MLI

Ministerial Leadership Initiative

ASPEN GLOBAL HEALTH AND DEVELOPMENT
AT THE ASPEN INSTITUTE

ADVANCING COUNTRY OWNERSHIP FOR GREATER RESULTS: A ROUNDTABLE DIALOGUE

January 12, 2012 | Washington, DC

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Proceedings

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Front cover photo: Famakam Sissoko shows proof of his mutuelle cards for his family of 15 in Siribala, Mali. The Government of Mali is committed to scaling up its mutuelles program, also known as community based health insurance, and is currently in the process of piloting the recently adopted National Strategy for the Expansion of Mutuelles. **ALL PHOTOGRAPHS BY DOMINIC CHAVEZ.**

I. INTRODUCTION AND OBJECTIVES

The “Advancing Country Ownership for Greater Results” Roundtable Dialogue took place on January 12, 2012, and was hosted by the Ministerial Leadership Initiative for Global Health (MLI). Country ownership is viewed as an important step toward improving aid effectiveness for global health. Yet, country ownership is a debated issue, particularly what it means in practical terms to donors, development partners, civil society, and country governments.

MLI organized the Roundtable to share its lessons learned in working with health ministries and to give global health and development leaders a platform to address this issue. The discussion delved deeply into the structural and political challenges involved in trying to advance country ownership, as well as what it will take operationally to move beyond the rhetoric of country ownership to action.

The Roundtable was chaired by two MLI Senior Advisers: Honorable Mary Robinson, former president of Ireland and current president of the Mary Robinson Foundation – Climate Justice; and **Dr. Francis Omaswa**, former director general for Health Services in Uganda’s Ministry of Health and current president of the African Centre for Global Health and Social Transformation (ACHEST). The meeting brought together ministry leaders from MLI partner countries and development leaders representing donors and development partners for a high-level discussion. Participants included the ministers of health of Ethiopia and Sierra Leone; a senior ministerial official from Mali; the administrator of the United States Agency for International Development (USAID); and other senior US government officials from USAID, the Global Health Initiative, and the Millennium Challenge Corporation.

Hon. Mary Robinson.

II. HIGHLIGHTS AND KEY OUTCOMES

ACHIEVING TANGIBLE RESULTS:

• Many participants from donor organizations stressed that in any donor and developing country relationship the outcome must yield agreed-upon results. Donor representatives said that investment must be followed by proof of impact, results, and returns, particularly for the US administration, which must justify spending to Congress.

• Developing countries must pay close attention to documentation and analyses that show donor investments are producing results. They should look for opportunities to "tell the stories" of aid that have had great impact on people in their countries.

Dr. Mark Dybul.

POWER DYNAMICS AND TRUST:

• The power structure of a donor and recipient relationship is weighted toward the donor because of financial resources.

• But even if donors have most of the power, they must be respectful of the developing country's priorities when negotiating aid. Donors must trust that countries understand their needs and give countries' priorities full consideration.

• Countries receiving donor funds should set up accounting systems that minimize the risk of corruption. If corruption is uncovered, it should be reported transparently, and the country should immediately seek repayment and prosecute wrongdoers. Donors, meanwhile, should not use an instance of corruption to cut off all aid and back away from commitments to advance country ownership.

• Principles of country ownership should not be limited to governments, but expand to civil society and the population at large in order to hold governments accountable. Citizen engagement and civil society can act as a tool to promote transparency and fight corruption.

"The one who is giving has more power, but to address this problem the donors should recognize that it is the right of the country to set its own priorities. If the donor doesn't recognize the right, it will be difficult for the donor to give power to the recipient."

– Hon. Minister Dr. Tedros Adhanom Ghebreyesus

STRUCTURE AND CULTURE OF AID:

• The existing structure and culture of bilateral and multilateral aid institutions is not built to support country ownership. A radical change is needed to shift how institutions have been functioning for over half a century.

• Many donors are still going about aid "the old way," even though they are verbally committing to county ownership.

• There is a need to shift the traditional way development partners work. New strategies and practices for development partners to work with ministries of health need to be explored.

DIRECT INVESTMENT:

• Many argued for donors to directly invest in governments and ministries to avoid fragmentation and the creation of parallel structures. Direct investment can ensure the country uses the money for its own priorities.

• Donor investment of capital in parallel systems for the purpose of building capacity has historically failed to build a sustainable foundation for development.

• There is a need for a new model for government-to-government direct assistance that supports capacity building and advances country ownership.

• Direct investment includes sending technical advisors jointly selected and welcomed by country leaders to work within the developing country's government to build human capacity.

•With a shift toward direct investment, developing countries must build a transparent system to make sure funds are being spent as intended.

COMMITMENT FROM ALL PARTIES:

• All sides in this discussion - US government, developing country leaders, donors and development partners - are committed to the principles of country ownership.

• Country ownership was described as part of the human rights agenda and country governments were recognized as responsible for providing health care to their populations.

CONTINUED DIALOGUE ON COUNTRY OWNERSHIP:

• As time was short, participants agreed to continue the dialogue on country ownership. (At the request of participants, following the Roundtable, MLI Director **Rosann Wisman** started an email chain and blog series to spark further conversation.)

III. ROUNDTABLE OVERVIEW

In the opening session, **Peggy Clark**, executive director of Aspen Global Health and Development, acknowledged that MLI, when it began, was an experiment to see if investments in support of ministerial priorities could achieve greater results. With the support of the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation, Clark said, MLI was able to invest in five ministries of health to boost their individual power in addressing health challenges and advance country ownership. These investments in health ministries and supporting their ownership over their own health programs are necessary, co-moderator Robinson added, as the government has the primary responsibility to provide health care. Populations should expect their governments to provide health as a human right, Robinson said. Country ownership of health systems, she continued, is profoundly a human rights issue. Co-moderator Omaswa said the discussion on country ownership was timely as Africa is in a position to make progress across all sectors.

"This question of country ownership must be allowed to be asked and the lessons of the work of MLI can benefit the health community globally and translate to better health worldwide."

– Dr. Francis Omaswa

There is a "new hope" for Africa as economies are growing, Omaswa said, but to harness this hope for progress countries must lead their own systems and institutions. Aid must strengthen these systems and countries need be clear in articulating their priorities in order to inform and influence donor funding.

In his keynote remarks, **Dr. Rajiv Shah**, administrator of the United States Agency for International Development (USAID), emphasized the need to translate country ownership into concrete results in Africa. USAID, he said, is aware of the improved outcomes that result from listening to country priorities.

Dr. Rajiv Shah.

He cited the following examples:

- Ethiopia's expansion of its health extension worker program by the Federal Ministry of Health added more than 30,000 community healthworkers, which led to a 30% drop in Ethiopia's mortality rate for children under the age of five.

- Bangladesh's Ministry-led scale up of Vitamin A provision reduced child mortality by 50%.

- Tanzania's 29% drop in child mortality could be attributed largely to bed net expansion, which was a priority of the Ministry of Health, community leaders, and teachers.

• Direct investment in the Ministry of Public Health to improve their capacity and functionality led to a major drop in Afghanistan's maternal mortality rate. *"If we can do that [direct investment] in Afghanistan during an active military conflict, we can do this in other places and not be so squeamish about direct investment."*

"Developing countries should be in the driver's seat. They know what's best for their country. Donors and developing countries need to find ways to make their partnerships even more effective. I believe that aid is not charity; it's an investment in the betterment of our world. So it should be provided and used effectively."

– Hon. Minister Dr. Tedros Adhanom Ghebreyesus

Hon. Dr. Tedros Adhanom Ghebreyesus, minister of Ethiopia's Federal Ministry of Health said in his keynote remarks that while the results in Ethiopia are encouraging, they have a long way to go. A long-time advocate for country ownership, Tedros stressed the importance of donor alignment behind country priorities. It is up to the developing countries to identify their priorities and create country plans, Tedros said, but it is the job of the donors to synchronize their efforts to support those country plans.

Donors also need to listen, he said. When MLI began working with Ethiopia, Tedros said he asked that MLI support the implementation of the Balanced Scorecard, a strategic planning and management system, throughout Ethiopia's health system. While the program did not fit exactly into MLI's original design, MLI agreed because the Ministry made a strong case for why the Balanced Scorecard was important to improve health outcomes in the country. Tedros also said that aid will have the biggest impact on countries that have a clear strategy and have aid channeled through their existing country system. If the country system has a problem, it should be fixed, not abandoned.

Dr. Salif Samaké, director of the Planning and Statistics Unit for the Ministries of Health, Social Development, and Women's Affairs in Mali, shared his country's experiences with country ownership. Samaké said that alignment and mutual accountability of donors is a main priority of the government. He said that one of the major challenges in Mali is the building of parallel systems by donors. These parallel systems, which negate country ownership of health systems, are a result of fears of corruption, Samaké said. However, he added, corruption is everywhere, not just developing countries. *"We need strategies to manage, not end, programs. If we stop programs because of corruption, we can forget about MDGs and universal coverage,"* he said.

Dr. Salif Samaké.

Following the keynote remarks, the floor was opened to comments and responses. Shah asked the participants for help on three separate issues linked to country ownership:

1. What are the best ways to encourage countries to truly put forth their priorities instead of suggesting what they believe donors want? *"We need to genuinely break that cycle and if we don't, a lot of the talk on country ownership remains more rhetoric than reality. Ethiopia is a glaring counterpoint to that."*

2. *"Is capacity of country systems a requirement for a country to receive direct financing? Or is capital investment what creates that capacity? I would argue that if we looked over decades of aid, the theory that you invest in…parallel systems for the purpose of building capacity is largely a failure, while at the same time, the more loosely defined… traditional European model of budget support has not built capacity,"* he said. *"We have to find a model, and we are pursuing one called 'Host Country Contracting' or 'Direct Assistance', in which capital or direct investment of capital in country systems actually builds the capacity."*

3. "*How do you manage the corruption risk?*" Shah asked. *"There are a variety of tools and mechanisms available to do this. And what we have found in Congress, when we move and shift our resources to direct assistant – what USAID is calling 'procurement shift' – we've had to work hard to describe that the shift is a responsible one and that we are building the necessary transparency tools for accountability."*

"We have this patina around country ownership in which we all say we believe but we don't. And until we radically change the global governance structures of how we operate, it won't.

– Dr. Mark Dybul

Dr. Mark Dybul, co-director of the Global Health Law Program at Georgetown University's O'Neill Institute for National and Global Health Law, commented that Minister Tedros and other strong leaders have made great progress, but to fully allow for country ownership, the existing structure and culture of aid institutions needs to change. **Pape Gaye**, president and CEO of IntraHealth, agreed that the structure of aid needs to change, including international NGOs such as IntraHealth. To facilitate this shift, Gaye said, funders need to be on board with a "new vision." **Tito Coleman**, director of the International Development Group for University Research Co. LLC, brought up the important role civil society can play in mobilizing country priorities. Citizens should also be supported to create institutions to hold ministries accountable. **Sam Worthington**, president and CEO of InterAction, agreed and added that a strong and broad societal structure can help build country systems and country ownership. **Joseph Dwyer**, project director of the Leadership, Management, and Sustainability program at Management Sciences for Health, stressed Tedros' point that a clear country strategy is key for successful country-donor relations. *"This is the one strong thing that needs to be in place for country ownership,"* he said.

Presenting the newly released *MLI Model for Advancing Country Ownership*, Wisman shared MLI's experience working with its five partner countries – Ethiopia, Nepal, Mali, Senegal, and Sierra Leone. She spoke of the four principles of the MLI Model – country-led planning, demand-driven technical assistance, South-South collaboration, and strategic communications –

"The MLI approach worked because we showed in five countries that we listened well, we took some risks, we built up trust, we built relationships not just with the ministers but with ministry teams and many talented and skilled professionals who are in the 2nd and 3rd tier of leadership in the ministries. And then we came in with assistance in response to the ministries' priorities."

– Rosann Wisman

and stressed that the last two are often overlooked. MLI, Wisman said, is successful because it spent time gaining ministry trust and understanding ministry goals. While skepticism of full country ownership still remains, there are practical steps that can move the process forward. The basis of country ownership is country-led development which includes building on country priorities and plans, and developing shared goals and clear lines of accountability.

Omaswa responded positively to the MLI Model, particularly regarding the South-South collaboration component. MLI, Omaswa said, gave countries the opportunity to learn from each other. This is important because *"If there is a success story somewhere, we should show them [other developing countries] so they can come back home and replicate."* Omaswa also added that mutual trust is *"the beginning and end of country ownership."* **Paul O'Brien**, vice president of Policy and Advocacy for Oxfam America, also agreed that mutual trust, such as what MLI built the past five years in its partner countries, is important, but posed the question of what should be done with ministries and leaders that we do not trust. *"How do we invest and transfer power with ministries without a 'Minster Tedros'?"*


Dr. Francis Omaswa.

Country perspectives on country ownership were presented next. Samaké shared how South-South collaboration has helped Mali shape its plans to reach universal health coverage as only 3% of its population is currently covered. After an MLI sponsored trip to Rwanda, a country that successfully scaled up community-based health insurance, ministry officials in Mali advocated for a similar strategy in their government. *"Now, it's a priority on the table and the government has pushed a lot to scale this up for 2015,"* Samaké said. Samaké also shared his trip to Nepal to train in negotiations. This has helped Mali negotiate with donors while preparing their country compact and 10 year plan. Country ownership is important to Mali, Samaké said, and donors also need to prioritize it, *"But, in so many countries, donors are still driving everything. They say they are in favor of partnership but they go to the back of the car with the remote control. They may look like passengers, but in real life they are driving things."*

Omaswa followed Samaké with a country perspective from his time as director general for Health Services in Uganda's Ministry of Health. Omaswa stressed the need to build capacity in ministries of health. While making health reforms in Uganda, there was a strong leader

"Are we really listening to what we are saying? Is there a real commitment for change? If not, nothing will change. The issue is lack of commitment."

– Hon. Minister Dr. Tedros Adhanom Ghebreyesus

in the Minister of Health who asked for support. Development partners supported the Ministry directly; technical specialists came to Uganda and became part of the Ministry. This helped build capacity and efficiency inside of the Ministry, instead of development partners going around the Ministry. Capacity, Omaswa said, is critical.

Tedros also spoke about building capacity in country systems. He noted that Ethiopia did not originally have their own procurement system and used an external one temporarily as they built up their own. Now, 95% of procurement goes through Ethiopia's own agency. If development partners are wary of lack of capacity and corruption, they should help fix it, not abandon the country systems. *"If there is no country ownership, a lot of damage can happen starting from the planning. Making parallel structures actually hurts the state structure. There will be no results, or if there are results, they will not be sustainable."*

Omaswa read remarks by the **Hon. Zainab Bangura**, minister of Health and Sanitation of Sierra Leone, an MLI partner country, who was unable to attend the Roundtable. In her statement, Bangura emphasized the political will that drove Sierra Leone's free health care initiative for pregnant and lactating women, and children under five. She also shared the success of the Ministry's strategic communications efforts: *"It [MLI] gave us media training and helped open up the world of the international press so that they could hear us and see our accomplishments."* Sierra Leone is making great strides in improving health outcomes, but has a long way to go, according to Bangura. With more donor faith and trust in the Ministry, Sierra Leone can continue to strengthen its health systems, Bangura said.

Donors and development partners gave their perspective next. **Dr. Ariel Pablos-Méndez**, assistant administrator of Global Health for USAID, said that though slow moving, change is happening in donor organizations toward country ownership principles. The priority has been set, Pablos-Méndez said and he added that country ownership is sensible to all involved and a basic human right. To incorporate country ownership into its system, USAID is making structural changes to procurement procedures. This will create more direct investment in countries to strengthen capacity, leadership, and community involvement.

"Country ownership and health systems strengthening have become more important than they were 20 years ago."

– Dr. Ariel Pablos-Méndez

Katherine "Kemy" Monahan, deputy executive director of the Global Health Initiative (GHI) at the US Department of State, explained that country ownership is embedded in GHI's mandate: *"The core of GHI is about working better together not just with US government people, but with all the stakeholders in all the countries."* While GHI would like to support country priorities, it is important for countries to show the results of that support, she said. Monahan said that government funding is not a simple matter; dollars invested must be approved by Congress. *"We can't just invest,"* Monahan said. *"We have to show results, impact, and return to Congress."* That is why it is important that there be a strong partnership between countries and donors; each can help the other, she said.

“Many of the smartest interventions about how we sustainably, cost-effectively reach populations and deliver the services don’t come from us. They come from the countries. But we’re not always listening.”

– Amie Batson

Amie Batson, deputy assistant administrator of Global Health at USAID, also emphasized that the US funding process needs to be taken into account. *“On the Hill they tolerate no risk with funding,”* Batson said. This makes direct investment in developing country governments difficult to actually implement. While USAID is serious about changing this, Batson said, it’s about changing the whole culture of aid – top to bottom – to create government to government aid that meets Congress’ approval. Developing country governments should play a stewardship role in this process, Batson said. It is important to tell stories and help Hill colleagues and other funders understand what country ownership means. *“American taxpayers need to see the value of how their money is being used,”* Batson said.

Sarah Lucas, director of the Department of Policy and Evaluation for the Millennium Challenge Corporation, also stressed the need for results in order to justify funding of country owned projects. She raised several questions surrounding country ownership: *“How do we be clear about our investment? Whose job is it to develop local NGOs to play an accountability role? How should we support and build capacity and strength for NGOs to step up?”*

Finn Schliemann, senior health specialist for the International Health Partnership Core Team at the World Bank, added that country ownership is about harmonizing aid and financing platforms for leaders to implement changes. The leadership in a lot of countries is there, Schliemann said, donors just need to get behind it. Dybul addressed the issue of power distribution, saying that power is in the wrong place and assumptions about a country’s capacity are based on the past and not on the possible future opportunities. This needs to drastically change, Dybul argued. *“In the United States, we still have junior Foreign Service Officers lecturing Ministers of Health about how they should run their system. It’s a fact of how we are trained,”* he said.

Fred Rosensweig, capacity-building team leader for Health Systems 20/20, and Worthington both addressed the need for development partners to change their management systems. Development partners must find new ways to work with ministries of health, and redesign how they measure results.

“Fundamentally ownership, or ministerial leadership, is not so much an issue of helping ministers and helping ministries. For us, it’s an issue of creating the structures that provide for ownership.”

– Finn Schliemann

Rosann Wisman.

In the closing session, co-moderator Robinson said that there is an opportunity now to change the culture, to change the power structure, and to change the language of international aid. The Roundtable created a consensus, Robinson said that a country's government, whether through direct delivery or indirect delivery, must be the steward for health care for their people. Co-moderator Omaswa also stressed government stewardship as he offered his 'take-aways' from the meeting. *"We need strong governments, stewardship, accountability, and an enabling environment for all players,"* he said.

Omaswa also celebrated the commitment of all parties to the principle of country ownership. However, the change following the commitment will take time, Omaswa said. Countries and development partners must be patient and learn from each other's and other organizations' experiences. *"MLI will have a legacy and this legacy will be that these ideas will be part of the on-going movement [for country ownership],"* he said.

IV. ACKNOWLEDGEMENTS

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MLI would also like to thank featured meeting presenters:

Dr. Rajiv Shah, Hon. Minister Dr. Tedros Adhanom Ghebreyesus, Dr. Salif Samaké, Hon. Minister Zainab Bangura, Dr. Ariel Pablos-Méndez, Katherine “Kemy” Monahan, and Amie Batson, for their insightful remarks, and Hon. Mary Robinson and Dr. Francis Omaswa for leading the dynamic Roundtable dialogue.

ABOUT MLI

The Ministerial Leadership Initiative for Global Health (MLI) works with ministries of health in Ethiopia, Mali, Nepal, Senegal, and Sierra Leone to advance country ownership and leadership in three inter-related policy areas: health financing to ensure sustainable health care for all; donor alignment to ensure that donors work together to support country-led priorities; and reproductive health because the health of women is central to the health and stability of communities and nations. MLI, a program of Aspen Global Health and Development at the Aspen Institute, works in partnership with the Results for Development Institute. MLI is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation.

APPENDIX A: PARTICIPANT LIST

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