



## **TASK TEAM ON HEALTH AS A TRACER SECTOR (TT HATS)**

### **REPORT OF THE MEETING ON 2 APRIL 2009**

**OECD Paris, 2 April 2009 (Room D)**

The meeting of the TT HATS was co-chaired by Salif Samake (Mali) and Gérard Schmets (WHO). It involved 28 participants (including TT HATS members and other participants) who reviewed the draft work program for 2009-2010. The meeting took place after the Working Party on Aid Effectiveness (WP EFF) two-day meeting so that TT HATS members could get direct reporting and update.

#### **1. The meeting achieved its objectives:**

- Ensure a common understanding amongst all TT HATS members including new ones about the objective of the Task Team. This objective is to support the WP EFF overall aid effectiveness monitoring exercise on the way to 2011. It will do so by coordinating and reporting in an effective way about progress and lessons on aid effectiveness in the health sector so that this contribution is beneficial to more effective aid in health and other sectors and areas of activities.
- Discuss the working arrangements of the TT HATS in order to deliver successful contributions to the WP EFF. The group confirmed that the TT HATS plays a critical role of interface and platform between the health community and the WP EFF. In order to do this, it needs to avoid duplication and will build essentially on existing and planned activities by members and on key ongoing initiatives at country, regional and global levels, in particular the IHP+ with which there is a need to ensure effective coordination and communication.
- Discuss potential joint work with the clusters which support the WP EFF, in particular the cluster B on use of country systems, the cluster D on monitoring and assessing progress and the cluster E on managing for development results. The two other clusters (A on ownership and accountability and C on transparent and responsible aid) were not formally represented at the meeting but the program includes contributions to these groups.
- Agree on work plans and future arrangements. For each output of the draft programme that was identified and confirmed, the “leads” and other interested TT participants will prepare within 10 days a one pager to briefly describe the objective, the deliverable, the methodology and the timing to ensure readiness for the interim report. Participants highlighted the need to find an effective way to bring together the different components of the work program and reflect through key messages the overall challenge and progress in improving health aid. The secretariat mentioned preliminary contacts with consultants who would provide support for the interim report. Terms of reference will be drafted by the secretariat and validated within the TT. Also, the TT HATS will prepare a two pager to be sent to the executive committee of the WP EFF before 20 April. This note – which has been requested by the Co-Chairs of the WP EFF to all clusters coordinators – will ensure that the work of the TT HATS is taken into account into the general planning of the WP EFF.

## **2. Report of the meeting**

The Co-Chairs welcomed all participants including new TT HATS members (Action for Global Health, African Development Bank, Madagascar, Millennium Foundation). The secretariat indicated that more search is ongoing in order to ensure additional participation from a CSO from the South.

The meeting started with a presentation by the OECD DAC secretariat of the main objectives and working arrangements of the Task Team for 2009-2010 and suggestion for discussing a set of outputs at the meeting (attached).

The OECD DAC secretariat also presented the main outcomes of the Working Party on aid effectiveness meeting (31 March – 1 April) including the decisions on co-chairs, working arrangements and priorities on the lead up to HLF 4 in 2011. The critical contribution of this group to the WP EFF through its evidence based and results focused, politically oriented and country grounded work was particularly highlighted. In the context of the financial crisis, showing results is even more important and there is an opportunity to use health as a political tool to change and improve aid for better results. Finally the health as a tracer sector work stream is very helpful in continuing to bring together the different pieces of aid effectiveness within one particular sector which gets a lot of political visibility and support from the public.

Comments from the co-Chairs specifically touched on the importance of having effective communication with the Executive committee and recognized contribution to HLF4. They also highlighted the importance of having WP EFF Co-Chairs who are strongly dedicated to aid effectiveness, the fact that some countries were moving from a partner country status to a donor status and the opportunities for the health group to contribute to the five clusters.

The TT HATS insisted on coordination with ongoing initiatives such as the IHP+, the High Level task force and other ongoing process on innovative financing and Harmonisation for Health in Africa. Regarding the IHP+, there was confirmation that the objective for the TT HATS is to offer to the IHP+ a possible outreach to a broader audience made of political leaders in the area of aid effectiveness, also offering to the IHP+ existing tools and experience which can be useful for monitoring progress in aid effectiveness including through the use of country systems (procurement or public and financial management). More coordination is underway, particularly through the evaluation process of the IHP+ conducted by the North-South Consortium, including through potential contribution from the TT HATS the future ministerial review of the IHP next year.

At the WP EFF, all clusters were asked to re-focus their work programme and to send within 10 days revised objectives and timeline under the form of 2 pagers to the executive committee. It is in this context that Ghana, co-ordinator of the cluster B on use of country systems (the US to be the other co-ordinator) made an intervention, highlighting the interest for a specific work on procurement in health and suggesting possible ways to move jointly forward: i) reviewing the procurement assessments for countries that are IHP+ countries and include health review and sharing them with IHP donors in order to prompt more use of country systems ; ii) look at the possibility for the cluster to provide some support for assessing country procurement systems in a set of IHP countries, using the existing methodology.

The discussion benefited from the inputs of procurement experts from UNICEF who outlined the need to focus on supply chain and quality issues versus a too strict approach of procurement systems, from the Joint venture on procurement who introduced the 5 years old work on agreed indicators which were tested to assess procurement systems in a number of countries and found broad support through the Arusha statement released last May, from Unicef and from WHO who insisted on transaction costs



and impacts for countries and the need to take into consideration limited resources in fragile settings and the requirements of decentralized procurement. There are clearly a number of sources of expertise and lessons that future work on procurement in health would have to take into consideration also linking with the emerging interagency group on procurement for the IHP+.

The reform engaged in health procurement system in Ghana since 1997 and its development in the context of the SWAp, with regular reporting was also presented and it was suggested to refer to cases of best practice (Tanzania and Ghana). The point was also made by some that the objective, in correlation with the Paris Declaration and AAA, should remain the use of country systems which allows for steps and learning by doing.

The work of the cluster on managing for development results was presented by the OECD secretariat who insisted on the political dimension of this work, also on the existing regional communities of practices and ongoing work for collating best practice and encouraging more development and use of country owned and country piloted results systems. One of the co-chairs wished the TT HATS could be the place to also report about bad practice, pressure from donors for too many indicators, and he reported about the impact of ineffective communication within donor agency between headquarter and field levels.

Comments were made by TT HATS members representing international organisations about the importance of the results agenda, their interest in linking aid effectiveness and development effectiveness, the internal culture that encourages staff to systematically look at impact on health outcomes. At the partner country level, a concrete illustration was given of the pressure made by donors for a large number of indicators to be collated at the basic health system level with multiple reports to be prepared by local staff. This would be one of the issues that the IHP+ is expected to address. Some participants strongly stressed the need to avoid earmarked and narrow approaches and to focus on improve information systems for the countries themselves and their own decision making process rather than the donor's. It was also reminded that instead of looking for direct impact on the health MDGs and health outcomes, we should talk of contribution to these, given the multi-dimensional nature of health outcomes.

Andrew Rogerson (who just started to work at the OECD Development Cooperation Directorate as Senior Advisor on aid architecture and multilateral aid) met with the TT HATS. He presented his personal views about innovative financing for health, stressing that we will have to live with a more complicated picture in health financing and that the objective should be to avoid multiplying delivery channels. He presented the ongoing work within the OECD on multilateral aid with a second annual report which will focus on climate change but with possibilities to take on board lessons from the health sector where ensuring country ownership has been more challenging in the context of multiple "vertical" funds and more complex bi/multilateral channels of funding. Finally, he mentioned the ongoing work on forward expenditures plans which is undertaken by the OECD and the fact that there might be a possibility to look at specific sectors. Regarding innovative financing, participants insisted on the need to increase predictability beyond a current 3 years horizon, on country ownership and the imperative to avoid new process along with new funding initiatives, on the need to ensure that innovative financing is not a way for donors to reduce their ODA commitments, on the possibility to act on the demand side (health insurance) through innovative financing for health and not only on specific inputs, drugs or commodities. TT HATS members who also contribute to the HLTF on innovative financing should report these comments to the latter group.

1. The OECD secretariat presented the work program of the cluster E on monitoring and assessing progress in the implementation of the Paris Declaration and Accra Agenda for Action. The

objective, and timeline for assessing the IHP+ on aid effectiveness, particularly at the level of each IHP+ countries were presented. The need was recognized to have country case studies included from non-IHP+ countries. Countries and organisations were encouraged to do so in collaboration with the secretariat and compare methodologies with the North-South Consortium, so as to make results as much as possible comparable.

TT HATS members stressed the need for avoiding too many M&E frameworks, also for incorporating change at headquarter/global level.

Participants examined further in detail five expected outputs of the draft work program:

- Technical assistance and support to countries efforts to develop health strategies and to institutional capacities: UNFPA will lead and coordinate with the AfDB/HHA and other interested partners such as GAVI, also taking experience from Ethiopia
- Issues and progress in broadening the dialogue for building health and HIV and AIDS strategies in a number of countries: Action for Global health to prepare a report by the end of this year which will build on a series of country case studies
- Progress and issues in implementing the Paris Declaration and AAA regarding medium term predictability: the OECD has undertaken a study on forward expenditure planning which could, as mentioned by Andrew Rogerson, include a sector dimension; the World Bank will check on possibilities to contribute with direct feedback from countries the Bank is currently involved with
- Report about progress and best practice in innovative financing in health: the Millennium Foundation presented the context, ongoing initiatives and opportunities for generating new money for health to address important gaps in the context of the financial crisis
- Evaluate opportunities and challenges for engaging in global partnership: the UNICEF will finalize an evaluation by end of May which will be shared with most partners. It was suggested that this work could not only feed the TT HATS work but also the work on multilateral aid undertaken by the OECD and referred to by Andrew Rogerson.

Participants highlighted the need to ensure that the various outputs of the work program are consolidated and brought together under key political messages which reflect the overall challenges of improving health aid, also with enough space for a frank debate on aid architecture issues and reporting about bottlenecks and responsibilities for failures. Some mentioned the possibility to start the report with a “confession” from donors and partner countries. This could contribute to capture a high-level audience and support the objective which is to prompt action to implement further progress in aid effectiveness.

The OECD secretariat mentioned preliminary discussion with consultants who had prepared one of the key reports to HLF 3 in Accra. These consultants are not health experts but are very familiar with the aid effectiveness issues. They are well known for delivering timely and very qualitative reports. The secretariat will seek rapid confirmation from them. Terms of reference will be drafted and shared within the TT HATS. For each output of the draft programme that was identified and confirmed, the “leads” and other interested TT participants will prepare within 10 days a one pager to briefly describe the objective, the deliverable, the methodology and the timing to ensure readiness for the interim report. These notes will be shared with the consultants in order to start planning their work. Members of the TT HATS will have to ensure that the individual contributions are sent in due time to the secretariat. A meeting of the TT HATS with the consultants will be scheduled in due time.



**Next steps:**

- prepare and share a report of the meeting with revised work program (OECD secretariat)
- contact the consultants (OECD secretariat)
- prepare one pager for each output and send to the Co-Chairs and secretariat within 10 days (e.g., before Monday 13 April cob)
- prepare within 10 days a 2 pager for the WP EFF Executive Committee (OECD secretariat)