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**Policy dialogue:
do parties need to liaise?**

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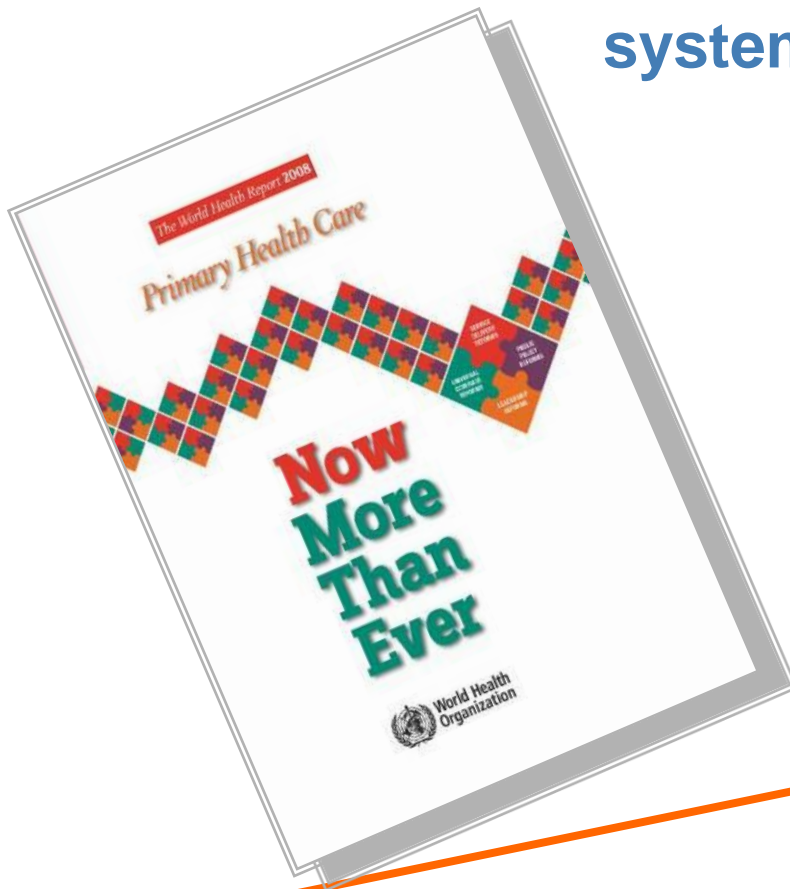
WEU - Brussels

Introduction

- Health Governance and Service Delivery Department
- There is a need to reduce fragmentation which constitutes one of the main side effect of many health initiatives *[opening up at country and international level]*
- Reinvestment in governmental institutions *[better leadership]* cannot mean a return to command-and control health governance
- Policy dialogue is related to governance and leadership: a comprehensive conceptual framework
- At the core of policy dialogue is the participation of key stakeholders



The framework for PHC renewal and health system strengthening



Policy dialogue



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What it implies...

- Policy coherence between PRSP [prominence of health-MDGs] , National Health Policy, National Health Sector Plan, Minimal Package of Activities, ...
➔ ex: country HS analysis Gavi and GF
- Without a social consensus it is difficult to engage with stakeholders whose interests diverge from PHC reforms
- Adherence to Paris Declaration principles [*Mutual accountability,...*]
- High level national policy dialogue [China as an example]

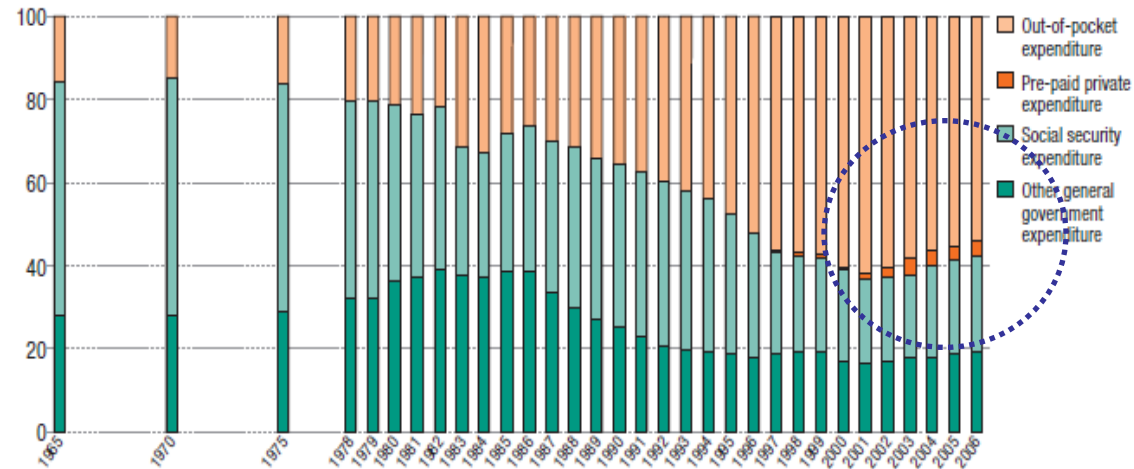


Contribution to internal dialogues...

- Early policy dialogue on health sector reform started in 1991 with the World Bank (Senior Health Policy Seminar: MoH, MoF, State Planning Committee, governors, Harvard Univ,...)
- Market-oriented health reform package in 2000, ignoring the already deteriorating health equity issue.
- Failure in 2005
- DFID and WHO (2006) Health Policy Support Project. Flexible fund use for knowledge management, technical assistance, evidence generation through research, and dissemination for mainstreaming policy practice.
- High level stakeholders (A. Sen, and Chris Ham) for health and social development.
- The 2009 health reform package has therefore reverted the market-oriented policy direction.

Health expenditure in China: withdrawal of the State in the 1980s and 1990s and recent re-engagement

Percentage of total health expenditure



Sources: 1965 to 1975; 1978 to 1994; 1995 to 2006.



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What to be emphasized ?

- Policy dialogue at national level [*between different sectors (Health in All Policies), with MoF, with partners (need for coordination mechanisms),...*]
- Policy dialogue at local level [*people health needs, community empowerment, scaling up, entrepreneurship, ...*]
- Policy dialogue build on country experience, context and capacity, ... [*Existing mechanisms, Etats généraux, discussions prior to elections,...*]
- Policy dialogue as a long term progressive and incremental process → seize on opportunities
- MDGs, IHP+, and so on: yes, but...
- Need for more country proactive role of the South



What is needed?

- Technical skills: varying widely in quantity [*capacity*] and quality [*from programmes to policy*]
- Strategic thoughts [*vision might be weak but brand-renewed conceptual framework*]
- Knowledge of the context [*actors, interests and constraints*] with a strong comparative advantage in terms of long term country presence [*Gavi or GF HSS windows*]



What WHO can bring...

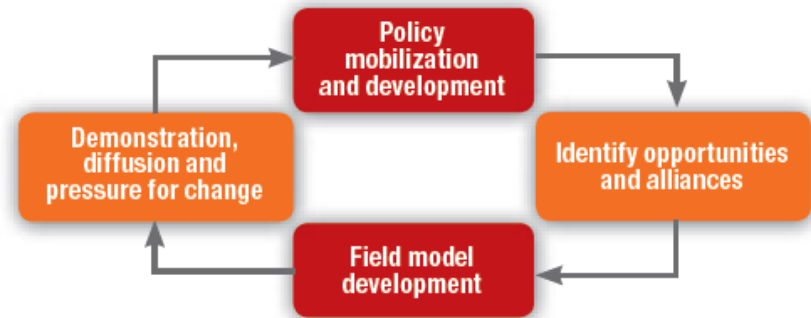
- Health information [*Global Health Observatory, Infoway, Dashboard and Toolkit, CHeSS, Country Health Profiles,...*]
- Health system performance analysis [*Gavi HSS, GF HSS,...., Country workshops, Country report on the implementation of the Ouagadougou Declaration on PHC,...*]
- Technical assistance [*normative work, technical support, technical and policy/political negotiations with stakeholders*]



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What WHO can bring...

- Strengthening policy dialogue with innovations from the field



- Legitimacy of its mandate *[193 member states]*
- PHC Renewal through Resolution WHA 62.12 *[May 2009]*
(...) " to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities" (...)



Concluding remarks

- Strong framework for PHC [*WHR and WHA Resolution*] and HSS needs to be promoted
- Health sector complexity implies several potential outputs of the policy dialogue: there is a need for flexibility
- Policy dialogue even of good quality remain fragile
- Is there any relevant alternative to policy dialogue?



Thank you



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What should be in a explanatory note?

- Definitions of policy dialogue
- Categories of policy dialogue (Swedish table)
- Criteria of good policy dialogue
- What kind of mechanisms can be recognized as useful for policy dialogue
- see Ghana
- Lessons learned
- If you are in a country, what do have to look at to understand the current policy dialogue at the country level?
- If you are in a country how could you strengthen the quality of the current policy dialogue?
- If you are in a country what are the major elements to take into account to organise a fruitful policy dialogue?
- Document co-edited by EC and WHO
- 16 pages max, very short very practical for both EC Delegation and WCO staffs

