



Health Systems 20/20 and Governance

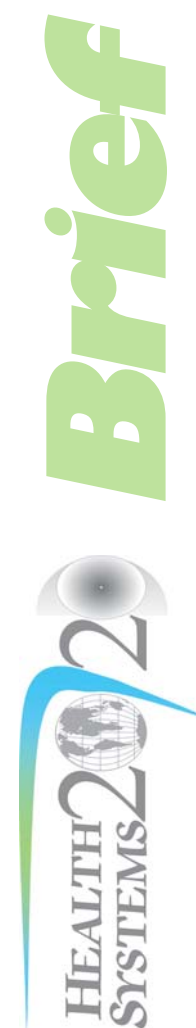
Health Systems 20/20 (HS 20/20) is USAID Global Health Bureau's new cooperative agreement to address health system constraints to increasing use of priority population, health and nutrition (PHN) services. HS 20/20 will focus on governance and operations as well as health policy, management, and health financing. HS 20/20 will give specific attention to the crosscutting issues of building capacity in the countries served and the long-term sustainability of the system strengthening initiatives that it supports. It will bring to bear on the health system state-of-the-art understanding of accountability and transparency with a view toward increasing knowledge and best practice on governance in health. The team is led by Abt Associates and includes the Aga Khan Foundation, BearingPoint, Bitrán y Asociados, BRAC University, Broad Branch Associates, Forum One Communications, RTI International, Training Resources Group, and Tulane University's School of Public Health.

Governance Problems and Challenges

- Ministries of health and local governments do not know how to engage stakeholders in decision-making and priority setting.
- Civil society, elected officials, and other stakeholders do not hold public and private health sector actors accountable.
- Local governments are ineffective in planning and managing health resources
- Ministries of health plan and initiate programs that promise results but then are incompletely implemented or see funds diverted to other purposes
- Financial management practices in government health sector are opaque, permitting corruption and causing the unreliable delivery of critical inputs, such as drugs and reagents, thereby reducing service supply and quality and making consumers reluctant to use government services
- Information on health sector planning, operations, and financing are unavailable, unreliable, or inaccessible thereby reducing accountability

What is Governance in the Health Sector?

We define governance as rationalizing the role of government (reducing its dominance and sharing roles with non-state actors); empowering citizens, civil society, and the private sector to assume new health sector roles and responsibilities; and creating synergies between government and these actors. Health ministries need to redefine their roles as stewards of the health system, with input from citizens, civil society, and the private sector; and to establish oversight and accountability



mechanisms. Civil society and the media need skills and capacities to exercise oversight and hold policymakers and providers accountable.

The HS 20/20 Team's Approach

Improving the utilization of PHN priority services requires the coordinated interventions in financing, governance, operations, and capacity building. We work simultaneously on the demand and supply side of governance reforms, taking the concerns of host-country health sector actors as starting points. On the demand side, we work with citizens and oversight entities inside and outside of government, to enhance their capacity to exercise voice and accountability. These practices go hand-in-hand with and provide an incentive for building the health ministry's and other health sector actors' institutional capacities: the supply-side of governance improvement. Our approach promotes institutional arrangements that enhance the likelihood of positive results. These include for example, decentralized decision-making autonomy, public-private

partnerships for health services delivery and monitoring, and the ministry role as guarantor and regulator of service provision and quality.

Applying the Approach in Rwanda

Two of the HS 20/20 team members have worked at local and national levels in Rwanda on improving health governance by:

- Capacity building to improve health policy and service delivery
- Developing mechanisms to improve interactions among government agencies and between levels
- Reinforcing mechanisms and processes that allow citizens to provide input to and influence health policies and decisions (voice), monitor and hold health actors accountable, and exercise sanctions

We have provided assistance to the Ministry of Health to estimate the cost of essential service packages, perform National Health Accounts (NHA) analysis and malaria and HIV subanalyses, and improve planning and budgeting capabilities to better advocate for

health investments. We are helping the Ministry of Local Government to revise decentralization laws on district fiscal and financial management and train local officials in financial management and resource mobilization for health and other social sectors. We helped broker the involvement of the Ministry of Local Government into the popular promotion and oversight of prepayment schemes by district mayors to complement the role of the Ministry of Health in setting up initial pilots and promoting their national expansion.

To strengthen the accountability of local leaders to their constituents, we are assisting in the development of a participatory strategy for citizen input into district planning that engages Community Development Councils and civil society organizations, including marginalized groups. We also are building systems to involve citizens in monitoring decisions and plans and in working as partners in health program implementation and management. We helped implement the pilot and rollout of the prepayment schemes that feature management teams that are chosen by popular elections of their members.