

Improving and harmonizing national health plans

IN November 2007, at the Second Pan-African Forum on Children, held in Cairo, the African Union endorsed the 'Strategic Framework for Reaching the Millennium Development Goals on Child Survival in Africa', which had been developed by UNICEF, the World Health Organization and the World Bank. Even before that, however, ministries of health throughout the continent had been revisiting and revising their national health plans along the lines of the Strategic Framework.

In **Benin**, for example, the president announced in early 2007 the abolition of all user fees for health services provided to pregnant women and to children under age five. National health and financial specialists worked with UNICEF, the World Bank, the United Nations Population Fund and the World Health Organization (WHO) to refashion the state budget to reflect this new reality. Both domestic and foreign assistance funds were shifted to cover shortfalls the change engendered. As a result, the poverty reduction strategy for Benin, particularly as it relates to maternal and neonatal health and child survival, is much more child-friendly – and more likely to help Benin reach the MDGs.

Certain national health plans in Africa have been in existence for so long, and accumulated such extensive bases of data and lessons learned, that achieving harmony with the Strategic Framework is more a matter of fine-tuning than major overhaul. **Mali** presents one such example. The nation's Programme de Développement Sanitaire et Social (PRODESS) has advanced to the stage where the 2008–2012 strategy for child survival presents detailed interventions appropriate to the smallest administrative district. This meticulous planning enables districts in Mali to understand their needs and constraints better, and consequently manage their local health systems responsively.

In 2007, **Ghana** launched a High Impact Rapid Delivery strategy for health care that has generated impressive results. Fully 100 per cent of Ghanaian newborns and 78 per cent of pregnant women have been reached by basic preventive actions. Vitamin A supplementation rose to

100 per cent among children aged 6 to 59 months. Polio vaccination coverage rose to 100 per cent. No measles deaths have been recorded since 2004, and more than half of Ghanaian children and pregnant women now sleep under insecticide-treated mosquito nets. Another lesson to be drawn from the experience in Ghana is that much can be accomplished when governments, donors and UN agencies work in harmony towards a common goal.

'Harmonization for Health in Africa'

Facing various degrees of progress in African health-care systems, UN agencies, including UNICEF, have chosen to utilize their strengths by creating a consultative structure called Harmonization for Health in Africa (HHA). Coordinated by WHO and the World Bank, and growing out of a 2003 meeting of development agencies and developing countries in Canada, three 'High Level Forums' have been held since 2004.

At these forums, discussions focused on resources, aid effectiveness and harmonization, global health partnerships and monitoring progress towards the MDGs. The forums recommended the establishment of a regional mechanism to facilitate and coordinate country-led development of evidence-based policies, plans and budgets – with the aim of strengthening health systems and service delivery to reach the poor and vulnerable.

The objective of the HHA action framework is to coordinate the efforts of international health agencies and other stakeholders as they work to overcome the grave challenges Africa faces in its progress towards achieving the MDGs and increasing health outcomes. The six focus areas are:

- Supporting countries to identify, plan and address health-system constraints to improve outcomes in a sustainable and effective manner.
- Developing national capacity through training in relevant areas and stimulating peer exchange, establishing a roster of technical expertise in the region and developing partnerships with Africa-based academic institutions.
- Promoting the generation and dissemination of knowledge, guidance and tools in specific technical areas – focusing on strengthening health-service

delivery, monitoring health-system performance, results-based financing, and synthesizing experience on aid effectiveness and health.

- Supporting countries to leverage predictable and sustained resources for the health sector, developing investment cases and providing a platform for bringing together funding from all global mechanisms.
- Ensuring accountability and assisting in monitoring performance of national health systems, aid effectiveness and the performance of the International Health Partnership.
- Enhancing coordination in support of nationally-owned plans and implementation processes, and helping countries to address the country-level bottlenecks arising from constraints within international agencies.

The agencies provide support to countries within existing national development and financing frameworks – including Poverty Reduction Strategy Papers, multi-budget support and sector-wide approaches, medium-term expenditure frameworks and sector investment plans. The following are identified as initial critical interventions:

- Support identified country-level action by mobilizing expertise from across the participating agencies and beyond.
- Produce evidence-based reports for boards and global decision makers that influence health development in Africa.
- Provide all stakeholders with a comprehensive assessment of progress and country needs and demands in achieving the health-related MDGs.
- Serve as a broker and, where appropriate, provide support in facilitating resource mobilization and grant proposal preparation for countries.
- Facilitate exchange of experience across countries and regional institutions to develop regional centres of excellence.

The partnering international agencies have started to implement the HHA action framework, and 23 countries will be supported by 2010.

See References, page 50.