

# DFID feedback

## Norwegian Initiative 4+5 Draft Concept Note



Fran McConville July 2<sup>nd</sup> 2007

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## UK welcomes the NI 4+5

- Truly MDGs 4 + 5 together (not push on child survival with token inputs on maternal health).
- All “been there before in the 1990s” - no progress on maternal-newborn health over 20years - time to do things differently. Not ‘business as usual’
- Brings back focus on HSS and one single health plan (PHC).
- Recognition+ that political advocacy is central to MDGs 4+5



## Clarity needed – what is ‘it’?

- Is it a ‘super’ SWAp with Global Funds ?
- What does it bring to existing country led efforts to achieve Paris Decl’n, improve architecture, UN reform? Why add this as well?
- Is it broad HSS, or is it MDG 4 + 5 focussed? HSS with performance indicators for MNC ?



## How will it work – in practice? What, where, when, how?

- How will appetite/donor behaviour for vertical projects and ‘quick wins’ in health be changed? (*despite huge investments into vertical projects MMR is rising in Zambia*)?
- How ensure focus on population health gains, not selected diseases (*survive malaria, die from pneumonia....*)
- How supports capacity to develop better health plans (*GF’s use consultants*)?
- How to adapt in fragile states ?



## Financing – process not quite clear yet...

- WB (and DFID) policy is to help countries **remove user fees** (proven - especially for maternal and child services) and central to GBP.
- Demand-side financing in research stage. Health insurance unproven, not equitable.
- Will countries welcome external validation of plan and performance in a country led process?
- Fungibility – how will NI lever more domestic resources in large, non-aid dependent countries (i.e *Pakistan*)?
- Moving ‘rapidly’ may undermine delicate existing processes (*Africa SWAp review, this takes time, new skills*)

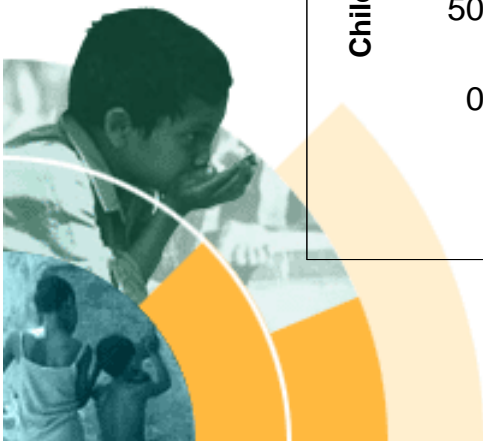
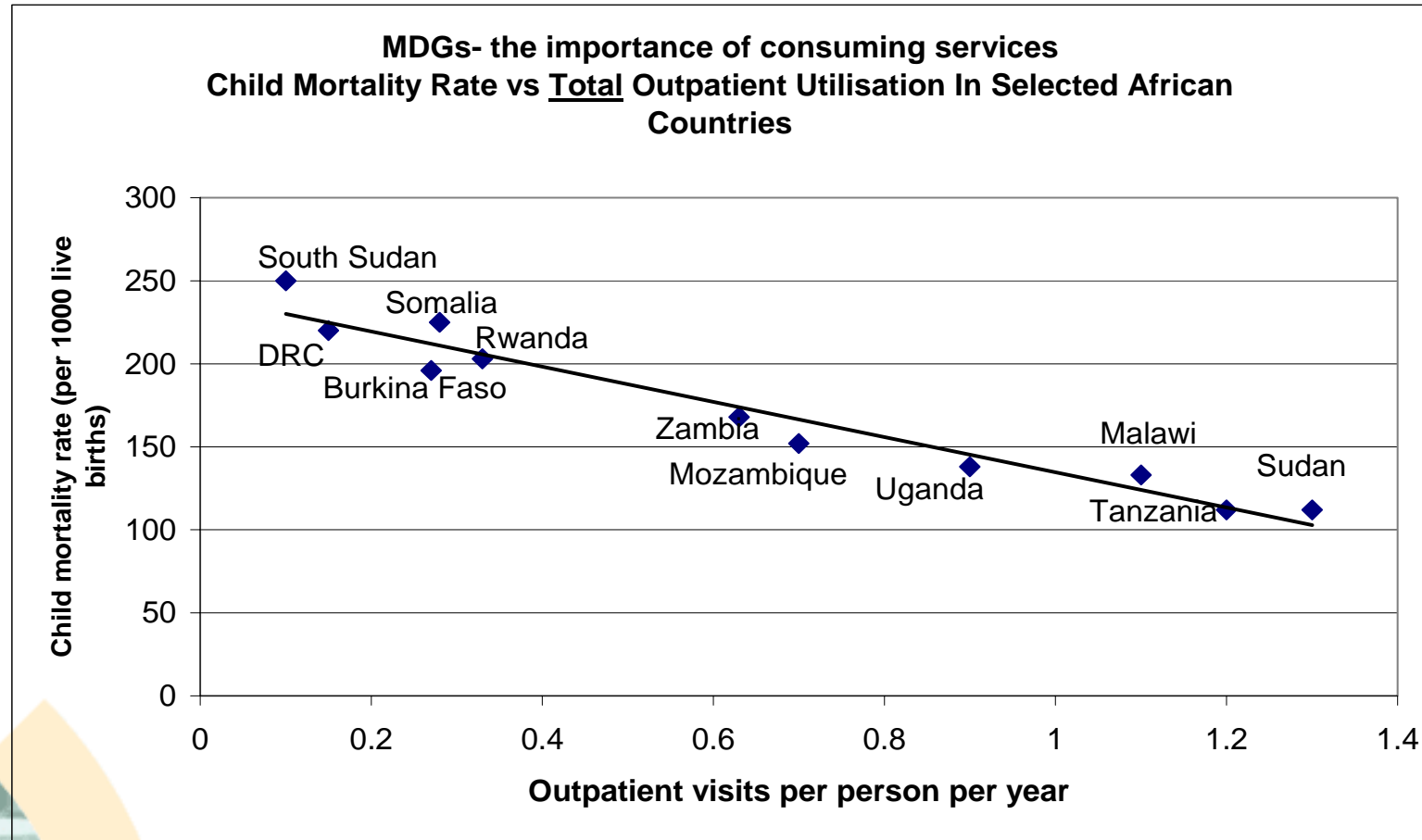


# Output based financing

- Good idea as interim measure of performance – before get outcome.
- Helps us know what works best from which approach (i.e. attended deliveries in Pakistan using x approach, or y approach in Ethiopia).
- how will plan validation will fit with reporting requirements for output based pay ?
- Outputs must be **appropriate** (population health), **easily measurable** (annual), **understandable** (to all, including clients)



# MDG 4 and access to basic health services



# Indicators, accountability, decentralisation, monitoring

- Indicators ? to be agreed.
- National monitoring and evaluation systems? Need to be clear will strengthen country M/E system – not bring in a new/parallel system.
- Focus on channelling funds to District may undermine Central-district accountability and national systems



## Joint Norway-UK statement

Extract....

“Prime Minister Stoltenberg and Gordon Brown have agreed that the UK will make a significant contribution to the preparation of the Global Business Plan for MDGs 4 + 5 by taking the lead on the development of a strategy for better coordination of the global health architecture”

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