SCALING UP FOR BETTER HEALTH IN ETHIOPIA

HARMONIZATION & ALIGNMENT IN ETHIOPIA

The Federal Democratic Republic of Ethiopia
Ministry of Health

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Outline of presentation

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Why Harmonization and Alignment

- From the very outset, the government recognized that health problems in the country are huge in magnitude and complex in nature.
- To solve these multi-faceted problems of the sector requires time and concerted efforts of the government, the private sector, non-governmental organizations, multilateral and bilateral development partners, and above all the public at large.

Why Harmonization and Alignment

- Although the support given to the sector by development partners was appreciated; the innumerable plans, budget channels and reporting requirements were causing serious burden to the already weak health system and capacity
- Therefore, this situation triggered the need to harmonize and align the procedures and practices of development partners with that of the government.

Basic principles behind the harmonization and alignment agenda

- H&A is about improving the whole system of health sector planning and implementation.
- Harmonization means coordination of activities amongst all stakeholders to reduce the transaction cost of delivering aid and services.

• Alignment means "lined up with government priorities" or jointly agreed strategic and annual plans and its priorities.

Harmonization and Alignment in Ethiopia

Development and signing of the Code of Conduct in 2005

- Harmonization and alignment has became a global movement to improve the aid effectiveness to achieve the MDGs.
- The Government developed Harmonization Action Plan in cooperation with development partners.
- Within this broader framework, the health sector launched a sectoral action plan to promote harmonization in July 2005.
- Based on the plan a Code of Conduct was prepared and singed by FMOH and some development partners

Harmonization and Alignment in Ethiopia

HHM manual in 2007

- Is a follow up move and step of the code of conduct towards harmonization and alignment through implementation of one plan, one budget and one report at all levels in the sector.
- It also defined mechanisms of developing Regional and local strategies, to reflect the country level strategic program at local levels.
- Thus, Regions, Zones, Woredas and Health facilities are encouraged and required to revisit and harmonize their strategic plans with the sector's strategies.

What is IHP+

• The International Health Partnership was launched in 2007 in response to the need to accelerate progress on the health Millennium Development Goals

Objectives

- To accelerate progress towards health related MDGs
- To increase access to defined priority health services
- To support strong and comprehensive country and government-led national health plans
- To strengthen and use existing systems for coordination,
- To share accountability for achieving results.
- The details for implementation of the objectives of the IHP were to be determined locally.
- Ethiopia is the first to sign the country Compact, signed on August 2008

WHY IHP+

Why did we need IHP+

- Total development assistance for health more than doubled between 2000 and 2010.
- The number of global initiatives designed to tackle specific health priorities also increased dramatically during this period.
- However, despite the rise in resources, progress on the health MDGs has been mixed. The bottlenecks to progress have become clearer. Some are to do with weak health systems. Some are to do with the level and way health aid is provided_____ the need to work on aid effectiveness!!

Harmonization and Alignment in Ethiopia

JFA and establishment of MDG PF 2009

• JFA, Joint Financing Arrangement, refers to the arrangement that sets out the jointly agreed terms and procedures for MDG Fund management, including planning, financial management, governance framework and decision-making, reporting, review and evaluation, audit and supply chain management.

MDG PF

- The MDG Fund is a pooled funding mechanism managed by the FMOH using the Government of Ethiopia procedures.
- In the framework of the Ethiopia IHP compact, it provides flexible resources, consistent with the 'one plan, one budget and one report' concept, to secure additional finance to the Health Sector Development Programme.
- It is one of the GoE's preferred modalities for scaling up Development Partners assistance in support of HSDP.
- As of 2015, 12 partners are contributing to MDGPF

• Scope of MDG fund and JFA:

• Eligible expenditures: any priority of the government are eligible except wage costs (at either Federal or sub-national levels)

Responsibilities of the FMoH:

• Carries overall responsibility and accountability for the performance of the health sector as a whole, including the MDG Fund, ensuring that all activities undertaken within the sector contribute to HSDP goals and priorities.

• Responsibilities of DPs:

• Providing resources to the MDG Fund in line with principles of aid effectiveness, the commitments of the IHP Compact and the procedures set out in the JFA

Institutional arrangement and decision making:

• the dialogue, governance and decision-making of the MDG Fund is provided by the existing health sector coordination framework which consists of a two tier collaborative governance system made up of the JCF and the JCCC.

• Planning:

- The HSDP targets, priorities and costing form the basis of the annual planning process.
- The Woreda based planning process is the only sector planning process modality for the annual operational plan in the health sector

• Flow of funds:

- The FMOH maintains the foreign currency account in the National Bank of Ethiopia for the MDG Fund
- Signatories disburse according to a mutually agreed disbursement schedule and in line with the EFY

• Procurement:

- The FMoH would be the budget holder for the MDG Fund and will delegate the procurement of goods to PFSA
- The PFSA will utilise its own procurement manuals in accordance to its proclamation (553/2007)

Reporting:

- Quarterly activity based reports are sent to all signatories
- Annual performance will be included as part of the annual report for the sector

Total income to MDG PF in USD and EFY

lotal income to MDG PF in USD and EFY										
DP	2001	2002	2003	2004	2005	2006	2007	Total		
DFID										
C :	4,407,267	17,341,660	43,314,566	81,577,544	106,964,000	142,558,200	101,647,000	391,755,970		
Spain	6,210,963	13,562,960	6,416,510	6,846,500		658,648	2,683,844	32,032,161		
Irish Aid										
		1,924,660	2,217,960	3,484,284	2,047,516	3,181,362	7,210,406.15	13,256,045		
UNFPA		1,000,000	1,000,000	995,189		2,000,000	1,000,000	4,995,189		
WHO		664,303	300,969	698,773		148,337		1,664,045		
UNICEF				500,000	1,000,000	900,000	500,000	3,793,853		
IC				3,793,853	1,000,000		3,354,804	3,793,854		
Australia				, ,			, ,			
				7,445,900	8,400,000			20,007,260		
EKN					5,700,000	7,142,827	14,877,143	12,857,102		
WB						35,393,073	34,000,000	35,393,073		
GAVI					3,127,741	35,480,034	22,000,000			
Total										

Allocations from MDG PF

Focus areas	2001	2002	2003	2004	2005	2006
НЕР				7.9%	3.3%	3.5%
Maternal Health	53%	11.30%	36.1%	21.4%	47.8%	36.0%
Child health	48%	12.10%	22.0%	7.6%	9.6%	5.0%
Infrastructures		27.90%	16.1%	7.6%		14.5%
Medical Equipment			25.3%	22.0%	21.3%	42.0%
Communicable disease		13.60%		12.8%	13.5%	12.0%
Essential drugs		19.10%		7.6%		
Health Care Financing		1.80%	0.9%	1.7%	0.7%	4.5%
HMIS		8.40%		6.9%	1.5%	1.2%
HR				10.7%	2.2%	7.1%
Governance		5.60%	0.3%	1.6%	0.2%	0.025%

What is the added value?

Value added of H&A

- Duplication of effort, huge transaction cost reduced
- Reporting burden decreased
- Fragmented health sector support in to common mechanism (JFA) which is managed at the country level
- Better predictability of funding
- Priority setting focuses on joint planning and is mainly based on the gap identified

Challenges

Challenges

- Still some resources are not predictable and not for government's priorities
- Use of different channels for aid leading to higher transaction cost resulting in overstretching the capacity of the public sector to the limit
- Regions, (zones) and woredas receive resources through different channels; unplanned Activities/Duplication of efforts
- Too many resources for one technical program and too few for another; Inequality of funding within Health programs

Lessons learnt

Lessons learnt

- Enabling
 - One country owned plan,
 - Agreed and simplified procedures having common arrangement and
 - One Standardized, integrated, Simplified and institutionalized reporting
- Ensuring accountability and monitoring performance

Thank You!!!