

**PANEL TWO: Coordinating efforts for achieving the health-related Millennium Development Goals**

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WHO is committed to working with all partners to ensure greater coordination, to reduce transaction cost for countries and to align funding with country determined priorities. Our work with the World Bank, GAVI and the Global Fund on the implementation of the common health system funding platform, is based on the Paris Declaration and the Accra Agenda for action, and is anchored on the one plan one monitoring framework principle. The platform is fully in line with the stated objectives of the IHP+ partnership, to which all four agencies belong. Let me again reaffirm WHO's commitment to its coordination role in the Common Platform and to promote increased country ownership and leadership within the platform. As the Platform approaches its first birthday, it might also be time to start to expand the scope of the Platform beyond the three existing agencies - GAVI, the Global Fund, and the World Bank, to include other development partners involved in supporting countries' efforts to strengthen their health systems. (Nepal)

There is global consensus that joined up external support to national health strategies, policies and plans that are country driven and country owned is key for aid effectiveness.

In this regard, it was good to hear the G8 "reaffirm their commitments, including on ODA and enhancing aid effectiveness". And, a couple of weeks earlier, to see the EU renew its emphasis on coordination - on channeling more aid through nationally owned programmes, and increasing the predictability of aid. At WHO we were especially pleased that support for implementation of national health strategies through country systems was highlighted.

Dr. Margaret Chan, says: " If the provision of health care is perceived as funded and delivered largely beyond government control, how can national authorities be held accountable for failure to meet public expectations? How can positive results strengthen the population's confidence in its government and thus enhance political stability?"

But you may well be asking why this renewed emphasis on NHS. Indeed, most countries have had a national health plan of sorts for decades. So why? The context is different

- current debate on the alignment and harmonization around the NHS is substantial,
- the awareness that NHS must address the issues of the entire health sector, beyond health systems and beyond the public sector;
- the context of increasing domestic expenditure for health in low income countries
- the fact that health systems are not meeting people's expectations and the resultant increasing internal pressures on national governments.

At WHO, we believe that supporting the national health policy, strategy, plan development is the best way to ensure that priority health issues are addressed in a balanced manner. And - crucially - that there is coherence between health strategies and the capacity of health systems to respond to health problems. It strengthens alignment between national

health planning and specific program planning cycles and helps synchronize national health plans, national financial policies and donor inputs. And it offers the best way to help countries increase cost efficiencies at domestic level too.0

My fellow panelists have made some perceptive and pertinent points about the way support is organized that I do not want to repeat.

I want to focus on what we need to do to support countries to develop robust national health policies, strategies and plans which can be implemented.

This year, around 70 countries worldwide enter new phases of their national health planning cycles. This provides an opportunity for all of us to help them work out what needs to be done to improve health outcomes, and how to do it.

Let me highlight five ways we can help.

One is to contribute to a robust and comprehensive situation analysis - that involves all players in identifying what the problems are, and what resources are available. This is the cornerstone of any coherent health strategy.

Closely linked to this is helping countries better translate national priorities into detailed resource plans. So they can quantify requirements in terms of people, equipment, institutions, infrastructure etc., and better translate these resource plans into their budgetary implications. One major problem in the past has been the mismatch between plans and resources. The Joint UN Costing Tool, to be piloted this summer, will be important here.

A third is to help develop more systematic approaches to policy dialogue. Broad, inclusive policy dialogue is vital. It cannot just be a one-off consultation. It must be an integral part of any process. And it must involve players outside the health sector.

Doctors can't reduce numbers of road deaths on their own - the transport people have to play their part too.

The UNDAF process is vital to this - providing joint, cross-sector, inter-agency UN support for countries' development priorities. This is also important for the Secretary General's initiative on the Social Protection Floor, an initiative for which WHO is co-organizer with ILO.

Fourth, we can do more to ensure coherence between national health strategies and the operational plans of disease or issue-specific programmes. The JANS tool and structures like IHP+ and the Common Funding Platform are important to making both these things happen.

Fifth, we need to increase investment in monitoring and evaluation of how national health policies, strategies and plans are implemented.

This sounds a lot. But a lot is already happening. The challenge now is to pull together the bits and pieces and make coordinated planning and implementation so normal that we stop talking about it and just do it!

I want to acknowledge and endorse what my fellow speakers have said.

There can be no doubt that new financing mechanisms are critical for achieving health. The health sector has clearly been a pathfinder for innovative financing - IFFim, UNITAID etc.

And WHO has played a part in making the new schemes a reality, and in supporting countries in accessing new funding.



But, the challenge is both to find and "grow" new ways to fund health, and to look for new ways to make that funding go further - what our UNAIDS colleagues call "making the money work".

This gives me the opportunity to do some advance promotion for the new World Health Report. This outlines a series of practical steps all countries can take to find more money for health and to get more health for the money. And - something I personally think really important - it has deliberately been written for public health experts - not for health economist or financial experts. It will be coming your way at the end of November - just in time for Thanksgiving!

The first step is for countries to make a policy decision to move towards universal access - to ensure that everyone has equitable access to quality health services - without suffering financial hardship.

The second is to accept that the only way to meet this goal is to base it on pooled pre-payment approaches that use tax based and/or insurance based mechanisms.

Again and again we see that charging users at point of service doesn't work: it is inefficient, ineffective, and inequitable. Worst of all, it means that many people are simply unable to use health services at all. Just think how many more women would survive childbirth if they could afford to pay for a skilled birth attendant. External support for health financing should support these approaches - and not set up parallel funding streams.

The third is to improve efficiencies - both at domestic level and in terms of international assistance. We all know that there are more partners and agencies implementing programmes in health than in any other sector. This has too often been uncoordinated.

And we all know what that this has led to - duplication of efforts, fragmentation of care, high transaction costs, poor alignment with national priorities and capacities, and unpredictable funding for a sector with high recurrent costs.

These are the very problems the Common Platform and the International Health Partnership Plus were set up to address.

Finally, the achievement of better health, the attainment of the MDGs and the country's ability to respond to the many health challenges which confront it now and in the future, demand a coordinated approach among all stakeholder including the donor community and development partners, with the country fully in control. But it requires that all of us are willing to be coordinated.

Thank you.

