

Generating Evidence of Governance Contributions to Health Outcomes

**USAID – HFG workshop
Washington, 23 July 2014**



**World Health
Organization**

WHO as part of a broader picture [1/2]

1. WHO has done a lot of efforts to put governance as a key element of the health system strengthening approach
 - WHR 2000, Building blocks, WHR 2008, WHR 2010, System Thinking (AHSR&P),...
 - Corporate or RO (EMRO, EURO, PAHO/AMRO...)
 - Many areas (medicine, HR, Transplantations, ...)
2. The issue of governance is part of one of the 4 categories (HS) for the new WHO's General Programme of Work

WHO as part of a broader picture [2/2]

3. The current work is influenced by overall priorities as determined by the Member States: Universal Health Coverage, People centered approach for service delivery, determinants of health and non communicable diseases, etc.
4. Governance at country level is still largely shaped by external interventions (The Global Fund, GAVI, bilaterals, UN, others. [to be considered in the gap analysis])

What are we doing? (HGF perspective) [1/3]

1. Support to the development of a health sector strategic vision (UHC) and/or design system at country level (policy and plans, strategies, NHA, etc)
2. Participation and consensus orientation (national forums, implication of political decision makers, etc)
3. M&E – accountability / transparency (Joint annual or mid term reviews)
4. Coordination mechanisms (IHP+ among others))

What are we doing? (HGF perspective) [2/3]

1. Development of tools: JANS, OneHealth (costing) NHA, etc
2. Direct support to countries with ROs (at least 40: UE-Lux-WHO Partnership for UHC, CoIA,...)
3. Measurement relates very often to undertaken activities, sometimes to programmes of interventions and rarely to policy



What are we doing? (HGF perspective) [3/3]

All these efforts are generating information: how do we use it to demonstrate effects on health outcomes?

- Contribution vs attribution?
- How process analyses can help?
- Indicators, routine vs surveys?
- Quantitative vs qualitative?

Examples:

Tunisia, Tchad, Sierra Leone,...

What does it mean for us?

In Sierra Leone [1/2]

①

HRH Policy launch [2013]

HRH Strategic Plan launch

HRH automated information system



Increase of staff density
1/ 1500 to
1/ 620 inhab.

②

... Free healthcare Launch [2010]

Gaps in HR identified

Resource mobilization

- Increase of salary
- Increase of number of staff

What does it mean for us?

In Sierra Leone [2/2]

Financial Management Assessment (FMA)

FMA assessment required
by some donors

FMA report
[2012]

Adhesion of other donors

Financial Management System
improvement joint Plan & arrangement
[2014]

Leadership
& credibility
of the MoH

Building capacity
@ MoH level

Partners' interest for a
joint sector programme

Health sector financial model
to be replicated in all other
government sectors

Number of
Partners
disbursing
through the
financial model
in 2016 (any >1)