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

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1. Introduction

• Climate of high expectations ⇔ 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:

- Increased aid delivery effectiveness
- Better national policies, plans and systems
- Improved health services at operational level
- Improved health outcomes and status
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:
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