

# **Proposal for Strengthening of Health Sector Harmonization and Alignment in Ethiopia**

## **Prepared by Federal Ministry of Health**

### **1. Background**

The Ethiopian Government is demonstrating leadership potential in strengthening and reforming its overall health system. In the recent past years, Ethiopian government has been vigorously implementing the Health Sector Development Program to improve the health status of the Ethiopian peoples and achieve the Millennium Development Goals. Ethiopia considers harmonization and alignment as an important agenda. The Ethiopian Plan for Sustainable Development to End Poverty 2005 (and later the PASDEP) created an added impetus for better coordination and alignment of external support. In 2005, the Ministry of Health and Partners developed HSDP III as a single programme framework aligned with health MDGs for coordinating health sector action (one plan). A Code of Conduct was signed to guide the conduct of all partners in support of HSDP. Afterwards, an operational manual entitled “HSDP Harmonization Manual” that focuses on promoting the one-plan, one-budget and one-report objective at all levels of the health system, including development partners, has been developed and endorsed by all stakeholders. To this effect, activities have been periodically appraised through joint and annual review meetings (JRM, ARM), and there has been continuous monitoring and implementation support through a number of health harmonization mechanisms such as: the Joint Core Coordinating Committee (JCCC), comprising of Federal Ministry of Health and development partners; the Health, Population and Nutrition donor group (HPN); the Joint Consultative Meeting (JCM) comprising of Federal Ministry of Health and HPN; Joint Review and Implementation Support Missions (JRM) for donor-supported programmes; Central Joint Steering Committee (CJSC), Regional Joint Steering Committee (RJSC) and other federal, regional, zonal and woreda planning groups. These are in line with the goal of the government and development partners, towards signing a compact. As part of HSDP-III, Government and development partners agreed to establish the MDG Performance Fund to move towards a broader harmonization and alignment. It includes support to (i) the Health Extension Programme (ii) Maternal health and (iii) Technical Assistance. While Protection of Basic Services component is a pooled fund mobilization arrangement to support the provision of medicines and health commodity supplies and strengthening of the referral system in support of HEP; the technical assistance component, is supported through a ‘health pooled fund’ which is currently outsourced to UNICEF.

The Ethiopian government is the largest provider of health services and the main financier of the sector contributing US\$ 159 million (31% of total health expenditure). About 50% of the total health funds are managed by government and of this share of government, about 49% are managed by the regions and districts. The Federal Ministry of Health currently manages only about 31%. But of the 50% of resource the government manages, there are earmarked funds in which the government has little role in allocating for other purposes. Development partners contribute 37%. While progress has been made on pooling with the introduction of the MDGs performance Fund, little has happened in terms of predictability. The financing gap for implementation of the remaining two and half years of HSDP III, which amounts to more than US\$1.56 billion for the lowest scenario indicates the dire need for strengthened fund raising drive, in order to realize achievement of the MDGs..

Even though notable progress has been made with respect to system efficiency and service access, there is room for further improvement to ensure continuity and sustainability in order to meet targets. It

is in this spirit that the FMOH with the consensus of HPN is presenting this 18-month proposal, to request IHP+ support in the following priority areas.

## 2. Objectives

The activities selected closely match the guidance provided by the IPH+ initiative for strengthening health sector harmonization and alignment, and focus on the following areas of activity to be carried out within 18 months time-frame:

- Strengthening ways of working between government, national and international stakeholders working in health through stream-lining of coordination & funding mechanisms and developing the compact;
- Strengthening health sector coordination capacity in agencies and governments through development and institutionalization of a working frame-work, guidelines, manuals and tools;
- Joint analytical studies to assess health system and agency constraints to scaling up health services, to identify bottle necks and propose further action along with development partners;
- Use national and international events to disseminate new knowledge to promote learning and build national consensus on health sector policy options for scaling up health services.

## 3. Proposed activities

Proposed activities for funding as part of the IHP+ support to countries are grouped in to four components: (i) Technical Assistance (45%); (ii) Advocacy and Training (35%); (iii) Support to implementation of scheduled events and international meetings (20%) and (iv) contribution to the interregional guidance on good practice for engaging national and international stakeholders in country health sector planning and monitoring, review and coordination (IHP+ Regional activity).

### 3.1. Technical Assistance (US\$ 294,000):

- a. **Streamlining of harmonization/coordination mechanisms** (3 national consultant months). As outlined above, there are numerous joint government and multi-donor forums for supporting and monitoring health systems and delivery activities. There is considerable overlap between both committee membership and agenda issues and this should be economized and streamlined to improve efficiency.
- b. **Support to the Resource Mapping System (RMS) initiative to ensure continuity and update of the National Health Accounts (NHA)** (15 expatriate consultant months). The currently initiated resource mapping exercise will have to be supported to capture all sources and ensure frequent update and continuity. At the same time, the National Health Accounts needs to be updated and mechanism for its periodic evidence based updating be instituted through capacity building to ensure sustainability. This is important to move towards the desired goal of implementing the results based performance frame work.
- c. **Development of guidelines, manuals and tools for result based contracting** (6 national consultant months). There is a need for contracting the result based performance (RBP) plan between FMOH and RHBs; and between RHBs and Zonal Health Departments and Woreda Health Offices, to be implemented to an agreed timetable and program of action. This needs to be formalized through a relevant framework that should be developed and instituted.
- d. **Design mechanisms for public and private health sector partnership** (6 national consultant months). Even though the desire to forge alliance and mutual support between the public and private sector has been envisaged in the Health System Strategy, its effective realization is lagging. The purpose of this activity is to identify and institutionalize viable mechanisms to maximize the use of capacities and expertise in the private (for profit and not for profit) in delivering health care services in collaboration with public health facilities.

### 3.2. Orientation and Advocacy Seminars (US\$117,000).

Periodic orientation and advocacy for consensus building and gaining better support to the implementation of health plans and programs among the political and technical sector leadership at federal and regional levels is of paramount importance for improving results in health sector performance. This allocation would be to support seminars organized for this purpose at Federal (US\$5000) and Regional (US\$112,000) levels. (see annex 1 for details)

### 3.3. Training on managerial concepts and skills (US\$ 229,000)

One of the bottlenecks in undermining better performance of the health sector is the lack of staff with the appropriate know-how and tools to effectively plan, manage, monitor and evaluate, provide supervision support, and present effective reports and budget proposal. This is particularly true at the woreda/district levels. This problem is exacerbated by the fast turnover of staff. Specific skills-training and practical exercises need to be held and the course manuals and teaching tools need to be developed. In particular this will benefit new recruits to the health sector who have management and supervisory responsibilities. (See annex 2 for details)

### 3.4. Support to the implementation of planned events (US\$160,000).

There are a number of planning, review, harmonization and coordination meetings which have been planned in advance throughout the year but are often inhibited by the lack of adequate funding to ensure both maximum participation and effective execution. This is in support of RJSC meetings (US\$67,500). Similarly, there are international forums (such as opportunities for fund raising, information and experience sharing) at which FMOH representatives are expected to attend but for which there is frequently a shortfall of resources (US\$92,500). (See annex 3 for details)

## 4. Disbursement of funds.

Overall implementation responsibility lies with FMOH/PPD with consent of JCCC. WCO will be responsible to administer the fund disbursement. Savings made from one budget item can also be channeled to another activity within the list in the proposal with the approval of JCCC.

## 5. Proposal Budget Summary:

Type of activity	Amount in US\$	Responsibilities to carry out the work
<b>1. Technical Assistances</b>	<b>294,000</b>	Consultants will be recruited for the 30 consultant months identified above. Recruitment will be through the JCCC and work done with the support and supervision of PPD, FMOH. WCO will monitor proper implementation.
<b>2. Orientation and Advocacy</b>	<b>117,000</b>	Advocacy/orientation meetings to be planned and conducted by FMOH (PPD) and RHBs and other relevant units.
<b>3. Trainings in Managerial concepts and skills</b>	<b>229,000</b>	Team/firm will be contracted; FMOH/RHBs staff will participate, PPD coordinates, and WCO will monitor implementation.
<b>4. Support to health sector relevant international meetings and national events</b>	<b>160,000</b>	To be apportioned and managed as may be appropriate by PPD with consent of JCCC, and WCO will monitor implementation.

## 6. Time – Frame of activities:

Ser. No.	Major activities	Apr/08 - 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Sept/09 - 18	Remark	
1.	Streamlining harmonization		█	█	█	█	█													3 months	
2.	RMS and NHAs		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	15 months
3.	Result based contracting			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	6 months
4.	Public and private health sector partnership			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	6 months
5.	Orientation and Advocacy			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	12 months
6.	Trainings in Managerial skills			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	15 months
7.	Global and national events	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	18 months

## **Annex 1.**

### **3.2. Orientation and Advocacy Seminars.**

#### **3.2.1. Orientation training at Federal level**

##### **Objectives:**

- To orient participants on mode of operations and the Health Harmonization Mechanisms of the health sector (HHM, IHP+ Road Map).
- To form common understanding of the need for greater support, cooperation and generation of additional resources for health.

##### **Participants:**

The participants will be staff FMOH (25); representatives of international development partners, NGOs, CSOs, the private sector (25). This will be for a total of **50 participants**.

##### **Organization:**

The seminar will be organized by the PPD in collaboration with the PR of the FMOH. It will be chaired by the Minister of Health and PPD will serve as the secretariat.

##### **Expected Output:**

- A statement of support and pledge to cooperate in the health sector development effort.
- Consolidated Seminar Report for distribution to all participants.

##### **Costing:**

- Lunch and break refreshments for 50 participants at Birr 250/person = Birr 12,500.
- Preparatory expenses and stationary at Birr 250/ person for 50 participants = Birr 12,500.
- Documentation and publication, including secretarial services = Birr 22,500.

**Total = Birr 47,500. (Equivalent in US\$ = 5000).**

## **Annex 1 continued:**

### **3.2.2. Orientation and training at Regional level**

#### **Objectives:**

- To orient participants on mode of operations and the Health Harmonization Mechanisms of the health sector (HHM, IHP+ Road Map).
- To form common understanding of the need for greater support, cooperation and generation of additional resources for health.

#### **Participants:**

The participants will include members Regional Health Bureau, ten per region/zonal offices (110) and representatives of NGOs, CSOs, and the private sector with engagement in the health sector and with local representation/office at regional/zonal level (40). This will be a total of **150 participants** at each Regional Centre for 10 regions.

#### **Organization:**

The seminar will be organized by the Regional Health Bureaus with the support of FMOH -PPD. It will be chaired by Heads of the Regional Health Bureaus and the Health Bureaus will serve as secretariat.

#### **Expected Output:**

- A statement of support and pledge to cooperate in the health sector development effort.
- Consolidated Seminar Report for distribution to all participants.

#### **Costing for each Region<sup>1</sup>:**

- Lunch and break refreshments for 150 participants at Birr 150/person = Birr 22,500.
- Overnight stay and travel cost for participants from zonal and woreda levels 105 persons at Birr 200/person = Birr 21,000.
- Preparatory expenses and stationary at Birr 200/ person for 150 participants = Birr 30,000.
- Documentation and publication, including secretarial services = Birr 32,500.

**Total = Birr 106,000 per Region (Equivalent in US\$ = 11,200) and for 10 Regional Centers will be Grand Total of Birr 1,060,000 (Equivalent in US\$ 112,000).**

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<sup>1</sup> An average costing is applied as Regions vary in size, number of Woredas (districts), existence of zonal division, and numbers of NGOs/CSOs.

## Annex 2:

### **3.2.3. A 15 days Regional Training for health sector managers at Regional, Zonal and Woreda levels.**

#### **Objectives:**

- To up grade managerial skills in leadership, coordination/harmonization, planning, project development, supervision, monitoring/evaluation, proposal writing and reporting (oral and written).
- To orient participants on policy, plan, major targets (MDGs), mode of operations and the Health Harmonization Mechanisms of the health sector (HHM, IHP+ Road Map).

#### **Participants:**

The participants will essentially be managerial level employees of the public health sector assigned at the Federal Ministry of Health and its agencies (15), the Regional Health Bureaus, Zonal Health Departments and Woreda Health Offices (18) - this will be **180 participants** for 10 regions.

#### **Organization:**

The training will be contracted out to a team of three consultants and will be organized by the FMOH – PPD and Regional Health Bureaus. Senior members FMOH departments coordinated by PPD will participate as trainers/resource persons. The consultants will prepare course outline, schedule and teaching methods (including participatory workshops, discussion forums, and exercises), modules for each component, hand out material, course evaluation and certificate of participation and recognition of top three best performers in each group.

#### **Expected Output:**

- Managerial skills of participants will be upgraded with demonstrable difference in their performance at their areas of responsibility.
- Improvements will be seen in the timeliness and completeness of plans, reports, monitoring and evaluation activities and harmonization of programs and services.
- Participants will be required and guided to develop plan of action on needed changes after identifying gaps and shortfalls; which will be followed up for its realization by FMOH/PPD and RHBs.
- Hand outs with check list of highlights will be supplied to participants as reference material to aid practical application of learned managerial principles and skills.

#### **Costing for Federal level and each Region<sup>2</sup>:**

- Travel cost plus DSA and break time refreshments for 195 participants at Birr 225/person = Birr 658,125.
- Consultant team/firm contract (11 groups training for 15 days each with three qualified trainers, cost of teaching material development, handouts publication, travel and DSA) = Birr 1,368,000.
- Travel, and DSA for FMOH and RHBs supportive trainers/facilitators/resource persons = Birr 149,375.

**Total = Birr 2,175,500 (Equivalent in US\$ = 229,000)**

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<sup>2</sup> An average costing is applied as Regions vary in size, number of Woredas (districts), existence of zonal division.

### **Annex 3:**

#### **3.4. Support to attendance of international meetings and national events.**

##### 3.4.1. International Meetings.

**Purpose:** There are a number of meetings being held at international forums with benefits to strengthen international solidarity for health action, promote alignment and harmonization of health development funding and interventions, and exchange of experiences on lessons learned and best practices.

Among such meetings the scheduled and known to the FMOH related to fund raising, harmonization and alignment for the rest of 2008 are listed below:

Ser. No.	Event	Date
1	Africa Ministerial Review of progress with IHP+	21 <sup>st</sup> April 08 (tbc)
2	World Health Assembly, Geneva	19 <sup>th</sup> -24 <sup>th</sup> May 08
3	Fourth Tokyo International Conference for Africa Development (TICAD IV)	28 <sup>th</sup> - 30 <sup>th</sup> May 08
4	G8 Summit, Hokkaido	7 <sup>th</sup> -9 <sup>th</sup> July 08
5	Meeting of Heads of International Health Organizations (H8), Washington DC	22 <sup>nd</sup> July 08
6	Africa Regional Committee, Cameroon	1 <sup>st</sup> – 5 <sup>th</sup> Sept 08
7	High Level Forum on Aid Effectiveness (HLF3) - Accra	2 <sup>nd</sup> -4 <sup>th</sup> Sept 08

##### **Cost implication:**

Allowing three relevant FMOH officials/experts to participate in each of the seven meetings listed above at an average of US\$ 3000 per return air ticket per person (63,000); and Daily Subsistence Allowance of US\$200/day/person for 7days for each trip, including travel time (29,400) will require a **total of equivalent to US\$92, 500.**

##### 3.4.2. National Events.

**Purpose:** There are a number of scheduled meetings that take place at Federal and Regional levels related to planning, alignment and harmonization, monitoring and evaluation of HSDP implementation. Those involving different sector ministries, NGO/CSO and international partners are the CJSC and RJSC meetings at Federal and Regional levels respectively; and those CJSC - RJSC planned joint meetings. Those selected for support are the Regional level meetings of RJSC (Three times during the 18 months period)), which often face financial difficulties to organize.

##### **Cost implication:**

###### **Regional:**

Expected participants in RJSC meetings are 15 in number in 10 Regions (including city of Addis Ababa) and are expected to meet four times. Five (5) participants will be from Zones/Woredas (districts). Hence:

- Lunch plus break refreshments for 15 participants for a 2 days meeting at Birr 150/per day/person will be Birr 4500 for each Region and for all Regions = **Birr 45,000.**
- Travel, DSA for two nights stay for those coming from Zones/Woredas at Birr 200 per person per day will be Birr 2000 per Region and for all Regions = **Birr 20,000.**

- Preparations and stationary expenses at Birr 250 per person for 15 participants = Birr 3750 per Region and for all Regions = **Birr 37,500.**
- Documentation and publication of report (including secretarial services) Birr 11,000 per region and for all Regions = **Birr 110,000.**

**Total per Region will be Birr 21,250 and for all Regions = Birr 212,500** per meeting and to conduct **THREE** meetings the **Grand Total will be Birr 780,000 (US\$ 67,500).**