

What does country ownership mean to health?

When do projects integrate with programmes? Policy with good intent? Two experienced health specialists debate the sometimes subtle differences which can make the difference between long-term sustainability and short-term impact

Country ownership is now recognised as a critical element of successful development projects. In most cases, aid and technical assistance alone are not effective or sustainable if administered without engaging the project's stakeholders – an essential step for ensuring good political will, local commitment, and successful handover when the project is complete.

The most well-planned and well-intentioned programmes will fail if they lack buy-in from key stakeholders, or will falter after completion if there is no clear exit strategy. This is particularly true for health projects, for which the smooth transition to full government control is crucial to maintain health outcomes and continue successful interventions. As donor appetite for funding long-term projects shrinks, a focus on stronger local ownership has become a fundamental piece of effective transition plans.

Based on their experience with challenging health and governance development projects, Crown Agents experts Toby Arul-Pragasam and Muchaneta Mwonzora discuss how to build effective country leadership into successful health transformation programmes.

How do you define country ownership?

Muchaneta Mwonzora:

In my experience country ownership exists when the government has sufficient will to effectively implement and monitor projects, especially when the source of



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funding or technical support is coming from external sources. It coalesces when the external partner(s) has taken the time to understand the country background and vision, even when this vision is not well articulated due to lack of capacity. It is fostered when the government is involved in design and the project has a clear lifecycle that includes an agreed time for the government to take control financially and technically.

Sustainability must be woven through the tapestry of the project by alignment with country systems and a clear exit strategy should be agreed at the start of the project.

Toby Arul-Pragasam:

It also means allowing the country to guide its own development path, albeit drawing on expertise and experience from development partners. It means building the capacity, including within the executive, parliament, civil society, and any other parts of the governing system, to be able to adopt the changes brought about by the project and operate with some level of autonomy in delivering the services in the future.

Why is country ownership important for health projects?

Toby Arul-Pragasam:

Engaging the government and other local players is more likely to deliver a sustainable project in both the short- and long-term. In the short-term, projects are highly unlikely to be successful without involving those people who best understand the challenges – either the beneficiaries themselves, ministries of health at different levels of government or civil society organisations. Without country ownership at an early stage, more often than not there will be active and passive resistance to the project.

Muchaneta Mwonzora:

Health issues are on-going whilst projects come and go. Ensuring project strategies are aligned to national systems is particularly important where issues of national medicines policy and therapeutic failures come into play. Before people are placed on treatment the sustainability of the action must be weighed, since unceremoniously removing some will have global repercussions (e.g. ARV-resistant HIV strains).

The nature of health sector is such that line ministries, local government and departments are critical for service delivery. Health is a social good, and keeping

people healthy is seen as a critical function for both national and local structures. It is important for the government to have a clear role in such a major public service. Without this, these cadres may not effectively implement projects that are not aligned with national systems and priorities, leading to complicated and often wasteful parallel structures.

What does country ownership look like in practice?

Toby Arul-Pragasam:

Tailored programmes are the most effective, so country ownership will look different depending on cultural context and the level of development. Not all countries are ready for the same level of autonomy, but the goal should always be to move iteratively towards country owned and country led. Projects should be implemented differently to create the most appropriate level of country ownership, ranging from basic information sharing, to joint planning, joint implementation or, in some cases, recipient country-led implementation. The chosen approach needs to take into account a number of factors including capacity, culture, political economy and fiduciary risk.

Muchaneta Mwonozora:

Where a country has a clearly articulated vision and strategy, partners' long-term focus should be helping make the vision a reality. When there is country partnership, there is a holistic approach to project implementation across sectors of the government with partners and government working within country systems. There is no 'our' and 'their' project mentality. When a country has not yet reached the stage of development where there is a common policy framework, external partners should look to harmonise their activities with a view to increasing the capacity of the country – both human and institutional.

What are challenges for implementing programmes with country ownership?

Muchaneta Mwonozora:

Countries influenced by politics can put their own agenda before the international or country-specific agendas, creating obstacles for projects that benefit parts of the population they may not want targeted. Cultural beliefs may also play a role in project failures, such as promoting condom use in apostolic faith sectors.

Failing to recognise country-specific needs also prevents progress. The women of a country may spend most of their time pregnant or child rearing because of the country-specific high fertility rate, yet there is no funding for family planning and plenty for 'popular' diseases such as HIV/AIDS, TB, and malaria. Country ownership will ensure that not only short-term objectives – which allow partners to tick a box – are realised but also long-term goals.

Toby Arul-Pragasam:

Donors may also be concerned about the fiduciary risk of country ownership, particularly if funds are placed in recipient government hands. These concerns can be managed through direct funding of facilities and

through independent verifications, both of which we are doing on the HSF project in Zimbabwe.

What is an example of this working successfully?

Muchaneta Mwonozora:

One is the consortium of National Pharmaceutical Company of Zimbabwe (NatPharm) and Crown Agents, which was created to ensure secure and sustainable supply chains for maximum access to vital pharmaceutical commodities without undermining existing supply chain efforts. Formed to conduct procurement and supply chain management for Global Fund, the consortium shared offices and developed procedures and plans together – allowing NatPharm to learn by doing. There was a clear inception phase, continuation phase and exit strategy, and Crown Agents personnel were removed gradually with all documentation, systems, and records becoming the property of NatPharm at the end of the consignment.

Toby Arul-Pragasam:

On the Zimbabwe Health Services Fund (HSF) project, Crown Agents is working to improve maternal, newborn and child health through a programme funding health facilities in 43 districts. Although funds are being transferred directly to facility accounts, the day-to-day financial management, tracking and supervision happens within existing Ministry of Health and Child Welfare (MoHCW) systems and processes. In addition, MoHCW co-chairs the Steering Committee that oversees the project's operations, giving it formal control of activities. There is also an effort to link results-based financing in several ministries in order to work across government sectors.

HSF is fully aligned with the PFM Act and with the results-based management approach of the government. Ultimately, developing country ownership in these ways is helping to deliver a better project in the short term, whilst also strengthening processes, systems, and capacity for future operations. There is no point in creating shiny, perfect parallel systems which are parachuted in for 3 years and then disappear when donor funding ends. There's more to country ownership than building capacity and transferring control – it requires putting the government in the driving seat and ensuring that they have the ability and political will to take responsibility for keeping people healthy.



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