that resources should be allocated on the basis of such criteria as need (based on such factors as population size, poverty levels and current state of health, nutrition and education (health outcomes and capacity to absorb funds effectively). Performance would be related to key results and policy measures agreed at the country level in a ‘compact’ that builds on existing results-oriented frameworks, such as those developed by the European Commission, World Bank and African Development Bank and bilateral donors. These compacts constitute mutual agreements between developing countries and donors based on accountability and measurable performance criteria by recipients and provision of predictable financing by donors.

Aligning development assistance to country systems

Alignment of disbursement and implementation to country systems financing systems is complex and effective. In countries with fiduciary environments (public financial management and procurement) that are considered adequate overall by multilateral and bilateral donors and jointly monitored by partners through the public expenditure and financial accountability mechanisms, funding for effective scale-up could flow as sector budget support – providing incremental funding for the implementation of the health-sector component of the national budget, as well as related activities. Monitoring the effectiveness of these funds would be integrated into the monitoring of the existing general and sector budget support. A similar mechanism could be used in countries with sector-wide approaches and basket fund mechanisms, complementing existing evaluation methods.

There is a growing consensus that resources for the health sector should be channelled through institutions that aim to provide universal coverage, rather than through projects and programmes. Maternal, newborn and child health services must be part of the basket of core health interventions that are covered in any benefit package funded through these institutions. Enhancing resources spent on maternal, newborn and child health may require trade-offs in government expenditures, either within the health budget itself or within the national budget. Such trade-offs need to be negotiated in the context of the overall macroeconomic environment, which can allow for incremental sector spending if health-care requirements are well argued. At the country level, resources also need to be mobilized outside of the public sector through the involvement of the private sector, civil society organizations, communities and households.

Results-based financing

One of the key areas supported by the new scaling-up initiatives is results-based financing. This is an important complement to existing funding flows and a potentially promising approach to surmounting existing obstacles within health systems to achieve health, nutrition and population results. Recent experiences in Afghanistan, Argentina, Cambodia and Rwanda (see Panel, page 84, on performance-based financing in Rwanda) have shown positive results, and more rigorous evaluation for the latter is planned.

Results-based financing offers several advantages over traditional, input-based approaches, including:

• An emphasis on achieving outputs and outcomes relatively quickly within a well defined time period.
• Incentives for performance at key junctures in the service delivery chain.
• Addresses important funding gaps, provides governments with flexible financing to counterbalance funding distortions and gives them the opportunity to focus on priorities, such as targeting the poor.
• By design, results-based financing is essentially a monitoring and evaluation tool, built on a measurable and targeted strategy that requires baseline, target and progress data at the relevant levels. Consequently, results-based efforts will allow regular review of successes, shortfalls and bottlenecks, enabling midstream adjustments to implementation plans.
• In addition, it supports a broader range of solutions to health problems beyond those that are officially under the control of the health sector, such as improving roads, water supplies and sanitation.
• Perhaps most importantly, results-based financing can simultaneously contribute.

Strengthening accountability and governance in health-service delivery

Accountability in service delivery may be conceived of as processes through which communities and households can hold providers responsible for the adequacy and effectiveness of the services they offer. For poor and marginalized communities and households, public accountability can be achieved through giving them both voice and suffrage; for policymakers, accountability can be demanded through the social compact in which governments assist, finance and regulate providers of health care, nutrition and environmental health services. When communities are empowered to demand adequate and effective services, families are informed of which services the State has committed to provide and the minimum standards that apply.

Embedding participation in public life and civic education in all maternal, newborn and child survival and development programmes ensures that families are empowered with knowledge of the measures they can take to protect their child’s life and enhance the child’s early development. Household and community knowledge of available services and the standards of quality required for these services enhance their ability to hold governments and service providers accountable.

Social compacts between governments and providers can also be effective tools for accountability in maternal, newborn and child survival and health when governments make these issues a priority in legislation, budgets, programmes and research – and adequately compensate providers for essential services, while monitoring their performance in delivery.

Strengthening accountability must be tailored to different modes of service delivery. At the primary level of community and family services – including such factors as information and social support for promoting breastfeeding or newborn care services – the ability of households to purchase commodities, access information on services and transform both into better health outcomes is central to increasing demand-side accountability. Community and civil society organizations and commercial networks are often well placed to provide mechanisms for poor and marginalized households that can directly monitor the efficacy of services and exert accountability.

See References, page 108.

Establishing benchmarks and outcome indicators for health-system development

Indicators associated with the health-related MDGs can serve as appropriate tracers or proxy measures for the performance of health systems. New initiatives plan to provide support to governments to achieve agreed outcomes in selected target areas through results-based financing, establishing appropriate incentive frameworks. The objective is to achieve defined output targets for coverage of services that are strongly

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