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**DEVELOPMENT CO-OPERATION DIRECTORATE**

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**HEALTH AS A TRACER SECTOR: NEXT STEPS**

*This is a letter from Richard Manning, DAC Chair, following the Informal Meeting to Discuss Health as a Tracer Sector in Preparation of the Accra High Level Forum on Aid Effectiveness that took place on 31 May 2007. [agenda: DCD/A(2007)3/REV2]*

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8 June 2007

Dear Participants,

This note outlines the next steps in presenting health as a tracer sector at the Accra High Level Forum (HLF) on Aid Effectiveness (2-4 September 2008), based on the discussion held on 31 May 2007.

### **1. Overall Context**

The overall objective of the HLF is to review progress in implementing the Paris Declaration commitments and to look at concrete actions to accelerate and deepen implementation. While the health sector is complex with multiple dimensions and actors, it is considered to be an appropriate sector to present in Accra because of two main reasons: a) lessons-learned can be applied to other sectors; and b) findings need to be utilised to make progress in achieving the health MDGs. Decisions on the HLF format are still to be finalised by the HLF Steering Committee, but we will ensure that it is informed of the positive views expressed at our meeting about including health as a tracer sector.

### **2. Basic Parameters**

Members of the HLF Steering Committee present at the meeting made some useful suggestions on basic parameters regarding the process and product, such as following: a) the process should be **realistically feasible and manageable** given only one year and many on-going activities by different parties; b) **Accra is an interim event and is not the only forum**—not all activities need to be taken up or completed by Accra; c) the product should **add-value** to the aid effectiveness agenda, particularly for ministers and including non-health participants.

There was support for many aspects of the joint WHO/World Bank paper “Proposed Work Streams on ‘Health as a Tracer Sector’”[DCD/RD(2007)3/RD1]. At the same time, some concerns over the feasibility of the overall agenda proposed and some more specific questions over the concept of “accrediting” countries’ health systems were raised.

### **3. Guidelines**

Based on the above context and parameters, the following six points could provide some guidelines on process and product.

- Given the sheer number of country based studies that have been and are about to be completed, **the product should build on and synthesise them** instead of developing new streams of work. The task is to draw out common lessons on donor and country behaviours in health—both good practices and challenges. In particular, it should maximise developing country input and examine the role of other actors such as emerging donors and foundations where appropriate.
- While linking the aid effectiveness agenda with health outcomes, such as the MDGs, is the overarching objective of this work, to demonstrate causality by the time of Accra will probably be difficult, especially since it is too early to observe impact. Furthermore, we fully recognise that areas such as water, education, infrastructure, economy, etc. outside the health sector, as well as cross-cutting issues such as gender, environment, and human rights exert a major influence on health outcomes. Nevertheless, investments in the health sector itself are crucial. Thus **focusing on donor and country behaviours in the health sector** that are measurable according to Paris Declaration indicators, while integrating multisectoral and cross-cutting vectors, would seem realistic and most appropriate to meet Accra’s objective.

- More specifically, based on the country studies, examining **selected good practices and challenges** of donor and country behaviour in implementing the **Paris Declaration's five principles** to the health sector might be a useful product to bring to Accra. In particular, though not exclusively, the following aspects could be taken into consideration:
  1. **Ownership:** Partner countries need one national health sector plan—adequately addressing rights and access issues as well as involvement of CSOs—linked to budgets and performance benchmarks. A strong co-ordination and reporting system vis-à-vis health donors is also desirable.
  2. **Alignment:** Donor funding and scaling up in health need to be predictable and recorded in the budget. This should be examined in conjunction with government and private spending on health. Donors' use of local procurement systems for drugs and health related services should also be examined.
  3. **Harmonisation:** The issue of division of labour among donors might be interesting, such as the application of the EU's Code of Conduct on Complementarity and Division of Labour in Development Policy to the health sector. Beyond the “donor darlings”, case studies should include donor harmonisation in the health sector of Fragile States.
  4. **Managing for Results:** Examples of performance assessment frameworks or benchmarks in health that have been established by some countries will be useful. In particular, benchmarks of what is a “good enough” national health sector plan and identifying the elements of the country-led process to develop them would be a key. Approaches which capture multisectoral dimensions and the role of gender and human rights might also be investigated.
  5. **Mutual Accountability:** The value of MOUs, compacts, “MDG contracts”, or other forms of performance based funding, particularly outlining commitments and benchmarking on the donors' side as well, might be worth some assessment.
- The Statement of Resolve of the Paris Declaration includes a commitment to address the “Insufficient integration of global programmes and initiatives into partner countries' broader development agendas”. Global health partnerships (GHPs), including GFATM and GAVI, are monitoring the Paris Declaration Indicators and have contributed to the baseline measurement effort, in support of this Statement of Resolve. Considering the **significant role of global health partnerships** in the health sector, this aspect would no doubt require substantial focus. Therefore, country studies by GFATM and GAVI being carried out on their own implementation of Paris principles (specifically, the Best Practice Principles for Engagement of GHPs) could be useful. At the same time, how GHPs fit into the overall health environment with instruments such as “diagonal funding” may also be worth examining. Links with the World Bank and the Strategic Partnership for Africa's respective work on global programmes would also be necessary.
- While **HIV/AIDS** is a multi-sectoral issue that goes beyond health, it is nevertheless a major disease that is strongly affected by health systems and whose funding also has major impact on the health sector. Therefore, special attention to this disease, including examples of the Country Harmonisation and Alignment Tool (CHAT) might be useful. In this connection, the United States' President Bush's announcement of a large increase in HIV/AIDS funding is also relevant.
- The **role of OECD/DAC Secretariat** was raised by several participants. While the substantive work should be carried out by various other groups, the DAC Secretariat is expecting to appoint a seconded Senior Co-ordinator for health who would liaise with the various parties concerned in developing a product to present in Accra. The Terms of Reference [DCD/DIR/(2007)10] was circulated at the meeting and it is hoped that an appointment will be made in the fall.

#### **4. Upcoming Events**

The following activities have been mentioned at the meeting as key events that could contribute to advancing the processes on health as a tracer sector.

- On 20-21 June, the World Bank and DAC Secretariat will be co-hosting a workshop on “Enhancing Linkages between Global Programs and Country Strategies: The Views of Policy Makers” in Mauritius, which is designed to bring in developing country views to this process.
- At the meeting on 21 June, WHO and World Bank will set out what can be delivered for Accra, based on the above joint paper and on offers of support provided by participants.
- On 29 June, the HLF Steering Committee will meet and hopefully discuss the present meeting and provide more guidance on how it sees the health sector work within the context of the Accra HLF. It would be very useful if a revision of the above WHO/World Bank paper could be available to this meeting.
- In December, the Global Programmes Working Group (GFATM, GAVI, FTI and GEF) will reconvene to consolidate learnings and responses of global programmes to the Paris principles.
- In the spring of 2008, the OECD/DAC will organise another informal health meeting to take stock of progress made.

#### **5. Next Steps**

The option of eventually establishing a somewhat formal “Technical Advisory Group” reporting to the World Health Assembly on aid effectiveness and health that was proposed in the WHO/World Bank paper may be a useful idea in the medium term. At the same time, a more informal advisory group could guide the “health as a tracer sector” process up to Accra, assisted by the DAC Senior Co-ordinator mentioned above. The WHO/World Bank and the HLF Steering Committee could respectively discuss about forming such a group at the above meetings. **Donors are also invited to inform Ms. Rebecca Dodd of WHO ([doddb@who.int](mailto:doddb@who.int)) and Ms. Nicole Klingen of the World Bank ([Nklingen@worldbank.org](mailto:Nklingen@worldbank.org)) of their interest in participating in and supporting work in the follow-up to the Accra HLF.** In the fall of 2007, the DAC Secretariat will consolidate the results and updates of the above events and inform you all on the remaining steps necessary to present health as a tracer sector in Accra.

I hope the above is useful. Comments and questions could be forwarded to Ms. Kaori Miyamoto, Senior Advisor of the DAC Secretariat at [kaori.miyamoto@oecd.org](mailto:kaori.miyamoto@oecd.org).

Sincerely,



Richard Manning

**Annex**  
**Participants list for Informal Meeting on Health as a Tracer Sector**

**31/5/2007**

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