

MAPPING HEALTH RESOURCE PARTNER INSTITUTIONS (HRPI):

Modeling a sustained approach for strengthening health
governance and stewardship in low-income countries

Merged Report of the Five Country Study and Action Plan
from the Meeting Deliberations held on 21st March 2012



**African Center for Global Health
and Social Transformation
(ACHEST)**

www.wachest.org

Kampala, Uganda – September 2012

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Funding Partners

The Rockefeller Foundation
NORAD

**Mapping Health Resource Partner Institutions (HRPIs):
Modeling a sustained approach for strengthening health
governance and stewardship in low-income countries**

Foreword

The global study on supporting the leadership of Ministers and Ministries of Health and its report “Strong Ministries for Strong Health Systems”, undertaken by ACHEST and the NYAM recommended that countries develop effective governmental and non-governmental Health Resource Partner Institutions (HRPIs) to support health system stewardship and governance functions of the ministries of health. The study pointed out the importance of organizations both in and outside of government that can provide needed expertise and resources to ministries of health. The study noted that every country needs to cultivate and grow a critical mass of individuals, and institutions that interact regularly among themselves and with their governments, parliaments, and civil society as agents of change, holding each other and their governments to account, as well as providing support. These include professional associations, national academies of medicine and science, universities, free standing think tanks, research and development organizations, business, private sector, NGOs and the media.

As a first step towards marshaling the HRPIs in the countries, a protocol and framework for mapping HRPIs, other governmental agencies and non-governmental organizations was developed and implemented in five countries namely Kenya, Malawi, Mali, Tanzania and Uganda. The purpose of these mapping studies was to identify and characterize HRPIs active in countries as a prelude to understanding how best they can work better with their respective governments especially the Ministries of Health to advance health system governance in sub-Saharan Africa in particular. As can be seen in the detailed country reports, it was found that while many such institutions were found in all the countries studied, they were strong in some countries and are used effectively by MOHs. In other countries, they were weak and rarely worked with the governments. In all countries these institutions need to be strengthened to provide the level of intellectual and human resources necessary to support effective health systems performance and governance. Ministries of health on the other hand were in some cases seen as insular and reluctant to collaborate with HRPIs.

During the 2nd Congress on Health Systems governance in March 2012, all the five countries presented and discussed their respective mapping study reports. It was unanimously agreed and recommended that all the five countries and ACHEST: 1) Develop mechanisms to link the work of HRPIs to Ministries of Health in order to utilize their expertise. 2) Make arrangements to develop the capacity of HRPIs so that they can play support roles to their governments more effectively. 3) Develop a new tool to be used for modeling a stronger working relationship between HRPIs and MoH as the next steps in implementing these recommendations. 4) The reports of the five countries to be widely disseminated. 5) Modify and adapt the mapping tool for use by other countries in mapping and collaborating with HRPIs.

We would like to recommend these reports to all who those who grapple with strengthening health systems in LMICs and welcome comments on the reports and are available to engage in further dialogue on how this stream of work can contribute to the achievement of better health outcomes.

In conclusion we wholeheartedly thank the Rockefeller Foundation, the government and people of Norway through NORAD for the financial grants that made it possible for this work to be undertaken.

We also thank the governments of Kenya, Malawi, Mali, Tanzania and Uganda for their willing participation in the study and commitment to strengthen their respective health systems.



Francis Omaswa

Executive Director

African Center for Global Health and Social Transformation (ACHEST)

Acknowledgement

I would like to acknowledge the support of my colleagues at ACHEST who provide valuable insights and supported this work in various ways. In this regard I would like to recognize the tireless efforts of Ms. Solome Mukwaya and initial contribution of Dr. Sam Okuonzi, former research fellow at ACHEST. This work benefited immensely from the critique of the Second African Health Systems Governance Congress which took place in Kampala, March 2012.

ACHEST is singularly grateful to our development partners namely Rockefeller Foundation and NORAD for the generous grants and encouragement that enabled this work to be carried out.



Dr. Peter Eriki

Director of Health Systems

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Executive Summary

These mapping studies are a follow up to the report and recommendation number three [that countries should develop effective governmental and non governmental health resource partner institutions (HRPI) to support the health system stewardship and governance functions of the ministry of health] of the study on supporting ministerial leadership, “Strong Ministries for Strong Health Systems” (www.strongministries.org). Interviews with Ministers of Health and other country based and international health leaders strongly pointed out the importance of organizations both with in and outside of government that have the potential to provide needed expertise and resources to ministries of health. The study report noted that every country needs to cultivate and grow a critical mass of individuals, groups and institutions that interact regularly among themselves and with their governments to demand accountability, as well as provide support to their governments. These were collectively called Health Resource Partner Institutions (HRPIs), and would include professional associations, national academies of medicine and science, universities, freestanding think tanks, research and development organizations, business, private sector and NGOs, all of which can work with ministries to create a culture of evidence based policy and practice and hold each other as well as their governments to account.

ACHEST received a grant from the Government of Norway through NORAD to implement Recommendation 3 cited above. The recommendation is about mapping out and studying national HRPIs so as to develop a model for strong health governance and leadership using HRPIs. Five African countries, (Uganda, Mali, Kenya, Malawi & Tanzania) were identified in a transparent way as appropriate and suitable for taking this work forward. It was proposed that a Mapping study in these countries be undertaken. The purpose of these studies was to identify and characterize HRPIs available in countries in order to provide the necessary knowledge and understanding to involve them with the Ministry of Health (MoH) so as to advance health system governance in sub-Saharan Africa in particular.

The five selected countries conducted the studies. Each of them reviewed the existing Health Resource Partner Institutions and selected those to be studied in detail using the agreed research protocols.

In Uganda twenty-nine HRPIs were studied in detail via questionnaires and interviews when possible. Selected institutions were targeted for study in detail, most based in Kampala, Uganda’s capital, and focused on issues of health policy, human resources for health, and advocacy. Twenty percent of the HRPIs in the study received funding from the national government (via the MoH or other government institutions) and additional funding from consultancies and fees for services rendered. All of the HRPIs in this study received a large part of their funding from external sources, however, most still lacked adequate funding for their activities.

A majority (86%) of the HRPIs collaborated with national universities, the most common being Makerere University College of Health Sciences - School of Public Health (MUCHS-SPH). Thirty-eight percent of the HRPIs in the study had links with foreign governments and 52% with bilateral and multilateral organizations. Eighty-five percent (85%) of institutions reported engaging in health policy development, mainly through participation in policy forums on research, analysis and policy development.

HRPIs expressed frustration with the lack of direction and support when working with the MoH. Specific issues cited by HRPIs were weak leadership, poor coordination and management, lack of accountability, negative staff attitudes, and inadequate resources. Several HRPIs did, however, acknowledge their own lack of capacity and resources and the need for better management skills within their own institutions.

In Mali the mapping of Health Resource Partner Institutions (HRPIs) produced important insights into their strengths, weaknesses, and impact on the stewardship and governance capacity of the Ministry of Health (MoH). The recommendations stemming from this study can, and should, be implemented through tangible actions, including good governance and reliable leadership; stronger human resource development policy; better access to funding and good healthcare; and, stronger involvement on the part of all stakeholders by harmonizing actions and supporting mutual accountability and responsibility.

Specific recommendations regarding management issues focus on improving the operation of the MoH’s Human Resources Directorate and strengthening the national policy for human resource development. Study respondents recommend that to avoid the politicized management of human resources, managers and staff in the MoH should receive decent salaries and benefits. Strengthening the development,

implementation and monitoring of national health policy is also necessary for both HRPIs and the MoH. Health policies, norms, and procedures should be widely disseminated and understood by all stakeholders to ensure the harmonious implementation of the national health policy. In addition, the roles of the actors involved in policy implementation must be clearly defined and the regulatory framework for public and private interventions in the health sector must be improved, in part by training all stakeholders in terms of the sector-wide policies and the decentralization process.

Other recommendations resulting from this study are to improve health sector coordination, improve the research capacity of the health sector, and increase resources to the health sector by identifying additional sources of funding and developing mechanisms for improved resource mobilization. Building the leadership and governance capacity of the MoH is highly recommended as it the increased involvement of Civil Society Organizations (CSOs).

In Kenya, the mapping of Health Resource Partner Institutions (HRPIs) is part of a wider study being carried out in selected African countries to model a sustained approach for strengthening health governance and stewardship in low income countries. The African Centre for Global Health and Social Transformation (ACHEST) has facilitated this study in an effort to map out and examine HRPIs in order to understand them better and develop a strategy that will empower and provide HRPIs with appropriate capacity to support health system stewardship and governance. Ultimately, the study is expected to recommend models for strengthening the national health stewardship and governance using HRPIs.

In Kenya, 21 HRPIs were listed for research but only 12 selected. Of these, 55% have locations outside Kenya. 33.3% of studied institutions are NGOs followed by 25% government institutions. 41.7 % of institutions are established by an act of parliament. Only one institution had 100% , own income otherwise all institutions had funding from government and bilateral institutions among others. All HRPIs had various partnerships/ networks with most (66.7%) networking with universities.

Some suggestions made in order to strengthen stewardship include involve HRPIs in current government structures, Faith based HRPIs would like government to invest in them focusing on service delivery, -think tanks thought that they should be involved when it comes to informing policy, management institutions suggested a more structured way of partnering with the ministry of health and development and implementing partners thought they should be more involved in issues of health financing and monitoring and evaluation.

Ultimately, the participating HRPIs recommended that the faith based HRPIs should focus on service delivery, think tanks thought that they should be involved when it comes to informing policy, -management institutions suggested a more structured way of partnering with the ministry of health, development and implementing partners thought they should be more involved in issues of health financing and monitoring and evaluation

In Malawi, the study like in the four countries, is a follow up to a previous study “strong Ministries and Strong Health systems” by the Africa Center for Global Health and Social Transformation (ACHEST) which recommended that countries should identify effective government and non-governmental Health Resources Partner initiative (HRPIS) to support the health system stewardship and governance functions of ministries of health.

To implement this recommendation, ACHEST commissioned a Multi country study involving Malawi, Kenya, Mali, Uganda and Tanzania to model a sustained approach to strengthening health governance and stewardship in low income countries.

All HRPIs in the study expressed desire and willingness to partner with government in improving governance issues in the health sector by strengthening their own roles. For example training institutions indicated willingness to offer both short and long term training in health systems strengthening, different aspects of management as well using their skills to carry out any research that may be commissioned by the health sector. HRPIs that focus on general management indicated willingness to design specific courses in health governance if requested to do so. However, governance issues being a new area of concern, the HRPIs also expressed need to improve their own capacities in this area for them to play their roles

29 HRPIs were listed of which 10 were selected to participate in the study. All HRPIs are located in Lilongwe and Blantyre. 50% of the HRPIs are founded by government while the rest were funded by individuals and groups.

All technical areas seemed to have similar coverage among the HRPIs. Government institutions receive government funding but the funds are not enough to fulfill their mandates. Just like other institutions, they too source for funding from other sources mainly donors

HRPIs are involved in stewardship and governance through their participation in technical working groups (TWGs) set by the Ministry of Health to promote transparency and accountability in health service delivery. They also facilitate trainings organized for Board members or committees among others.

All HRPIs in the study expressed desire and willingness to partner with government in improving governance issues in the health sector by strengthening their own roles

To strengthen stewardship and governance, HRPIs suggests documentation and dissemination of information, good and evidence based health governance practices to HRPIs and other health sector players, support be provided to the development of capacity of HRPI to play an active role in addressing health governance issues and finally, support be provided for the creation of a conducive environment where health sector players from both public, private and civil society work together to promote good governance in health service Delivery

In **Tanzania**, as a follow up to the study, **“Strong Ministries for Strong Health Systems”**, a study was done in Tanzania as part of an international study, to identify and characterize such organizations, termed as Health Resource Partner Institutions (HRPIs), in terms of what they are, their areas of focus and the way they work and interact with the ministry of health and among themselves. Their contribution towards development of governance and stewardship of the health sector was also assessed. The outcome of the study would be to design a mechanism for involving them more effectively with the Ministry of Health and Social Welfare so as to enhance health and health systems governance and stewardship.

41 HRPIs and their contact addresses were identified by the principal researcher, basing on his knowledge and through consultation with heads of department at the MoHSW and the Health Resource Secretariat at the Ministry which coordinates meetings of the Ministry with development partners and stakeholders. Such meetings include the Annual Joint Health Sector Review, SWAP Meetings, and Basket Fund Committee Meetings. Another source of information was coordinators of the 13 TC SWAp Technical Working Groups of the MoHSW. More information of the HRPIs was sourced from their websites.

20 out of the 41 HRPIs identified were studied in detail. Data was collected during the second week of November 2011 through the second week of January 2012. The questionnaire was sent by e-mail to some HRPIs while others were visited for face to face interview by the researcher. The information was coded and data analyzed using Microsoft Office Excel 2007.

The study found out that, the 20 HRPIs that were studied in detail, have been established for many years, they are legally established entities, established either by law or registered as NGOs with the Ministry of Home Affairs and have well established governance structures.

The HRPIs studies were involved in key areas of governance and stewardship such as health policy development, health systems research, monitoring and evaluation, human resources, health financing, economic policy, trade and health, and policy advocacy. They have been involved by the Ministry in policy and legal review meetings, and in SWAp TWG, PER and the JAHSR meetings. Apart from interacting and working with the MoHSW, they have been interacting with the Parliamentary Groups for legislative issues, and among themselves in areas of common interest. The HRPIs studied have been assessed strong and can be relied upon in their specific areas of interest.

The major areas of frustration of HRPIs were that, the Ministry has not established and communicated a formal mechanism for their involvement and there is no seriousness in implementing the PPP strategy. Information sharing between the Ministry and HRPIs is not adequate and the Ministry has at times been unresponsive and that they would like to see more implementation and outcome of developed policies and strategic plans.

The conclusion of the study is that, HRPIs play a crucial role in governance and stewardship of the health sector. Identifying them, recognizing their work, supporting them and building mechanisms for collaboration and networks for information sharing are crucial if the government is to effectively utilize the great potential that HRPIs possess.

Key recommendations:

- Foster stronger formal partnership between HRPIs and MoH.
- Create greater understanding and recognition of the role HRPIs can, and do, play in the work of the MoH.
- Create a culture of locally driven research and evidence that is shared and used to inform policy.
- Improve management and leadership skills and build the capacity the MoH and HRPIs.
- Significantly increase funding and resource mobilization.
- Establish or identify MoH department that is devoted to defining the involvement of HRPIs in implementing health plans, namely the Health Sector Strategic Plan (HSSP).
- Develop clear input and output indicators and plans to strengthen identified areas of weakness among HRPIs and within MoH.
- Other recommendations resulting from the studies are to improve health sector coordination,
- improve the research capacity of the health sector,
- Increase resources to the health sector by identifying additional sources of funding and developing mechanisms for improved resource mobilization.
- Building the leadership and governance capacity of the MoH, and increasing involvement of Civil Society Organizations (CSOs)

Overall Outcomes from HRPI Meeting Deliberations

The General discussion provided the following as the way forward;

- Strengthening of institutions and governments is a key issues
- Countries' will to move forward can lead to the designing of a structured tool to be used for modeling a stronger working relationship between HRPIs and MoH
- There is possibility of expanding the study thus the group can work with ECSA, OCEA, EAC, SADAC and other RECs
- Work on HRPI has been welcomed and phase 2 should be designed for individual countries to work with ACHEST and the RECS
- Each country should update country reports as per meeting discussions
- Develop a mapping tool and a tool for the next steps(tool for implementing the recommendations)- share with the RECs and the countries that would like to go forward
- Improve reports with comments from the congress

Action Plan

1. Review/ finalize reports with comments from the congress (ACHEST and countries to complete reports) by July 2012 (complete the reports)
2. Disseminate reports of the five countries on a continuous basis thereafter (e.g. in Africa health journal etc)
3. Develop a tool for implementing the recommendations (Implementation plan for the 5 countries to implement the recommendations)
4. Modification and adoption of a tool for other countries to conduct the mapping
5. Mobilize resources for implementing the above recommended tasks

ANNEX 1: POWERPOINT PRESENTATION OF SUMMARY REPORT

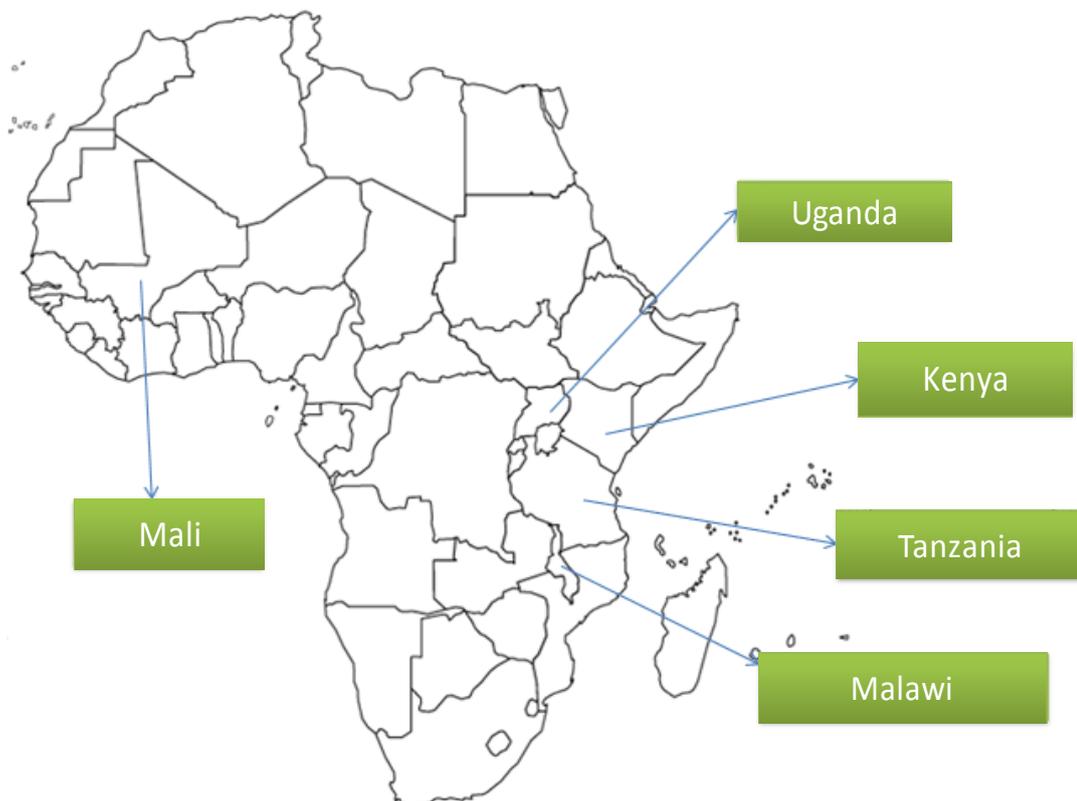
Partner Institutions (HRPIs):

Modeling a sustained approach for strengthening health governance and stewardship in low-income countries

**Synthesized Report
By**

**Dr Peter Eriki
Ms Solome Mukwaya**

Map showing the five countries



Background

- The mapping studies are a follow up to the report and recommendation 3:
“countries should develop effective governmental and non governmental health resource partner institutions to support the health system stewardship and governance functions of the ministry of health ”
- The mapping studies are a follow up to the report and recommendation 3:
of the study on supporting ministerial leadership
“Strong Ministries for Strong Health Systems”
- Every country needs to cultivate and grow a critical mass that interact regularly among themselves and with their governments to demand accountability, as well as provide support to their governments.
- ACHEST received a grant from the Government of Norway through NORAD to carry out this mapping activity
- Five African countries, (Uganda, Mali, Kenya, Malawi & Tanzania) were identified in a transparent way as appropriate and suitable for taking this work forward.

Purpose

- To identify and characterize HRPIs available in countries in order to provide the necessary knowledge and understanding to involve them with the Ministry of Health (MoH) so as to advance health system governance in sub-Saharan Africa in particular.

Objectives

- Identify and characterize the HRPIs;
Gain better knowledge and understanding of HRPIs, their activities, strengths and weaknesses, needs, and their impact on health stewardship and governance;
- Identify different methods by which HRPIs can strengthen health governance and stewardship; and,
- Recommend a model by which HRPIs could be facilitated to strengthen health governance and stewardship in the 5 countries.

Limitations and Assumptions

- It must be assumed that all institutions identified are, or have the potential to be, HRPIs.
- Lack of defined criteria of HRPIs, and absence of a register/source of HRPIs meant the number identified may not have been exhaustive;
- it is assumed these represent close to 80% of HRPIs existing in the countries.
- The hand-delivery of the questionnaire to the targeted top executives in the institutions was not successful in some settings and its completion by the intended recipient was only possible in half the cases.

Commonalities in the 5 countries

- Many HRPIs in each of the countries
- Many HRPIs in each of the countries
- Most HRPIs in all the 5 countries are strategically located in the capitals/ urban areas with a few having branches upcountry

- Most HRPIs have existed for over 10 years and have had time to build their capacities and structures.
- HRPIs interventions are within the boundaries of their countries

Commonalities in the 5 countries

- HRPIs account to their donors and not the individual ministries of health, making it hard to collate their activities
- Most HRPIs are legally established majority being public institutions/ founded by government
- While most of HRPIs are managed by a board of directors/ trustees, it is visibly at different strengths
- Most institutions in individual countries as well as across countries are focused in similar areas it is however not clear if they network with each other.
- In all countries there is minimal HRPI involvement in economic policy, trade and health.
- Economic policy trade and health seems to be the technical area least covered by the various HRPI in the different countries
- HRPIs are involved in almost all areas of governance

Model to Mainstream HRPIs

All models had one thing in common;

- Having structured ways of dealing with the ministry of health as the one way to have impact and to play a support role to Ministry of health.

Challenges

- No formal mechanism for involvement of HRPIs and there is no seriousness in implementing the Public Private Partnership strategy.
- Information sharing between the Ministries of Health and HRPIs is not adequate
- Ministries of Health have at times been unresponsive
- Inadequate capacity
- The absence of motivation/ appreciation of HRPIs

Common Suggestions on Strengthening Stewardship and Governance

The suggestions that cut across included:

- The government should involve HRPIs in their activities
- Build the capacity of HRPIs to play a support role to the ministry
- MoH to develop clear structures within which to work with HRPIs

Recommendations

- Foster stronger formal partnership between HRPIs and MoH.
- Create greater understanding and recognition of the role HRPIs can, and do, play in the work of the MoH.
- Create a culture of locally driven research and evidence that is shared and used to inform policy.

- Improve management and leadership skills and build the capacity the MoH and HRPIs.
- Significantly increase funding and resource mobilization.
- Establish or identify MoH department that is devoted to defining the involvement of HRPIs in implementing health plans, namely the Health Sector Strategic Plan (HSSP).
- Develop clear input and output indicators and plans to strengthen identified areas of weakness among HRPIs and within MoH.
- Other recommendations resulting from the studies are to improve health sector coordination,

Way Forward

- Sourcing more funding to expand the study to other African countries
- Share the findings with Ministries of health to take into action the recommendations

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