



**Report on the Exchange of Experiences Mission on
Harmonization and Alignment in Ethiopia**



Ethiopia: from 27 July to 01 August 2021

Context and objective of the Mission

The adoption of the Paris Declaration on Aid Effectiveness dates back to March 2005 and several initiatives have since been launched to turn its five principles (ownership, alignment, harmonization, managing for results and mutual accountability) into a reality on the ground.

In the Central African Republic, the implementation of this declaration has long been disrupted by numerous socio-political crises that have lasted for more than two decades; these have led to the deterioration of the health system, placing the sector in a perpetual state of humanitarian emergency.

With the gradual return of peace, the recovering country initiated the first stages of development in certain key areas, such as the health sector, which is essential for the development of human capital, without which development is impossible. The 2019-2030 National Health Policy document already sets out the vision for the development of this sector.

The health problems are daunting and complex. Solving these multiple problems requires time and concerted efforts on the part of Government, the private sector, non-governmental organizations, multilateral and bilateral development partners, and especially the general public. Unfortunately, the support provided by development partners - which represents $\frac{3}{4}$ of the health budget, based on management mechanisms specific to each partner - does not allow the expected results to be obtained, in terms of essential healthcare coverage for the population, because the Ministry does not have a comprehensive overview of all the support that has been mobilized and effectively used. There is practically no accountability mechanism, hence the need to harmonize and align the procedures and practices of development partners with those of the Government.

This is the context in which this experience-sharing Mission on Harmonization and Alignment falls. This initiative follows a request from the Minister of Health of the Central African Republic to share good practices when it comes to the implementation of the "Paris Declaration on Aid Effectiveness" in fragile countries.

After having participated in discussions between the ministers of the Working Group on Alignment and members of the Investors Group of the Global Financing Facility in support of every Woman and Child, of which the CAR has been a beneficiary since 2018,

The Mission's objective is to:

Capitalize on Ethiopia's good practices on Alignment and Harmonization, in order to improve the effective and efficient management of development assistance in support of the CAR Health Sector Development Plan.

Mission Team Composition :

- ✓ **Mme Chantal MANZIBAHI**, Minister's Partnership Advisor, Head of Mission
- ✓ **Dr. Noelly DONON DOUMA**, Director General of Research, Studies and Planning
- ✓ **Dr. Placide BISSENGUE**, Director of Research, Studies and Planning
- ✓ **Dr. Jean Louis KOMAYAN**, Director of Monitoring and Evaluation
- ✓ **Dr. Oscar BEKAKA**, GFF Liaison Officer
- ✓ **Pr Saint Calvaire Henri DIEMER**, Lecturer at the University

Mission Schedule :

The training was organized by the International Institute of Primary Health Care in Ethiopia. The mission was conducted in two main phases: (i) a theoretical session in the form of interactive lectures and (ii) field visits.

1. Interactive lectures :

The objective of these sessions was to share Ethiopia's experiences with CAR delegates concerning:

- The planning and budgeting process for programs;
- The process of harmonization and alignment of plans;
- Follow-up of the Evaluation and Reporting System
- The development of the implementation of the harmonization and alignment of Ethiopia's health sector.

The interactive lectures were led by the Faculty of the Institute and officials from the Ministry of Health of Ethiopia. The topics included:

- The health care system in Ethiopia
- Plan development procedures
- Resource mobilization and budget
- Reporting and information system
- Governance

a) A general overview of Ethiopia's healthcare system

The healthcare system follows the hierarchy of the administrative system. Ethiopia is divided into 9 regional states under the authority of a Governor and the federal capital (Addis Ababa). Each region is autonomous, with its own government. Healthcare workers are recruited and managed by each regional state. In each region, the health care system is pyramidal :

- Regional Health Bureau
- Health zone bureaus (the equivalent of health regions in CAR)
- Health districts (Woreda)
- Health areas (Kebele)

b) The plan development process

Ethiopia has successively designed two types of plans:

- The Health Sector Development Plans, which have been implemented over more than 20 years. The main objective of these plans was to expand healthcare programs/services at the commune level. These programs were based on the main issues related to healthcare and consisted of 16 care packages related to family health, hygiene and sanitation, and disease prevention and control.
- A Healthcare System Transformation Plan (HSTP) is currently being implemented. The objective of this plan is to improve the quality of care, based on innovations in the modernization of the healthcare system in terms of NITC (digitalization of the information system) and the establishment of partnerships.

The HSTP was developed centrally (by the federal government). It is a five-year plan (similar to the CAR's National Health Development Plan currently being developed) designed to guide

national strategic priorities. From this plan, each district developed its annual budgeted plan, taking into account its high priority problems. The various district plans are consolidated at the zone level; and the zone plans are consolidated at the regional health bureau level. The development process of the plans is inclusive and participatory.

c) Resource mobilization/Budget :

Upon consolidation of the various plans, the central level conducts a resource mapping exercise in order to identify available resources and sources (according to the activities and geographic areas). Funding for the plans at various levels is provided by:

- The federal government, which makes resources available to the regional state governments. Each regional state allocates funds to different sectors (health, education, etc.), according to its priorities.
- Regional state governments
- Partners/donors

Funding from partners/donors is handled through 4 channels established by the Ministry of Finance of Ethiopia:

- 1st Channel

- Channel 1a (non-earmarked): Donor money is credited to the government's account and managed in accordance with government procedures (e.g. budgetary support)
- Channel 1b (earmarked): Donor money is credited to the government account for a specific purpose (in accordance with government priorities). These funds are transferred to the Ministry of Health, which in turn sends them to the regional state governments with specific indications (to be used for the specified purpose)

- 2nd Channel

- Channel 2a (non-earmarked): Funds are directly credited to the Ministry of Health, which transfers them to the regional state governments, for allocation to the zones/districts, according to their needs.
- Channel 2b (earmarked): Funds are directly credited to the Ministry of Health, which is responsible for their management and accounting. The vertical funds (Global Fund, GAVI and the United Nations agencies) represent one such example.

- **3rd Channel:** Partners make purchases and pay contractors directly. The Government simply accepts and budgets for that which has been provided.

d) Reporting and information system

The Health Management Information System (HMIS) has a « zero tolerance policy for any parallel reporting system within the healthcare system ». There is only one monitoring system and one monitoring schedule. All health sector institutions and stakeholders report according to the standard reporting template, based on the common set of national indicators. There is a limited number of indicators which are collected at facility level and surveys that are agreed upon in the National Health Sector Strategic Plan.

The DHIS2 is used as a platform for reporting and analyzing data. Telephones are set up at the health station level for the purpose of data transfer. At the health center/hospital level, data is transferred via the Internet to the higher level.

e) **Governance**

For governance purposes, a Joint Coordination Forum (JCF) has been set up, bringing together the Ministry of Health, partners and all stakeholders. The JCF is chaired by the Minister of Health and meets every six months (May and November).

Within the Ministry of Health, there is a Common Core Coordinating Committee (CCCC). This is a programmatic and technical forum that meets on a monthly basis. It addresses high-level technical issues that require discussion and guidance by the Ministry of Health and donors.

2. Field visits :

- At the Ministry level: Meeting with the implementing partner (Digital Health Activity/JSI), the agency that is partially financed by Cordaid. It has managerial autonomy and is responsible for supporting the health sector in the digitization of the health system (by providing technical support to all levels of the healthcare pyramid), in the capacity building of data managers and by systematically checking the data quality before it is transferred to a higher level.
- At the Oromia Regional Health Bureau level: Oromia is the largest region in Ethiopia. It has an estimated population of 40 million, 21 health zones, 317 health districts (Woreda) and 7021 health areas (Kebele). The Mission met with the entire team from the Regional Bureau, as well as the press, during a meeting chaired by the Regional Head of Department for Health. During this meeting, the Head of Department gave a presentation of his region, the different stages in the development of the region's transformation plan and the status of the "three ones" (a plan, a budget and a report). Following the presentations, a guided tour of the main departments was conducted, including the Administrative and Financial Departments, the Monitoring and Evaluation Department – where members of the Mission were able to visually witness the direct generation of data from the DHIS2 - and the Human Resources Department.
- At the District level: Woreda: Sululta/Chanco

The CAR team received a warm welcome from the community; they visited a health center and a health station. They were impressed by the results of the community work done by two healthcare assistants at the health station level, based on the health records of each family in the community, which are held at the health station level and which serve as a basis for electronic recording that enables the measurement of the reliability of the data provided.

Lessons learned

- 1- 1- (A Plan) The Ministry of Health of Ethiopia has two types of plans: a strategic plan (health sector transformation plan) and an annual integrated plan which is budgeted on the basis of primary health care guidelines and which contains 18 intervention packages;

Implementation of the integrated annual plan (extension plan) at the regional and district levels;

2- (A budget) Alignment of TFP funding with the integrated plan

Three sources of financing for the health sector: Households through community health insurance, 20-25% of the healthcare budget; State and TFP financing at 80-85%

3- (A report) -Health Information System:

A single integrated HIS was digitized as of October 2019: Data management is done through the DHIS2 platform at national, regional and district levels. From the healthcare facilities to the district, digitization through software interoperable with the DHIS2 held by civil society association partners of the Ministry of Health.

Use of information for decision making at all levels: patient level, facility management level, district level, regional level and national level.

At the community level: the family file-based HIS and the use of information for quality of care improvement, including continuity of care, and behavior change;

4- International Institute of Public Health: Support framework for capacity building in the health sector, in the areas of training and research in primary health care.

Possibility of providing support to other states in virtual mode - short and long term technical support.

Next steps :

- Formation of a technical group to develop the Harmonization and Alignment Manual
- Development of a budgeted roadmap (timeline);
- Organization of three feedback workshops on the Exchange of Experiences Mission on Alignment in Addis Ababa to the TFPs, Regions and Health Districts;
- Recruitment of a national and international consultant to support the team;
- Development and approval of the Alignment and Harmonization Manual;
- Organization of a series of meetings to help facilitate the dissemination of the Manual (National meeting chaired by the Minister of Health, meetings at the health region and district levels);
- Development of a collaboration plan with other sectors in the regions and districts;
- Official launch of the process by the President of the Republic, for the national involvement of all stakeholders

Requirements for the development of the Alignment and Harmonization Manual:

- Support from the International Institute of Primary Health Care in Ethiopia in the development of the Alignment and Harmonization Manual;
- Recruitment of an international and national consultant for the development of the Operational and Monitoring/Evaluation Plan for the Alignment and Harmonization Manual;
- Agreement with the private institute (JSI) specializing in the development of the DHIS2 to strengthen the health regions and districts, in order to achieve the objectives of the «One Report»;

- Recruitment of an international consultant to develop a Transformation Plan for the National Health Information System (SNIS);
- Establish a task force to accelerate the implementation of alignment and harmonization principles (geographic alignment of international and national aid funds);
- Recruitment of health data collection officers at different levels of the regions and health districts, for a review of national indicators;
- Organization of a series of training sessions for healthcare workers in the regions and health districts, on the guidelines set out in the Alignment and Harmonization Manual by consultants recruited for this purpose;
- Purchase of computers, phones and servers for the purpose of data collection, processing and storage;
- Recruitment of national consultants for the definition of financing channels at the regional and health district levels.

Conclusion:

This mission proved to be very beneficial for the team and filled with knowledge, especially in the organization and restructuring of the health system for the purpose of facing globalization challenges. This was particularly so in the modernization of the information system management, allowing for transparency and visibility of health financing management in relation to the results obtained, in terms of quality healthcare coverage for patients. All of this has been achieved through the development of the Alignment and Harmonization Manual related to the Paris Declaration on Aid Effectiveness.

Liaison Officer

Dr Oscar BEKAKA

