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# What results can be expected from the agenda for aid effectiveness?

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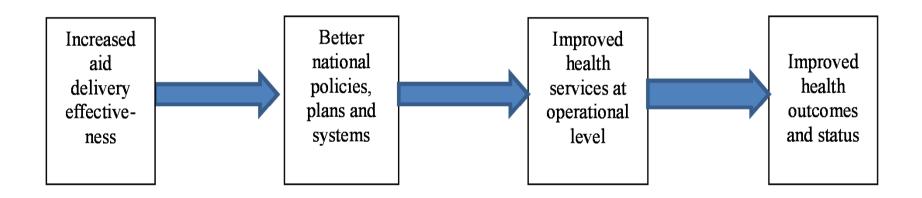


#### 1. Introduction

- Climate of high expectations  $\Leftrightarrow$  demonstrating results from health aid effectiveness
- Effectively implementing the principles of aid effectiveness ⇔ many changes in behaviour and practice
- >< In reality, commitment to aid effectiveness: only partially implemented so far
- Existing evaluation frameworks (DP, IHP+) not sufficiently geared towards how reforms have been implemented
- Impact measurement problems as well



### Simple view of the rationale of the Paris Declaration and IHP+ in the health sector:



5 October 2011

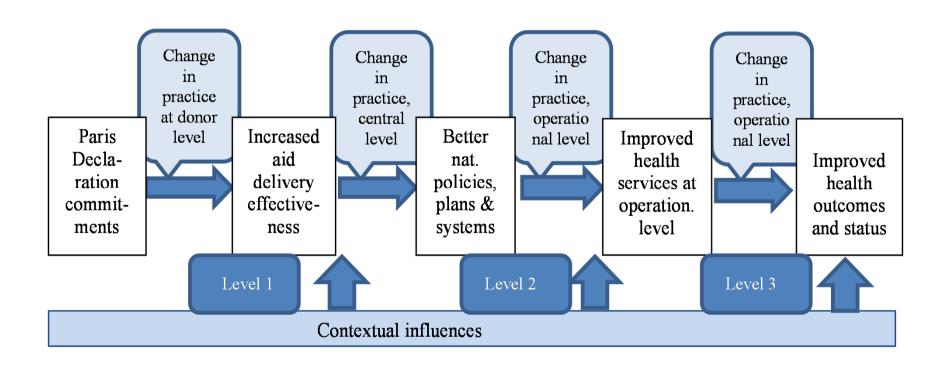


#### 2. Methods

- Drawing on existing frameworks + experience in documenting results from aid effectiveness in Mali
- Proposed framework for assessing the results of aid effectiveness ⇔ 3 levels:
  - 1. Evaluate PD/IHP+ implementation process and direct effect on changes in behaviour for all stakeholders
  - 2. How far donor support & PD/IHP+ principles have contributed to HSS up to service delivery (IHP+ framework with particular attention to donor intervention)
- 3. Health outcome/status (IHP+ framework OK)



### Behavioral view of the rationale of the Paris Declaration and IHP+ in the health sector:



5 October 2011



## 3. Results: application of the framework in Mali

#### Level 1 assessment:

- Positive changes that can be attributed to the agenda for aid effectiveness (SWAp, PD, IHP+):
  - > participation, ownership, leadership
  - Use of nat. procedures by many donors + GBS/SBS
  - Joint field missions and audits
  - of HSS efforts, in a more coherent way
  - Strengthened MoH collaboration with MoF and private sector
  - NHP + ad hoc policy documents, > quality of analysis
  - > decentralised management
- Yet, donors have not fulfilled all their commitments:
  - Donor proliferation, separate management (GFATM), little ex post predictability of funds, separate missions and audits, bilateral TA, ...



#### Level 2 assessment:

- Many improvements in HSS (increase in coverage, health staff at regional level, etc.)
- > Use of health services

#### Level 3 assessment:

• Improvements in most impact indicators (immunization rates, IMR, MMR, ...)

#### **Interpretation:**

- Impossible to prove a linear, causal link between implementation levels 1, 2 and 3
- Yet, qualitative methods have enabled to identify the most plausible factors at the origin of results – incl. those due to health aid



#### 4. Conclusion

- PD/IHP+ evaluation frameworks interesting...
- ... But not sufficient attention to understanding changes in behaviour and how reforms are implemented
- The proposed framework enables to better understand constraining factors, what reforms have led to improvements and why, and the impact on population health