

Advancing Country Ownership

U.S. Government's Global Health Initiative



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GHI Principles

- 1) Focus on women, girls and gender equality
- 2) Encourage country ownership and invest in country-led plans
- 3) Strengthen and leverage other efforts
- 4) Increase impact through strategic coordination and integration
- 5) Build sustainability through health systems strengthening
- 6) Promote learning and accountability through monitoring and evaluation
- 7) Accelerate results through research and innovation



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Presentation Outline

- **Intent and content of paper to the field**
 - **Our framework and approach**
 - **What we ask of our field teams**
 - **What we ask of our partner countries and they of us**



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Objectives of the paper

- **Promote importance of country ownership to USG health policy**
- **Provide a common framework for country ownership**
- **Identify important stakeholders**
- **Share examples**
- **Encourage action**



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Policy Importance

- **President Obama**
 - **Presidential Policy Directive**
 - **Ghana Speech, July 11th 2009, Accra, Ghana**
- **Secretary of State's Speech**
 - **Global Health Initiative, Aug 16th 2010, Washington DC**
 - **Aid Effectiveness, Nov 30th, 2011, Busan, South Korea**
 - **A World in Transition: Charting a New Path in Global Health, June 1st, Oslo, Norway**
- **Congressional appropriations**
 - **27% health sector**
- **Health Diplomacy**



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What country ownership means for USG?

- Ability of our partner countries to plan, oversee, manage, deliver and finance a health sector responsive to the needs of their people
- Ability of our partner countries to sustain the health sector gains made, and ensure future health targets continue to be reached

How do we get there?



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Conceptualizing a framework

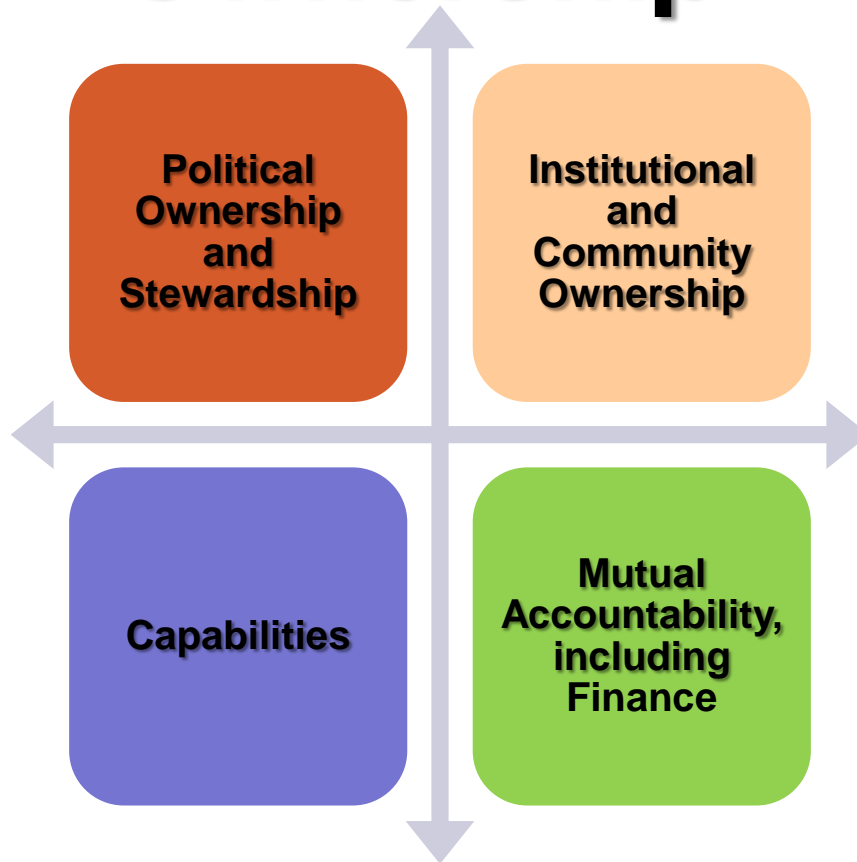
The elements:

- Political ownership and stewardship
- Institutional and community ownership
- Capabilities
- Mutual accountability, including finance



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Dimensions of Country Ownership



Country ownership is defined by the continuum of actions taken by political and institutional stakeholders in partner countries to plan, oversee, manage, deliver and finance their health sector. These actions advance sustainable, quality health programs that are locally owned and responsive to the needs of host country nationals.



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Political Ownership and Stewardship

- Host Government has a clear aspiration for what should be accomplished in each stage of program development, implementation and monitoring, generated with input from their own cities and rural areas, civil society, NGOs, and private sector, as well as their own citizens
- National plans are aligned to national priorities to achieve planned targets and results, with full costing estimates and plans incorporated
- Host country (public and private sectors) is the architect that fully implements and provides oversight of national plan to achieve results and applies and scales-up evidence-based best practices ; this includes specific activities conducted by stakeholders in each stage from design to delivery of programs



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Institutional and Community Ownership

- ☐ Host country institutions (inclusive of government, NGOs, civil society, and the private sector) constitute the primary vehicles through which health programs are delivered and take responsibility for each program**
- ☐ Host country institutions adopt and implement transparent, evidence-based policies/regulations for priority areas that align with national plans**
Host country institutions manage funds



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Capabilities

- Host country has effective workforce, organizations and systems at all levels able to perform activities and carry out responsibilities that achieve priority health outcomes
- National coordinating bodies and local institutions have the ability to gather and analyze epidemiological and program data to plan and measure program progress and results
- Host country institutions have the capabilities required to perform or oversee activities for programs
- Host country institutions have the ability to dynamically modify programs based on evidence and feedback from monitoring processes



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Mutual Accountability, Including Finance

- Host country is responsible to country citizens and international stakeholders for achieving planned results
- Host government is responsible for financing and financial stewardship over health
- Explicit roles and responsibilities are described with appropriate management of performance in place
- Measures are robust
- Information and processes are transparent and there are mechanisms for input and feedback from civil society, the private sector and donors



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Needed elements for progress

- **Transition**
- **USG health programs**
- **Role of USG**
- **Role of stakeholders**
- **Capacity building**
- **Metrics**



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USG Health Programs

- **Presidents Emergency Plan for AIDS Relief (PEPFAR)**
- **TB programs**
- **Presidents Malaria Initiative (PMI)**
- **Maternal and Child health programs**
- **Family Planning/Reproductive health**
- **Nutrition programs**
- **Neglected Tropical Diseases program**



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Transition

- **Transition is a purposeful shift from USG-led, to country-led**
- **Involves ensuring strong technical, management, and financial capacity exists**
- **Takes time**
 - **Examples:**
 - **Community health huts in Senegal**
 - **PEPFAR Track 1.0 Care and Treatment in 15 former focus countries**
 - **USG Family Planning Programs in Latin America region**



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Changing role for USG Country Teams

- **Changing the way we do business requires an evolution in the roles, policies and responsibilities of USG**
- **Coordinating technical assistance to directly benefit country counterparts and national programs**
- **Programming activities with, and not parallel to, country programs**



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Stakeholders

Government

Civil Society

Communities

Private Sector

**Bilateral and Multilateral Organizations;
Regional Bodies**

Academia



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Capacity Building Actions

- **Working with partners to ensure capability to manage**
 - **Systems level**
 - **Institutional level**
 - **Individual level**
- **Financing frameworks**
 - **Costing analysis; Cost structures**
 - **Financial management systems**
 - **Insurance Schemes**
- **Multi-sectoral**
 - **Coordinate and leverage USG expertise and investments in non-health sector (governance, economic growth)**



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Implementing and Monitoring

Diagnostic Assessment:

- Led by Country Government
- Involve stakeholders
- Determine baseline for all 4 dimensions
- Develop action plan
- Discuss monitoring and reporting and evaluating impact

Roadmap for Implementation

- Based on assessment
- Led by Country Government
- Involves stakeholders
- Set milestones and benchmarks
- Clear roles and responsibilities and timeline

Monitoring Plan

- Monitor roadmap implementation
- Regularly measure health thresholds
- Use national multi-stakeholder forum for review
- Use data to adjust plan

Teams will monitor progress on CO using optional monitoring tools.



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Country Ownership Assessment Tool (COAT)



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Microsoft Access

Home Create External Data Database Tools

View Paste Copy Paste Pointer Font Rich Text Refresh All Save Delete More Filter Advanced Toggle Filter Sort & Filter Size To Switch Form Windows Find Replace Go To Select Find

Heat Map

Country Ownership Matrix Percent Rank: 42.7%

Month: 01 Year (enter 8 digits for year): 2012

	Strategy/Policy	Resource Allocation	Plan	Implementation	Monitoring Reporting	Evaluation
Political Ownership/Stewardship	2	3	2	1	1	2
Institutional Ownership	2	1	2	2	2	1
Capabilities	2	2	1	2	2	2
Accountability (including fiscal accountability)	2	2	2	2	2	1

Close Form

4 - Independent 2 - Guided
3 - Assisted 1 - Reliant

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Example -- Mutual Accountability and Strategy

Standard: Mutual accountability including finance and Strategy

Government coordinates an agreed, transparent, and responsive process to conduct assessment and revision of the national Maternal Health Strategy and Road Map (Standard)

Questions: (Answered by Country and USG team)

- Is there an ongoing process to assess impact and revise the strategy?
- Who is in charge of the assessment and revision of the strategy?
- Is the process well planned, recurring and transparent?

Rating:

3. Exceeds Adequate (Reaches Standard) Government coordinates an agreed, transparent, and responsive process to conduct assessment and revision of the national strategy

2 – Adequate Government has a poorly-planned but transparent process for revising and assessing the national strategy

1 - Present but inadequate

Government has a poorly-planned process and opaque process for revising and assessing the national strategy

0 - Not present Government has no process for revising or assessing the national strategy



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In Botswana, the joint plan of the UGG-GOB included the following actions:

- **Drive delivery through effective coordination, joint planning and performance management:** NACA delivery unit launched
- **Maximize stakeholder impact through national capability building and enabling mechanisms:** civil society strengthening, national capability building plan
- **Sustainably ramp up impact of high priority programs:** GOB has shifted to treatment at 350 (April 2012); voluntary medical male circumcision scale-up by PEPFAR and ACHAP, coordinated by GOB; combination prevention evaluation to take place in Botswana
- **Establish national research and evaluation programmes:** partnered with U.S. academic institutions Harvard, Baylor and University of Pennsylvania to provide national capacity in clinical training and build a national medical school.
- **Drive effective cost management to enable financial sustainability:** Under GHI, USG will provide TA while reducing funding; transition USG-funded “seconded” staff to the GOB within three years; and funds will be leveraged from private sector and other (non-USG) resources to fund community programs. Costing TA will be provided to the GOB by PEPFAR.



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Examples of Country Ownership under GHI

- **Dimensions:** Institutional
- **Stakeholder:** Government/Academia
 - Nursing and Medical Partnership Initiatives
 - Outcome – strengthened human capacity/human resources for health
- **Dimensions:** Capabilities
- **Stakeholder:** Multiple
 - Strengthen the human and institutional capacity of the public health system to plan, manage, implement and monitor sustainable health programs in Rwanda
 - Outcome – strengthened human capacity/human resources for health



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Examples of Country Ownership under GHI

- **Dimensions: Capabilities**
Stakeholder: Communities

- Health extension worker program in Ethiopia
- Outcome – Empowered and gender equitable platform for sustainable community health outreach

- **Dimensions: Institutional**
Stakeholder: Civil society

- Build the capacity of civil society to influence policy and demand access to quality care in Mozambique
- Outcome – increase in access and uptake of MNCH services



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Action Points for USG Country teams

- Fully align and prioritize USG health activities to support national plans, even those specific to ministries such as gender or defense
- Negotiate with host governments to assume increased local responsibility for financing health activities
- Support the inclusion of private sector providers in public sector training and leverage the private sector for profit
- Foster effective engagement of local communities and civil society



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