

UPDATING THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

BACKGROUND PAPER ON NATIONAL LEADERSHIP AND OPERATIONALISATION

NATIONAL LEADERSHIP AND OPERATIONALIZATION WORKSTREAM

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Abstract

At the recent *Every Woman Every Child (EWEC)* Stakeholder Consultation meeting in New Delhi, participants highlighted that the updated Global Strategy cannot be meaningful or effective without national leadership. By setting priorities, developing capacities at sub-national levels, engaging partnerships and aligning resources, national leadership can pave the way for implementing evidence-based strategies in line with a country's unique situation. This paper provides a framework for national leadership to operationalize the updated Global Strategy.

However, given that perhaps one of the biggest challenges is knowing "how to", we highlight strategies for **managing and sustaining** five key cross-cutting aspects. First for *effective leadership*, we note that the timing, sequencing and type of reforms is dependent upon the availability of political capital, the relationship between political and administrative leaders, the strength of autonomous and regulatory institutions and effective advocacy. Second for *partnerships*, we provide an overview of the differences between, and the need for clearly defining the roles of stakeholders. Here mechanisms for managing and aligning resources are suggested. Third for *country-led costed national health plan* specific measures for integrated planning and mobilisation of resources are offered. Fourth for *innovations*, we suggest management arrangements for scaling up. Fifth to enable a *multi-sector approach*, we highlight success factors and mechanisms for coordination between health and health-influencing sectors. Together they provide a road map for enabling good governance and accountability, as well as streamlining equity, gender and value for money considerations.

BACKGROUND PAPER ON NATIONAL LEADERSHIP AND OPERATIONALISATION

Much has been accomplished since the United Nations (UN) Secretary General launched the Global Strategy (GS) for Women's and Children's Health in 2010 to accelerate progress towards MDG 4 (reducing child mortality) and 5 (reducing maternal mortality and improving reproductive health). Not only have significant gains been made to promote universal access to reproductive health, but maternal and child mortality rates have nearly been halved since the 1990sⁱ. However, despite this impressive progress, many developing countries will not achieve their targets, with aggregate improvements masking significant inequalities both within and across countries. At the start of 2015, only 46 countries were on-track to achieve MDG 4 and 19 were set to achieve MDG 5a.

The new Sustainable Development Goals (SDGs) envisages that by 2030, every woman, child and adolescent realizes their potential and the right to the highest level of health and wellbeing, dignity and human security. The updated 2015 GS thus seeks to contribute to the SDGs, carrying forward the unfinished MDG agenda while building on new evidence i.e. the need to focus on critical population groups (such as newborns, adolescents and those living in fragile and conflict settings), enable the resilience of health systems, improve the quality of health services and equity in coverage, and work with health-influencing sectors such as education, women's empowerment, nutrition, water, sanitation and hygiene.

As highlighted at the recent *Every Woman Every Child (EWEC)* Stakeholder Consultation meeting in New Delhi, the updated GS cannot be meaningful or effective without national leadership. This is in part because it has the potential to galvanize leadership and develop capacities at sub-national levels and beyond, a condition necessary for developing effective partnerships and implementing evidence-based strategies within the context of each country's specific situation. This then is the focus of this paper¹. It is divided into six sections:

- Section I provides an **overview of the lessons learned** from countries that have successfully accelerated progress towards MDGs 4 and 5. It then turns to **aspects affecting implementation**, and here the **role of national leadership** in addressing these challenges is highlighted.
- Section II sets out the **methods and processes** adopted in the preparation of this paper.
- Section III presents the guiding principles for national leadership and presents a **framework** for its operationalization.
- Section IV examines how key cross-cutting aspects of the framework could be effectively **managed and sustained**. To this end, we consider: (1) national leadership (political and administrative); (2) partnerships; (3) country-led costed national health plan; (4) innovations; and (5) multi-sector approach i.e. coordination between health and health-influencing sectors.
- Section V highlights the potential areas for **investment and impact** and offers a list of **indicators** in line with SDGs to assess progress towards sustained effective leadership.
- Section VI concludes with recommendations for preparing **implementation plans**.

¹ GS 2010 sets out a range of interventions for accelerating progress towards MDG 4 and 5. However, the importance of national leadership is just about acknowledged and there is minimal guidance on the "how to" i.e. operationalization .

I. BACKGROUND

Lessons for accelerating progress

There are existing, proven, cost-effective interventions to improve women's, children's and adolescents' health. What is less well understood is how some Low and Middle Income Countries (LMIC) have been able to accelerate progress with low health budgets and in the face of considerable political socio-economic challenges. Recent analysis of success factors in 10 fast-track countries² found that although there is no standard formula, these 'fast-track' countries are moving ahead in three main areas to improve women and children's healthⁱⁱ:

- **Political vision, commitment and principles:** Political vision and commitment, informed by human rights, have helped shape policies, mobilize resources and align multi-stakeholder action in fast-track countries. For example, in Nepal, government strategies and policies related to safer motherhood, neonatal health, nutrition and gender are anchored in the principles of human rights.
- **Effective, evidence-based strategies:** Although these countries have implemented context-specific strategies, three commonalities have been observed:
 - *Leadership across society and multi-stakeholder partnerships:* The optimal use of resources to maximize health outcomes is a key feature of fast-track countries. In Bangladesh, successive governments not only engaged in effective public-private partnerships for immunization and family planning, but also gave non-profit organizations the space to adopt innovative measures to provide services to rural, remote and hard-to-reach areas. As a result in 2010, over half of the births occurred in private health facilities.
 - *Using robust and timely evidence:* Despite limited resources and capacities, robust data and analysis have guided policy and decision-making, implementation and accountability. For instance, in Ethiopia, scorecards based on health management information systems are used and in China the National Maternal and Child Health Routine Reporting System covers the whole population.
 - *Adopting a triple planning approach:* With the aim of moving along the humanitarian-sustainable development contiguuum, planning has been guided by need to address immediate needs, work towards a long-term vision, and adapt quickly to change. For example, Rwanda deployed community health workers and volunteers to address urgent health needs, while also investing in a long-term vision to build its professional health workforce.
- **Multi-sector progress:** Evidence indicates that while half of the reduction in maternal and child mortality in LMICs since 1990 is the result of direct health sector investments, the rest can be attributed to investments made in health-influencing sectors. For instance while improving health outcomes, Egypt met its MDG target to increase sustainable access to safe drinking-water and basic sanitation, Cambodia reduced poverty by 60% across all population between 2004 to 2011, and Viet Nam achieved universal primary school enrolment in 2000 with gender parity.

Across fast-track countries, good governance including corruption control, focus on value for money and women's political and socio-economic participation were identified as key enablers. In Ethiopia, government reforms (focusing on capacity building, financial management, human rights and conflict prevention, democratic representation and access to information, fair justice system, decentralization and civil society participation) led to not only a reduction in corruption between 1996 and 2011, but also

² The 10 fast-track countries are: Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao People's Democratic Republic, Nepal, Peru, Rwanda and Viet Nam. In 2012, when the Success Factors studies started, these countries were on track to achieve both MDG4 and MDG5a.

improved the efficiency of its civil services. Similarly, in Rwanda, 64% of parliamentarians are women and for government ministries, gender budgeting is a key aspect of planning.

Challenges and opportunities

There are likely to be a number of challenges that deserve attention when considering the lessons to be drawn for the post-2015 development agenda. These include: a weak policy and legislative framework, sub-optimal institutional arrangements (including roles of private sector, civil society organisations, research/academic institutions, multi-and bilateral agencies, media etc.), weak infrastructure and capacities (staffing, delegation of powers, systems, guidelines, technology), poor work culture, lack of quality data for decision making, insufficient funds and above all resistance to changeⁱⁱⁱ.

Further, while a number of countries³ have prepared a costed national health plan, there is some way to go to meet the fundamental principles of aid effectiveness⁴. A survey of 24 countries indicates that while progress has been made towards establishing a country results framework and joint assessment of national strategy, there has been stagnation in engagement of civil society in health policy formulation, planning and implementation of policies, and procedures for mutual accountability. In addition, the contribution of development partners has stagnated or declined in terms of proportion of support to government in the national health budget, using national financial management procedures and the predictability of funding communicated to government for 2015-17^{iv}.

In this context, sustained effective leadership (political and administrative) at the national level has the potential to contribute to the unfinished MGD agenda and the SDG agenda by:

- Bringing about supportive changes in legislation and policy, integrated planning and mobilization of funds.
- Revisiting the relative roles of government, multi-and bilateral funding partners, private sector, non-governmental organizations and foundations, academic institutions, media etc. in the achievement of the GS objectives, while mobilizing and encouraging all stakeholders to participate and harmonize their efforts, and where necessary strengthen the regulatory frameworks.
- Developing leadership and capacities at sub-national levels including state, local government, facility and community.
- Enabling systems restructuring and change management for task shifting and integrated service delivery.
- Ensuring accountability at all levels through clarity on performance indicators, commensurate delegation of necessary financial powers and administrative authority, and effective monitoring based on reliable and robust data .
- Responding quickly to new challenges/opportunities; upscaling successful innovations.
- Participating in the global arena, for instance by coordinating development partnerships, engaging in international negotiations, promoting global public goods etc.

II. METHODS AND PROCESS

This paper has been developed using mixed methods. A desk review of secondary data from forty journal articles, policy papers and evaluations was used to develop the framework and concept note. A consultative process was followed to ensure that country perspectives were included and the concept

³ In 2013, H4+ supported 13 countries to develop and /or cost national plans for RMNCH and related HIV components (source : H4+ Partnership, Progress report 2013, September, 2014.).

⁴ Alignment with a single country plan, a single country- owned and driven coordinating mechanism , and a single framework for monitoring and evaluation

note was circulated to focal points of 12 countries for review. The updated concept note was presented to the national leadership and operationalization working group in a pre-consultation meeting (Refer Annex 1 for list of participants) in New Delhi on 25th of February 2015 for review and a series of consultations followed. Primary data used to develop the operational framework and recommendations were generated through in-depth interviews held with Parliamentarians and senior government officers from India, South Africa and Zimbabwe.

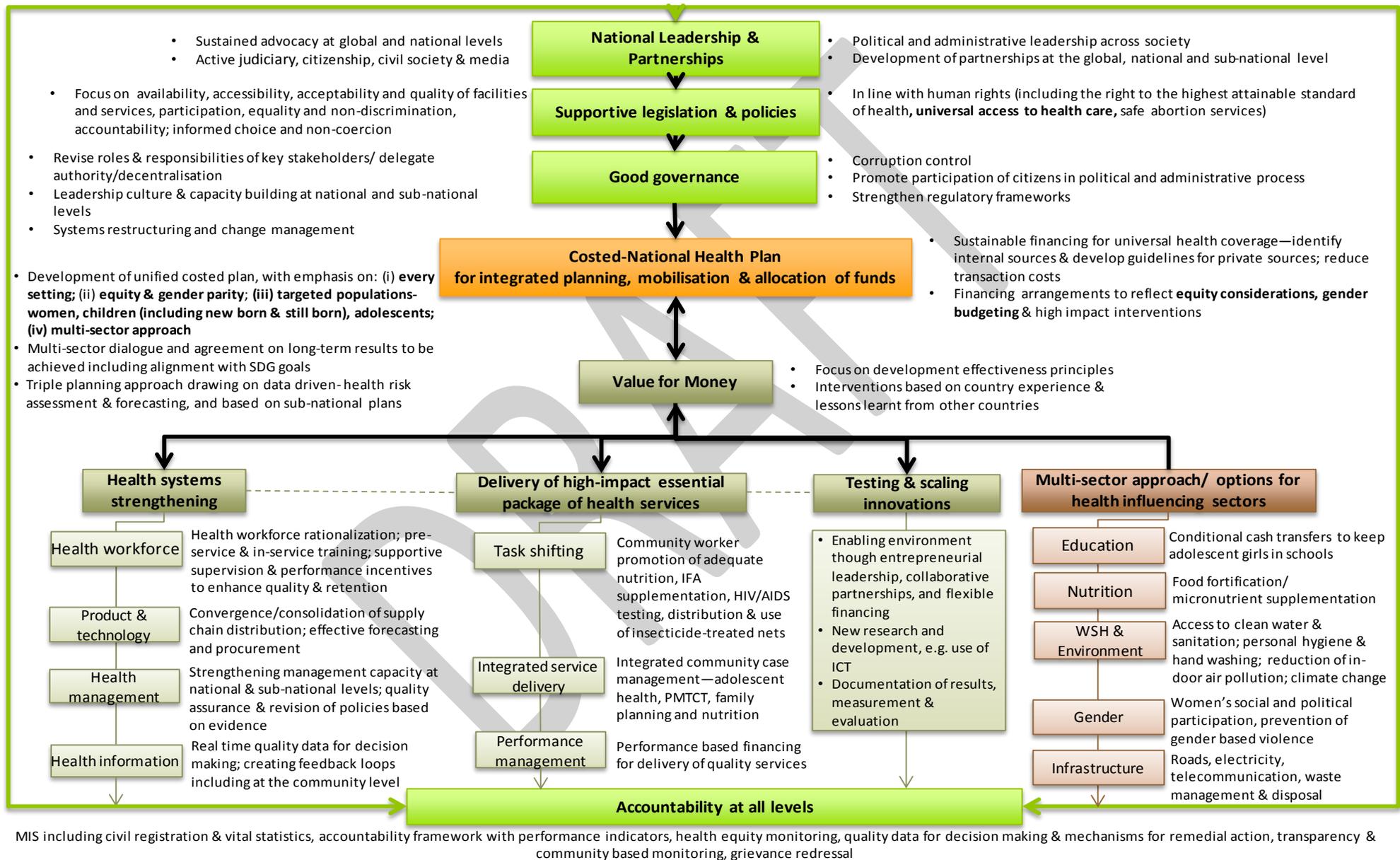
III. FRAMEWORK FOR NATIONAL LEADERSHIP OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

To highlight the role of national leadership in operationalizing the updated GS including key priorities such as universal health coverage, equity and gender parity, multi-sector progress and partnerships, a framework along with examples of strategies for future investment^v have been shown schematically as **Figure 1**.

Broadly, the national leadership framework for operationalisation should adhere to the following principles:

- Use the country-owned National Health Plan, as the basis for the identification of gaps through systematic situational and risk analysis, while drawing on multi-stakeholder dialogue to develop context-specific strategies.
- Align policies and programmes with principles of human rights, gender, equity and humanitarian action and development effectiveness principles (e.g. Paris Declaration of Aid Effectiveness, 2005 and Accra Agenda for Action), as well as with SDG goals and targets.
- Identify country specific strategies in line with local conditions; build on lessons learned and new evidence, in particular coordination with health influencing sectors and other stakeholders.
- Focus on testing innovations and scaling up of successful initiatives.
- Ensure appropriate program management arrangements and adequate capacities at all levels, including for management of partnerships.
- Focus on accountability including a robust monitoring and evaluation framework.
- Ensure sustainable financial planning, addressing efficiency, effective targeting of priority areas and equity considerations.
- Leverage existing National Leadership networks- including for South-South cooperation to share best practices, shape markets and ensure that low- and middle income countries engage in global policy dialogue.

Figure 1: National Leadership Framework to Operationalize the Global Strategy for Women’s, Children’s and Adolescents’ health



IV. NATIONAL LEADERSHIP FRAMEWORK: FROM STRATEGY TO PRACTICE

Perhaps the single biggest challenge facing LMICs is effective operationalization of evidence-based strategies. To this end, the following paragraphs highlight the key cross-cutting aspects of the national leadership framework along with options for managing and sustaining: (1) national leadership (political and administrative); (2) partnerships; (3) country-led costed national health plan; (4) innovations; and (5) multi-sector approach i.e. coordination between health and health-influencing sectors. Together they provide a road map for enabling good governance and accountability, as well as streamlining equity, gender and value for money considerations.

(1) Enabling sustained effective political and administrative leadership

Leaders today have to navigate an increasingly complex landscape, where adversarial political systems, long-standing trust deficits and competing interests all make the path to reform challenging. Across countries, a host of systemic problems affecting good governance and the adoption of a human rights approach have led to calls for a ‘strong’, ‘visionary’ or ‘transformative’ leadership. And there is increasing evidence to suggest that strong leadership matters⁵ for priority setting, policy changes and reform, performance monitoring and accountability arrangements^{vi}. However, the presence of a committed leader—while a requirement—is not a guarantee of success; the strategies used to overcome resistance affect its probability^{vii}. For instance, a study by Merlee S. Grindle (2004) on Latin America suggests that the following approaches were crucial for educational reform^{viii}:

- Affecting the timing of reforms
- Using powers of appointment to bring others committed to change into key leadership positions
- Taking action to counter opponents
- Setting the terms of debate
- Actively campaigning on issues

Further, the role of institutions both within and outside government is equally important in enabling sustained leadership, country stability and resilience to shocks, and indeed the achievement of development goals^{ix}. To this end, the following approaches may be considered.

Selecting and promoting skilled political and administrative leaders

The internal selection of prospective leaders is a key first step towards ensuring good governance. For instance, in the United Kingdom the process of analysing the competencies required for political candidates and designing an evidence-based selection process began in 2001; today this applies to approximately 60% of UK parliamentary candidates^x. Further, there is growing evidence to suggest that *women’s increased political participation* can lead to greater investment in health, education and water and sanitation. For instance, a study examining the implications of political reservations in village councils across two states in India found that leaders invested more in infrastructure that is directly relevant to the needs of their own genders^{xi}.

For administrative leadership, several developing countries have adopted civil service examinations to ensure meritocratic recruitment of top graduates into the bureaucracy. In addition, to ensure the right person is in place and stability in government, transparent performance management systems and succession planning are also required.

⁵ A recent study examining 57 cases of abrupt leadership change post World War II found that while the transition of national leaders indeed affected economic growth, the effects (both positive and negative) were strongest in autocratic settings. In democratic settings, however, researchers found that the change in leadership did not have a statistically significant effect on growth.

Capacity building

A number of tools are available to increase the capacity and effectiveness of leaders. These include leadership development programmes and peer-to-peer learning initiatives, devolution and decentralisation of powers, greater resource allocation, mechanisms for collaboration etc. However, the evidence on their impact has been mixed and as a result, the identification of appropriate strategies must be based on methodical analysis of the types of challenges facing leadership. This is illustrated by the reforms undertaken in Brazil, where President Cardoso on the one hand introduced constitutional changes to ensure local governments and bureaucrats implemented health reforms, but on the other, provided additional resources to municipalities to support educational reform and increase in coverage^{xii}.

Strengthening the relationship between the political and administrative leadership:

Evidence indicates that some of the key factors for enabling the progressive development of states are^{xiii}:

- Close working relationship between political and administrative leaders;
- Greater influence of bureaucrats in designing policy; and
- Set of shared values and informal ties between political administration and high-level bureaucracy.

To this end, political leaders may consider actively engaging with administrative leaders and setting up coordination mechanisms and/or committees to ensure their active participation in policy formulation and decision-making. For instance, much of Singapore's success can be attributed to a positive relationship between political and bureaucratic leaders through active fostering of shared development-focused values and the bureaucracy's autonomy to design, implement and adapt policies. A similar effect has been observed in Botswana, where a significant proportion of the country's high-level politicians are former civil servants^{xiv}. However, it is worth noting that this is only likely to have an impact if there is an independent and effective bureaucracy, where the relative roles of political and administrative leaders are well defined and adhered to.

Improving transparency and accountability of government

Perhaps one of the most important ways to ensure reforms are implemented is to make sure they are appropriately monitored. This can include:

- Making publically available information on the impact of government initiatives and disaggregated data
- Strengthening judiciary and regulatory mechanisms that sit outside of the purview of political influence, and have the autonomy and flexibility to provide oversight
- Whistle-blower policy and protection
- Greater engagement with actors outside of government i.e. citizens, civil society organisations, media and international agencies who can help independently monitor implementation.

Advocacy and collective action at every level

The role of active citizenship, civil society organizations, news media, businesses and international agencies/donors is critical at every level to ensure that governments fulfill their obligations and commitments. For instance, once the Government of Turkey had ratified CEDAW, the women's rights movement (which brought together a coalition of 120 NGOs across the country) successfully

campaigned for a new civil and penal code^{xv}.

To ensure effective advocacy and collective action, both the development of networks and collaborative partnerships as well as a comprehensive evidence-based advocacy plan and budget may be necessary. This should be based on:

- Prioritization and alignment of action
- Identification of evidence-based strategies and ‘government champions’ through political economy analysis and outcome mapping tools^{xvi}
- Engagement at every level including community and religious leaders^{xvii}
- Monitoring outcomes and impact

Finally, the achievement of the updated GS requires **collaborative governance**, where leaders are required to be credible brokers that define the rules of the game, facilitate the exchange of perspectives, and ultimately empower weaker sections^{xviii}. Some studies further suggest that when leaders place emphasis on pragmatism and development, rather than political ideology, unlikely reforms can translate into reality⁶. There is however no universal blueprint and ultimately, the availability of political capital plays a role in the timing, sequencing, and the type of reforms to undertake, which could range from incremental changes within the existing system—to improve, say supportive supervision to setting up autonomous institutions⁷ for enabling greater operational flexibility and structural reforms including efforts to control corruption through a combination of public administration reform, anti-corruption laws and institutional mechanisms for greater transparency, accountability and oversight.

(2) Partnerships: managing roles and resources

As highlighted in **figure 2** on the following page, all stakeholders have a role to play. And while the function of each stakeholder would be country specific, their role is wide-ranging and relative to other stakeholders. For instance, the role of civil society could range from delivering community-based services to advocating for policies grounded in principles of human-rights, increased investment toward universal health coverage and greater accountability. Similarly, the private sector's role could range from limiting corruption (by implementing a zero-tolerance policy and whistleblower protection) to supplying commodities at optimal prices.

Broadly, partnerships between stakeholders offer a vehicle for aligning interests and leveraging in additional resources, for plugging gaps and improving service delivery, for developing and distributing low-cost public goods and for fostering greater accountability. Typically, the structure of these arrangements varies by the extent of involvement and risk assumed by partners.

⁶ Melo, Ng'Ethe and Manor (2014) show how Ugandan leader Yoweri Museveni and, Brazilian President Fernando Cardoso managed to implement poverty reduction reforms despite significant resistance.

⁷ Tamil Nadu, a state in India has set up an autonomous medical supplies corporation; similarly, elsewhere separate institutions have been set up for training of health personnel.

Figure 2: Role of Key Stakeholders in Operationalisation of the Updated Global Strategy*

Suggested strategies for operationalisation	Parliamentarians/policy makers	Judiciary	Health sector		Health influencing sectors	Civil society/NGOs	Private sector/ Business community	Community	Academic & research institutions	Development partners
			Public administration	Service delivery	Public administration-service delivery staff					
Supportive legislation & policies e.g. human rights, universal health care	✓ e.g. enact law on child marriage	✓ e.g. timely justice; fast track courts	✓ e.g. administrative support		✓ e.g. admin support	✓ e.g. evidence-based advocacy		✓ e.g. active citizenship	✓ e.g. coordinated research	✓ e.g. evidence-based advocacy; dissemination of good practices; technical assistance
Good governance e.g. corruption control, change management	✓ e.g. approve policy for civil service reform ; whistle blower protection	✓ as above	✓ as above			✓ as above		✓ as above	✓ e.g. reporting on trends and emerging issues	✓ as above
Development of unified costed plan	✓ e.g. approve plan		✓ e.g. lead preparation of plan		✓ e.g. align with health sector plan	✓ e.g. stakeholder dialogue			✓ e.g. generate evidence on cost-effective interventions	✓ e.g. technical assistance
Financing & allocation of funds, with emphasis on sustainable financing	✓ e.g. approve financing plan including sin taxes; increase allocation		✓ e.g. lead preparation of financing plan			✓ e.g. advocate for increased allocation of resources	✓ e.g. provide financial support; innovate; reduce prices of goods		✓ e.g. research on resource allocation criteria	✓ e.g. financial support in line with country strategies, reduce transaction costs
Health systems strengthening- health workforce,	✓ e.g. approve human		✓ e.g. workforce: rationalization.	✓ e.g. advocate for		✓ e.g. advocate for better training,			✓ e.g. strengthen networks of	✓ e.g. technical assistance

* The role of media can be incorporated as well

Suggested strategies for operationalisation	Parliamentarians/policy makers	Judiciary	Health sector		Health influencing sectors	Civil society/NGOs	Private sector/ Business community	Community	Academic & research institutions	Development partners
			Public administration	Service delivery	Public administration-service delivery staff					
quality assurance, & resilient systems	resource related policies			continuing education		deployment and retention of workers			academics, researchers and trainers	
Delivery of essential package of high impact health services	✓ e.g. oversight; mid-course policy corrections		✓ e.g. management of health service delivery	✓ e.g. deliver services in line with protocols	✓ convergence support e.g. joint supervision	✓ e.g. health service delivery	✓ e.g. health service delivery	✓ e.g. demand quality services	✓ e.g. monitoring & evaluation	✓ e.g. evaluation; technical assistance
Multi-sector progress-Food Security & Nutrition, Education, Water and Sanitation, Women's empowerment	✓ e.g. priorities & mechanisms for coordination		✓ e.g. develop guidelines based on wide consultation; monitoring		✓ e.g. adhere to guidelines; joint monitoring					✓ e.g. technical assistance
Testing and scaling innovations	✓ e.g. provide flexible financing for innovations		✓ e.g. Identify and pilot relevant innovations; upscale	✓ e.g. pilot/field testing		✓ e.g. pilot/field testing	✓ e.g. funds, develop and test innovative approaches, goods and technologies		✓ e.g. monitoring & evaluation	✓ e.g. evaluation'; funds, technical assistance
Accountability at all levels	✓ e.g. demand and use data	✓ e.g. fair, open, and timely justice	✓ e.g. disaggregated data, scorecards to track progress	✓ e.g. provide and use data	✓ e.g. disaggregated data, scorecards to track progress	✓ e.g. community based monitoring	✓ e.g. transparent reporting	✓ e.g. provide feedback	✓ e.g. advocate for open data	✓ e.g. develop a single accountability framework & harmonise reporting

Principles for operationalizing effective partnerships:

Overall the evidence on the impact of partnerships is mixed. On one hand, studies show partnerships can potentially lead to efficiency gains⁸. In addition, partnerships with the non-profit sector have proven beneficial if they are well-resourced^{xix}, as they maybe more effective at working with local communities and hard to reach groups. On the other hand, a review of 317 econometric studies found that, across the world, in certain settings, public provision might be potentially more efficient than private^{xx}.

Nevertheless, there is widespread recognition that partnerships are necessary given the magnitude of challenges . In general, some of the key success factors for partnerships are ^{xviii, xxv,xxi,xxii}:

- **High level of political and administrative commitment:** This is required to: (1) overcome resistance from a range of stakeholders and to this end, public consultations and engagement (where the scope, financing and expected outcomes are clearly defined) maybe necessary; and (2) encourage partnerships, develop a common understanding and positive working relationship between partners.
- **Regulatory frameworks for partnerships:** Legislation and/or policies supported by budgets and specialised units and/or institutional arrangements at national and sub-national levels may be required to: (1) ensure government is the ultimate payer of health care, and as far as possible, healthcare remains free for consumers at the point of delivery; (2) set up effective procurement systems that are transparent, credible, predictable, equitable and ultimately, value for money; (3) establish structured but flexible mechanisms for negotiating contracts, pooling resources and sharing risks; (4) define minimum standards for quality of services; and (5) establish appropriate levels of performance management and oversight. Kenya, for instance, has legislation in place and has set up a Public-Private Partnership Unit as a technical arm to the PPP committee to oversee implementation^{xxiii}.
- **Capacity building:** Investment in technical expertise (including transaction advisers), and training of administrators are necessary for: (1) planning and risk assessment, to clearly define objectives (in line with user expectations) and roles, and prevent excess capacity and/or incongruous delivery models; (2) operationalizing innovative financing strategies such as Viability Gap Fund, and negotiating contracts such that value for money considerations are met, risks are allocated fairly and appropriate performance measures are set; (3) managing relationships and enabling flexibility particularly in the face of uncertainty; and (4) monitoring for achievement of policy objectives including value for money. In this context, development of guidelines and toolkits, training for administrators and/or contracting in services from specialist advisors may be considered.
- **Transparency and accountability:** To ensure that appropriate course corrections are under taken as partnerships evolve, investment in monitoring— from development of performance measures to data collection and analysis and mechanisms for oversight is required. Here tools such as open-book accounting for cost transparency, incentives for meeting value for money objectives, protocols for quality assurance, community feedback and grievance redressal etc. may be relevant.

(3) Country-led costed national health plan

The national plan should: be aligned with SDG goals and targets and be based on sub-national including health facility plans and community services; draw on multi-stakeholder dialogue; be

⁸ For instance, the use of PPPs in Mexico led to a much swifter construction of a hospital compared to a similar publicly managed project⁸. And in Brazil, the PPP model gave facility managers in São Paulo the flexibility to manage human resources, which significantly helped improved efficiency⁹.

grounded in principles of human rights; mainstream equity considerations; leverage the strengths of partnerships; continue to focus on the unfinished MDG agenda; target adolescents, new born and still births and critical health systems issues such as human resources and quality of services; upscale relevant innovations; and address emerging issues such as move towards universal health coverage and non-communicable diseases. Appropriate linkages with health enhancing sectors would need to be established and provisions for addressing RMNCAH related issues in conflict/disaster prone areas would need to be made.

Costs should be appropriately segregated in terms of services, target groups, geographical areas and equity related parameters. A financing plan, based largely on domestic resources, including possibility of "sin taxes" and contributions from private sector should be an integral part of the national health plan. Finally, the plan should be in line with country priorities and gaps, work within/build on country institutional structures, capacities and processes such that these are fit for purpose and accountability across all stakeholders and all levels is emphasised.

There are however a number of underlying challenges. First, each country needs to be convinced of the utility of a national plan (in contrast to a budget) for itself, rather than primarily as a requirement for raising funds. Second, the plan needs to address the requirements of development partners and other stakeholders (in terms of financial and procurement systems, implementation capacity etc.), as well as the risk of funds being used for purposes other than intended health outcomes. Third, lack of disaggregated data including breakdown of costs. Fourth, building flexibility into the plan. And fifth, inadequate capacity to prepare such a national health plan.

In this context, the development of the national plan would require appropriate guidelines based on global good practices and subsequent country level capacity building; analytical tools to inform allocation of funds; advocacy to ensure buy-in from a wide range of stakeholders in terms of adherence to a single plan and accountability monitoring framework and a shift towards pooled financing of the national plan; and a country coordinating mechanism led by the national government, with clear delineation of responsibilities for all stakeholders and necessary operating processes for meaningful participation.

(4) Innovations: building capacity for effective management

In order to convert the pipe line of innovations to improvement in health outcomes, national leadership has a key role by way of selecting innovations based on needs; piloting if necessary; assessing replicability and scalability; planning roll-out including strengthening of capacities of implementation units with staff/ reallocation of responsibilities, preparation of guidelines, training and allocation of funds; close monitoring to track progress and implement mid-course corrections, as and when necessary.

The above would need strengthening capacities at national and possibly sub-national level by way of setting up a dedicated cell, adequately staffed and headed by an official with sufficient authority; and equipped with the necessary systems and processes across the full cycle from identification of innovations to impact assessment. Further, establishing a separate budget line for innovations could be considered.

Innovations could also be encouraged (and thus add to the pipe-line) by way of providing flexible funds, rigorous evaluation and wide dissemination of successful initiatives. For example, provision of such flexible funds to states as a part of the Government of India's Reproductive and Child Health Program (2006-2012) led to more than 100 innovations; several of these were upscaled and rolled out across the country.

(5) Multi-sector approach

Globally, there are a number of examples of cross-sectoral initiatives leading to significant impact on health outcomes^{xxiv}. For instance:

- **Zimbabwe: Food security and safe water:** The Bulawayo City Council, Church and local organizations began a project in 2008 to improve nutrition and access to water in dense urban settlements of the city – and thus increase community resilience to disease. While the city council provided land for gardens, the project renovated defunct borewells and provided pumps for safe water, set up local water committees, trained mechanics to repair and maintain the pumps, and trained selected beneficiaries in vegetable gardening, while local councilors also arranged for agricultural extension workers to provide specialized support to these beneficiary farmers. Soon, beneficiaries – who include people with HIV and disabilities as well as child-headed families, all decided by the local community - had more vegetables in their diet and profits from sale to neighbors (whose diets similarly improved), as well as cleaner water.
- **Peru: Politically-driven multi-sectoral response on malnutrition:** The Government of Peru appointed the Secretary General of the Inter-Ministerial Commission for Social Affairs (headed by the Prime Minister), with power to coordinate a multi-sectoral government response to tackle malnutrition in children under five years. The resulting National Plan: (1) involved National Ministries of health, education, water and sanitation, housing and agriculture and local governments, as well as NGOs, civil society and private bodies; and (2) integrated a number of programmes including conditional food transfers, improvement in Watsan infrastructure, improved food production, better care for children and women of child-bearing age, literacy and nutritional education.

Apart from the need for high level political and administrative commitment, key lessons from a review (Join up, Scale up, 2011) of such initiatives include:

- Community participation is essential for the design of integrated programmes that respond to ground realities, and thus increase programme uptake and sustainable impact
- Integrated, cross-sectoral approaches more closely reflect and respond to the determinants of poverty and disease
- High-quality integrated programmes can prove cost-effective for donors and secure efficiencies for policy-makers
- Funding integrated approaches at community-level demonstrates what works and generates learning to inform national plans and scale-up strategies

Coordination between health and health influencing sectors

Health-enhancing sectors are typically under the purview of their respective line ministries and departments with independent institutional structures, plans, budgets and human resources. A key challenge is effective coordination to ensure better health outcomes. Options for improved coordination range from establishing dedicated structures at the senior most levels and a common plan to operational initiatives such as provision of flexible funds to address funding gaps between sectors, identification of common "hot spots" for greater attention, shared targets, joint reviews/ supportive supervision by staff from multiple sectors, etc.

V. INVESTMENTS AND IMPACT

Investments would need to be made at international, regional, national and sub-national levels in a number of areas including civil service reform, partnerships, costed national health plans, coordination with health influencing sectors and management of innovations. This would be by way of: (1) advocacy and multi-stakeholder dialogue processes; (2) research to generate necessary evidence; and (3) technical assistance, capacity building, and programme management support.

Monitoring progress

The resultant impact would be substantial, since leadership and partnerships would influence all aspects of the Global Strategy. Progress towards sustained effective leadership and partnerships could be tracked through process indicators (to be developed) for the following strategies:

SDG : 16.6 Develop effective, accountable and transparent institutions at all levels
<ul style="list-style-type: none">• Political and civil service reform (policy, implementation plan, budget allocation, and progress)• Advocacy (objectives, strategy, implementation plan, budget allocation and progress)• Strengthening of targeted institutions including those outside the purview of the government
SDG : 16.10 Ensure public access to information and protect fundamental freedoms
<ul style="list-style-type: none">• Information on impact of government institutions and programmes and disaggregated data, available in the public domain• Right to information (legislation and implementation effectiveness)• Whistleblower policy and protection
SDG : 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
<ul style="list-style-type: none">• Agreed costed national health plan with a common monitoring framework and well functioning coordination mechanisms
17.17 Encourage and promote effective public, public-private and civil society partnerships
<ul style="list-style-type: none">• Share of selected services delivered through PPPs and civil society partnership

V. IMPLEMENTATION CONSIDERATIONS

Recommendations for implementation plans

Implementation plans should be evidence-based, and explicitly address: (1) advocacy; (2) institutional strengthening (including civil service reform); and (3) effective management arrangements for partnerships (including multi-sectoral coordination) (4) innovations; and (5) multi-sector approach. Necessary emphasis should be provided by way of separate budget lines, dedicated staff and accountability arrangements. Further, these should be segregated in terms of global, regional and national levels. It would also be necessary to differentiate amongst LMICs in terms of level of development.

Implementation in different contexts

The principles of leadership and partnerships would apply across all contexts, although the degree of

emphasis would be country specific. In fragile and conflict settings, the challenge would be to ensure that apart from basic services, the need for partnerships and strengthening of relevant institutions are given sufficient attention in disaster management plans.

DRAFT

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Note: This is not a complete list of the working group members. This pre-consultation meeting was also attended by colleagues from the Russian Federation, USAID and development partners and will be updated.

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