alignment
FGHI objectives

1. A global health initiative (GHI) ecosystem that is more **efficient, effective and equitable** in complementing and **strengthening health system** capacities and delivering health impacts.

2. **Financing streams** across GHIs – and between GHIs and the broader health architecture at national, regional and global levels – that are **better balanced and coordinated**, with **stronger mutual accountability** for meeting current and future global health needs.

3. GHIs that **incentivise increased and sustained domestic investments** in health that are more efficiently, effectively and equitably allocated, implemented and accounted for to achieve UHC.
Why is this needed and why now?

- To address **power imbalances** in priority-setting and decision-making in global health and give countries more say

- To remove inefficiencies created by the **fragmentation** of GHIs and their operating and funding procedures

- To ensure sufficient prioritisation and coordination of **health system strengthening** investments for UHC

- To reflect significant **epidemiological and demographic changes**

- To respond to **political and economic shifts** that present challenges for international resource mobilisation

- To reflect the evolving nature of the **wider global health architecture** as new actors and initiatives emerge and regional bodies assume an increasingly prominent role

Focus on GHIs, considering interface to broader ecosystem

GHIs as core focus of this process
- Multi-stakeholder boards
- Replenishment models
- Governance distinct from UN and MDBs
- Grant financing to LMICs
- Plus market shapers that support these GHIs
Future of Global Health Initiatives Steering Group: a key differentiator

<table>
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<tr>
<th>Co-chairs</th>
<th>Members</th>
<th>Observers</th>
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| • Dr Mercy Mwangangi, former Chief Administrative Secretary, Kenyan Ministry of Health  
• John-Arne Røttingen, Global Health Ambassador, Norwegian Ministry of Foreign Affairs | • Canada  
• Costa Rica  
• Democratic Republic of the Congo  
• Ethiopia  
• Ghana  
• Indonesia  
• Japan  
• UK  
• USA | • Africa CDC  
• European Commission  
• Amref  
• APCASO  
• Senderos Asociación Mutual  
• Bill & Melinda Gates Foundation  
• Wellcome Trust |

- Steering Group members are uniquely positioned to use their seats on GHI boards to effect change, to address political economy issues and create incentives for change.
What does successful Steering Group engagement look like?

**FGHI Steering Group:**

- **Champions** the FGHI process
- **Advocates** for research and evidence-informed recommendations
- **Engages** GHIs and other stakeholders in the process
- **Translates** technical research recommendations into political commitments to catalyse collective action to 2030 and beyond

Leading to a longer-term process to improve coordination & alignment across GHIs and improved alignment of investments in support of country-led trajectories toward UHC
An ambitious research programme is building the evidence base to underpin the FGHI process

Research aims

1. To articulate a clear vision of what the GHI ecosystem should seek to achieve over the next 15-20 years to most **effectively, efficiently and equitably** strengthen health system capacities and deliver health impacts, based on an understanding of their comparative advantage.

2. To analyse the extent to which GHIs’ current mandates and ways of working will need to evolve to enable them to **effectively, efficiently and equitably** deliver this vision, and the contextual factors that would support or hinder such a shift.

3. To make recommendations on the changes needed to achieve this vision of success, and how and when they can be delivered.
## Research timeline & how you can engage

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<tr>
<td>Contract finalised, work starts</td>
<td>Jan/Feb</td>
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<tr>
<td>Rapid scoping review</td>
<td>Feb</td>
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<tr>
<td><strong>Global key informant interviews</strong></td>
<td>March - May</td>
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<td><strong>Country case studies</strong></td>
<td>March - May</td>
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<td><strong>Hybrid regional consultations</strong></td>
<td>April - May</td>
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<tr>
<td>Draft vision &amp; recommendations</td>
<td>June</td>
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<tr>
<td>Final report</td>
<td>late July</td>
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- Have your say: the research team has launched an on-line survey that will be open until mid-June: [https://formulaire.unige.ch/outils/limesurveyfac/medecine/index.php/759191?lang=en](https://formulaire.unige.ch/outils/limesurveyfac/medecine/index.php/759191?lang=en)

- Sign up for the FGHI newsletter to receive the research report and provide comments: write to Secretariat@futureofghis.org
WHA side event – Reimagining the Future of Global Health Initiatives: What are the Incentives for Change?

WHA Side Event, Tuesday 23 May, 8 – 9:30 AM

confirmed panelists

- Dr Lia Tadesse, Minister of Health, Ethiopia
- Loyce Pace, Assistant Secretary for Global Affairs U.S. Department of Health & Human Services
- Dr Anshu Banerjee, Director Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization
- Prof Kalipso Chalkidou, Head of Health Financing, Global Fund
- Dr Benjamin Loevinsohn, Director of Immunization Financing and Sustainability, Gavi
- Desta Lakew, Group Director, Partnerships & External Affairs, Amref Health Africa

To register and for the latest program, please visit: https://reimaginingthefutureofGHI.eventbrite.com
Let’s discuss!
IN THE YEAR OF THE 75TH ANNIVERSARY OF WHO: WHAT IS TO BE DONE WHEN THE PARTY IS OVER

THANK YOU!
Monday, 15 May 2025, 15.00-16.30 CEST
Alignment and coordination in the health sector
– how is the global community progressing?

Tuesday, 16 May 2023, 13.00-14.30 CEST
Advancing Social Participation for Universal Health Coverage
– Translating the principle into practice

Tuesday, 16 May 2023, 15.00-16.30 CEST
Not an option! Migrants’ journey across the Mediterranean
Film screening and discussion

Wednesday, 17 May 2023, 13.00-14.30 CEST
We want civil society participation in the governance
of the Pandemic Accord

Thursday, 18 May 2023, 14.30-16.00 CEST
Banking on health: The surging pandemic of health financialization

Thursday, 18 May 2023, 16.00-17.30 CEST
Private foundations and the WHO Pandemic Treaty:
negotiations gated in philanthrocapitalism?

#WHA76
#HealthForAll
www.g2h2.org
info@g2h2.org
The Geneva Global Health Hub (G2H2) wants to provide a space and enable civil society to meet, share knowledge and create initiatives to advocate for more democratic global health governance.

The values that guide and drive the work of G2H2 are belief in democracy with equity in diversity; dignity; accountability and transparency; and ethics and justice.

Civil society organizations: Join us! Support us!

We are building a strong civil society space in Geneva for more democratic global health