Report of the WHO technical workshop on addressing cross-programmatic inefficiencies in the WHO African Region, 7–9 June 2022

World Health Organization

RESULTS FOR DEVELOPMENT

Report of the WHO technical workshop on addressing cross-programmatic inefficiencies in the WHO African Region, 7–9 June 2022

World Health Organization

RESULTS FOR DEVELOPMENT

Report of the WHO technical workshop on addressing cross-programmatic inefficiencies in the WHO African Region, 7–9 June 2022

ISBN 978-92-4-006421-8 (electronic version)
ISBN 978-92-4-006422-5 (print version)

Design and layout by Phoenix Design Aid

Contents

Acknowledgements

This meeting report is the product of a collaborative effort by the WHO Health Financing Team, Results for Development (R4D) and the Strategic Purchasing Africa Resource Center (SPARC). This report is part of an overall programme of work related to the Cross-Programmatic Efficiency Analysis (CPEA), which documents key themes and learnings emerging from a virtual Workshop held on 7–9 June 2022 for cross-country learning on how to address inefficiencies across health programmes within the overall health system.

This document was led by Heather Viola (R4D), Alexandra Earle (WHO), Susan Sparkes (WHO), Agnes Munyua (R4D), Naomi Gaspard (R4D), Diane Karenzi Muhongerwa (WHO), Juliet Nabyonga (WHO) and Kingsley Addai Frimpong (WHO), with inputs from Brendan Kwesiga (WHO), Ahamada Msa Mliva (WHO), Maximillian Mapunda (WHO), Sunny Okoroafor (WHO), Francis Ukweije (WHO), Sosthene Zombre (WHO) and Cheickna Toure (R4D). We appreciate all the panelists, speakers and participants at the three-day workshop who generously shared their country experiences that enrichened the content of this report.

WHO acknowledges funding support received from Gavi the Vaccine Alliance, the Global Fund to Fight Aids, Tuberculosis, and Malaria, the German Society for International Development (GIZ) and SPARC. Their support has been instrumental to prepare and deliver the three-day workshop, as well as to support the programme of work around the efficient delivery and financing of priority health services, programmes and functions.

Executive summary

The Cross-Programmatic Efficiency Analysis (CPEA) diagnostic approach, developed by WHO, detects inefficiencies resulting from the way in which health programmes and related services are articulated within the context of the overall health system. This approach helps to identify and address duplications, misalignments and overlaps between shared functions that are common across specific health programmes. To-date, the CPEA diagnostic approach has been applied in more than 13+ countries world-wide. CPEA has informed data-driven country dialogue across programme- and system-components around specific areas for improved integration and coordination to improve efficiency and enable health outcomes.

The World Health Organization Headquarters Health Financing Team and the WHO Regional Office for Africa, with support from Results for Development (R4D) and the Strategic Purchasing Africa Resource Centre (SPARC), hosted a three-day virtual workshop between 7–9 June 2022. The workshop convened a diverse set of stakeholders, primarily participants from seven countries in the WHO African Region who had conducted a CPEA assessment: Comoros, Côte d'Ivoire, Ghana, Kenya, Nigeria, United Republic of Tanzania and Uganda. It also included WHO colleagues from country, regional and headquarter offices, civil society organizations and development partners (such as GIZ, Global Financing Facility, Global Fund and Gavi) to discuss key findings, with a focus on sharing the constraints, mechanisms and opportunities to addressing inefficiencies experienced since CPEA analyses were conducted in each country.

The primary objective of this Technical Workshop was to enable learning and collaboration across countries in in the WHO African Region that have conducted a CPEA to facilitate real and sustainable policy progress to target and resolve inefficiencies. The findings from CPEA have implications for many stakeholders, budget areas, service delivery platforms and overall system organization. For this reason, addressing cross-programmatic inefficiencies can be both technically and politically challenging.

The main outputs of the workshop include: (1) this summary workshop report synthesizing the findings and messages related to the WHO African Region's CPEA implementation, including both the cross-programmatic inefficiencies identified as well as mechanisms to address them and (2) country-specific briefs towards addressing identified inefficiencies. As with the CPEA work implemented in each of the countries represented, this workshop was by no means the end of any process. Rather it provided an important waypoint – to reflect on the findings and provide space for cross-country engagement and learning.

Key themes and learnings

- **While each country context is different, undue fragmentation across health programmes in all countries constrain progress towards Universal Health Coverage (UHC).** Over the three days, attendees learned that there are a lot of shared experiences that can be leveraged to address identified inefficiencies. These experiences are reflected in both the common contexts as well as common trends in the kinds of inefficiencies observed, such as fragmentation in governance and coordination, resources and inputs and disjointed financial flows. Many countries are also facing these challenges in the context of underlying transitions in the health financing landscape, which gives rise to greater pressure to achieve value for money in their health investments.

"The workshop was enjoyable and allowed us to learn from countries. We shared our experiences on the delivery of services and the IT services, governance and responsibility accountability. We will ask for more engagement from the authorities and on financing, and acceleration of the implementation of reforms especially within the hospitals and pharmaceutical sector. We also built a solid roadmap and insisted on the priority action we need to strengthen and pursue the operational benefit planning within the health districts and improvement of resource mobilization."

– Côte d'Ivoire Representative

"We benefited from the sharing of experience from other countries which allowed us to better follow the rules around CPEA and realize that our problems are similar to other countries…We have defined certain actions according to recommendations especially the reviewing the development of certain set of activities on the reform of the health sector and we are ready to review and revise the roadmap and work under the development of the health plan."

– Comoros Representative

- **CPEA can be institutionalized as a lever to improve efficiency across health programmes and integrate health system reforms.** In order to address cross-programmatic inefficiencies, participants found alignment in their commitment to CPEA as a lever that can be institutionalized and integrated with other health system reform efforts. Best practices shared by countries included using country-led processes to align domestic and external resources around a common national plan and consolidating supply chains and other input functions.

- **Addressing CPEA inefficiencies requires both technical expertise and political commitment.** Countries emphasized the significance of the political as well as technical components of inefficiency challenges. The need was emphasized to address these inefficiencies with greater political commitment from country leadership, enhanced mechanisms and tools for coordination and accountability and to make use of political economy analysis to ensure diverse stakeholder perspectives and underlying structural legacies are reflected within policy formulation and reform initiatives.

- **Coordination is critical both vertically (across levels of the health system) and horizontally (across programs and sectors).** Fully realized and functional coordination mechanisms, particularly at the subnational level, can have multiplier effects throughout the system. Such processes are inherently long-term endeavors, requiring enduring commitment and investment as well as robust, data-driven mechanisms to ensure accountability to progress.

- **A single, unified, and well-connected national plan is one clear mechanism to bring coherence and accountability across the system and provide a platform to address cross-programmatic inefficiencies.** Importantly, this plan should be data-driven and incorporate donor and other external resources for coherence and coordination across the sector. Planning should additionally respond to a people-centered vision to address individuals' cross-cutting health needs with supportive functions such as financing and accountability mechanisms that are designed and established to support these efforts. This process should involve not only national level stakeholders but needs to consider the inputs and need for collaboration from service delivery upwards.

Next steps

The following next steps reflect actions that WHO is committed to undertake to progress the CPEA programme of work. They will be complemented by country-tailored follow-up and engagement, building off the workshop discussions:

1. **Continue to build the evidence base** on the quantitative aspects of addressing cross-programmatic inefficiencies – this includes demonstrating the implications of addressing cross-programmatic inefficiencies to reduce health systems costs and improve health systems outputs.
2. **Share experiences of countries that have successfully navigated the complex political dynamics** of addressing cross-programmatic inefficiencies for other countries to learn and benefit from.
3. **Build capacity at both national and subnational levels** on how to institutionalize and use CPEA as a lever to improve efficiency.
4. **Convene policy dialogues across Ministry of Health leadership** to elevate issues discussed during the workshop to build political momentum and buy-in towards addressing cross-programmatic inefficiencies. Policy dialogues would also include key partners.
5. **Support more in-depth country specific CPEAs**, whether new analyses, building off existing analyses, or as part of other ongoing assessments, to continue to build knowledge and understanding of cross-programmatic inefficiencies and related reform needs globally.

01. Background

The Cross-Programmatic Efficiency Analysis (CPEA) diagnostic approach, developed by WHO, detects inefficiencies resulting from the ways in which health programmes and related services are articulated within the context of the overall health system. The intention of this approach is to identify and address duplications, misalignments and overlaps between shared functions that are common across specific health programmes. CPEA is built on the functional approach to health systems which was introduced in the World Health Report 2000. It explains that all health systems – and relatedly, all health programmes – fulfil four basic functions (service delivery, financing, input generation and organization[1] and stewardship/governance) to produce outputs that lead to health system outcomes. The specifics of the CPEA approach are further delineated in the WHO guidance document, "*System-wide approach to analysing efficiency across health programs*."

Through its application in 13+ countries to-date around the world, analysis and data-informed dialogue has been built around specific functional areas for improved integration and coordination to improve efficiency and enable outcomes. Building from this foundation, the CPEA work programme continues to focus on country support, as well as cross-country learning and dialogue. It leverages experience to-date to enable CPEA to serve as a critical bridge between the overall health system and individual health programmes. This bridge is important not just to improve the efficiency with which resources are used across the system to maximize outcomes, but also to enable a more sustainable investment approach overall.

Building on this need for cross-country learning and dialogue, a technical workshop was held on addressing cross-programmatic inefficiencies, which convened seven countries in the WHO African Region who had previously completed a CPEA (Côte d'Ivoire, Comoros, Ghana, Kenya, Nigeria, United Republic of Tanzania and Uganda). The facilitation of the virtual workshop took place between 7-9 June 2022 and was carried out jointly by WHO Headquarters, WHO Regional Office for Africa, WHO Country Offices and Results for Development (R4D) in partnership with the Strategic Purchasing Africa Resource Centre (SPARC), a resource hub hosted by Amref Health Africa.

The workshop brought together over 100 key stakeholders from ministries of health from each of the seven countries (including programme- and system-level focal points), WHO staff members from country, regional and headquarter offices, civil society organizations and other relevant partners, including GIZ, Global Financing Facility, Global Fund and Gavi counterparts.

Workshop objectives were to:

1. Synthesize and share lessons learned from the application of CPEA in the WHO African Region to identify key opportunities and constraints to addressing identified inefficiencies, including targeting the root causes of constraints (such as governance, healthcare financing, etc.);
2. Reflect on the implications on the CPEA analyses for the on-going COVID-19 response, in particular the rollout of vaccines, therapeutics and related services, with a focus on alignment and sustainability; and
3. Develop targeted roadmaps to address inefficiencies in each country.

Each day, the workshop agenda was divided into two segments:

1. **Plenary sessions providing global insights into key issues around cross-programmatic efficiency:** speaker presentations, roundtables and panels and country spotlights to speak to trends, findings and targeted mechanisms to address inefficiencies within the region; and
2. **Parallel country breakout sessions** to foster experience and knowledge sharing within and across countries focusing on how the CPEA findings can be translated into policy and action.

This meeting report reflects on key themes and learnings from plenary sessions and includes country-specific briefs to reflect the detailed discussions held during breakouts sessions.

1 This function can include human resources development and distribution, facility quality and capacity, information systems, data systems, laboratories, supply chain, procurement, distribution, stocks at facilities, and trainings.

02. Meeting report

Workshop key messages

Context

Undue fragmentation across health programmes constrains efficiency and impacts country progress towards universal health coverage (UHC). While health programmes target interventions for specific diseases and populations, this approach has been reinforced in many low- and middle-income countries, and heavily influenced by the predominance of donor funding targeting priority health areas. The short-term nature of grants and pressure to deliver results within these vertical organizational arrangements largely leads programmes to perform autonomously from one another to achieve specific programmatic objectives. While well-intentioned, fragmentation across health programmes can undermine overall progress towards UHC by inefficiently utilizing resources and undermining overall service and population coverage. This can weaken health systems through the creation of parallel structures, competing incentives, duplication of activities and efficiency losses.

The financing landscape for health is changing rapidly, requiring countries to seek greater value for money[2] in their health care investments. This is concurrent with transition away from continued investment of major health donors in priority disease programs, as countries move towards middle-income status. Over time, the responsibility for funding many health programmes will continue to shift towards domestic, public sources in an already constrained financial environment for health. Maintaining discrete vertical programmes all with distinctive organizational arrangements and supportive functions is neither sustainable nor aligned with countries' strategic objectives towards greater health system equity, quality and efficiency.

"External aid – although fragmented – represents an important share of the pooled resources [in Nigeria]. Getting greater efficiency under Ministry of Health leadership will help strengthen the credibility of health authorities in their interactions with different funders in the system …and may in turn help address what's still the central concern from our perspective: the high level of Out of Pocket Spending (OOPs) and the high risk of financial catastrophes our population faces when they need to access health services.

We posit here that by ensuring greater cross-programmatic efficiency, we will also be more credible when we ask for more money for the health sector, because all type of funders will be certain their investment is worth it."

– Nigeria representative

2 "From value for money to value-based health services: a twenty-first century shift." WHO policy brief. (April, 2021). https://www.who.int/publications/i/item/9789240020344

Cross-programmatic inefficiency trends

While specifics may vary, common inefficiencies exist across countries and contexts. Some common inefficiencies identified within the WHO African Region include:

1. fragmented governance and lack of coordination across the health system and health programmes, including planning / budgeting processes that are too centralized and isolated from each other, and a lack of health programmes participation in broader sectoral agendas and reforms;
2. fragmented and duplicative resources and inputs (such as laboratories, information technology systems, supply chains, trainings, surveillance, etc.); and
3. disjointed financial flows contributing to uncoordinated programme activities and personnel; as well as misalignment with service deliver objectives.

These shared challenges hold significant implications for countries' abilities to effectively prioritize and leverage available resources to achieve strategic objectives for health. For example, most countries that have undertaken a CPEA assessment have highlighted the mismatch of data requirements across programmes and an overload of, often duplicative, data entry. Information system reforms may therefore pose a potential entry point for improvement efforts across countries.

Addressing cross-programmatic inefficiencies

CPEA can be institutionalized as a lever to improve efficiency across health programmes and integrate health system reforms. CPEA is more than a one-off approach, rather it can bring coherence across the health system towards consistent objectives. It can be used to initiate reforms and dialog to address fragmentation and embed programmes within broader health system reform areas. Addressing cross-programmatic inefficiencies across the health system is possible, and while targeting action on input functions remains an important entry point, this should be complemented by incremental steps that consider broader financing realignment and governance reform. The findings from these analyses have been used to help inform a wide range of reform priorities and processes across countries (see section 04).

Political economy analysis[3] is an important tool to understand the root causes of inefficiencies, as well as dynamics involved in addressing identified inefficiencies, as this agenda is inherently both a technical and political process. Political economy analysis tools that consider political dynamics of stakeholders, as well as structural legacies and issues (among other considerations) can deepen understanding of why inefficiencies persist despite the existence of opportunities to address them. Further, reforms to address cross-programmatic inefficiencies can be important levers to strengthen the underlying health system but cannot be addressed within health programmes alone. Political momentum and buy-in to address cross-programmatic inefficiencies can be built in countries by convening policy dialogues across stakeholders.

Addressing cross-programmatic inefficiencies requires strong commitment from programme- and system-level leaders. Having strong leadership in this area can create alignment and accountability for external resources that are embedded and coordinated within health system plans. Furthermore, generating awareness and demand for such planning is critical, without which there is no momentum to progress. This process should involve not only national level stakeholders but needs to consider the inputs and need for collaboration from service delivery upwards.

Coordination is critical both vertically (across levels of the health system) and horizontally (across programmes and sectors). This is needed even in devolved contexts where many health programmes (often donor funded) remain highly centralized and separate. This leads to programmatic resources that are not pooled at lower levels of the system, which constrains their flexible use. Fully realized and functional coordination mechanisms – particularly at the subnational level – therefore can have multiplier effects throughout the system. Such processes are inherently long-term endeavors, requiring enduring commitment and investment as well as robust, data-driven mechanisms to ensure accountability to progress.

3 For more information on Political Economy Analysis for health please visit the following two resources: (1) https://apps.who.int/iris/handle/10665/353024 and (2) https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1625251

A single, unified, and well-connected national plan is one clear mechanism to bring coherence and accountability across the system and provide a platform to address cross-programmatic inefficiencies. Importantly, this plan should be data-driven and incorporate donor and other external resources for coherence and coordination across the sector. Planning should additionally respond to a people-centered vision to address individuals' cross-cutting health needs with supportive functions such as financing and accountability mechanisms that are designed and established to support these efforts. Focusing services on user needs over disease areas can help de-fragment vertical silos and encourage a more holistic provision of health services. Furthermore, generating awareness and demand for such planning is critical, without which there is no momentum to progress. This process should involve not only national level stakeholders but needs to consider the inputs and need for collaboration from service delivery upwards.

"Greater efficiency is a desirable attribute of health systems, to which health financing policies can greatly contribute… Technicians must therefore help policy makers move from the 'problem space' to the 'solution space' and identify which policy levers can be activated to ensure significant and sustained progress towards greater efficiency in the health sector."

– Nigeria representative

Country experiences on prioritized cross-programmatic inefficiencies – Ghana and Côte d'Ivoire

Reducing fragmentation in supply chain management in Ghana

Ghana conducted a CPEA in 2017 to identify and analyse critical areas of functional overlap, misalignment or duplication across the country's tuberculosis (TB), HIV/AIDS, malaria, Expanded Programme on Immunizations (EPI) and Maternal, Newborn, Child, and Adolescent Health (MNCAH) programmes, and with the overall health system. The study was motivated both by a need for increased efficiency, as well as impending donor transition as it achieved lower-middle income status. Since the CPEA was conducted in 2017, Ghana has commenced many initiatives to address supply chain fragmentation as part of broader systems reform initiatives.

They have leveraged partner support, including from the Global Fund, as part of this effort, which includes:

1. Improvements to last-mile supply chain distribution to address stock-out issues, reduce transport costs, and maintain regular supply of essential products across system levels, including through the establishment of a public-private partnership to facilitate;
2. Regulatory initiatives with the Procurement Act 663 and Amendment 914 to ensure fair procurement processes contributing to value for money;
3. Improvements in data infrastructure across health system levels with the Ghana Integrated Logistics Management Information System;
4. A pooled procurement system including framework contracting arrangements, a fixed pricing strategy, and a dedicated steering committee for over 60 products to promote value for money;
5. Improved coordination for essential medicines through ministerial reforms and the establishment of a pharmacy directorate to directly support the supply and procurement directorate; and
6. Capacity building initiatives in areas of health economics, supply chain and health technology assessment to improve and address supply chain challenges through improved decision making.

These initiatives have demonstrated significant improvements in the cost, efficiency and reliability of Ghana's supply chain system, and are in large part due to political support at high levels of government and robust processes for change management and implementation.

Improving coordination of health financing in Côte d'Ivoire

In 2019, CPEA was implemented as part of broader health financing reform processes (together with a public financial management (PFM) bottleneck assessment). The CPEA was conducted in the context of ongoing efforts to mobilize additional resources for health, improve the financial management of public funds allocated to health, improve access to quality maternal, neonatal and child services, and strengthen overall health sector governance.

In the context of these analyses, the National Coordination Platform for the Financing of Health (PNCFS) was established as a health systems strengthening mechanism to:

1. Build consensus on health spending targets;
2. Ensure harmonization, alignment and monitoring of both internal and external funding as aligned to the National Health Development Plan (PNDS); and
3. Strengthen the governance role of the Ministry of Health to coordinate the health sector.

The PNCFS convened key health financing stakeholders across government programmes and ministries, technical and financial partners, private sector and civil society. This has helped to improve stakeholder alignment around the health financing strategy and to hold partners accountable to supporting the achievement of the strategy.

Key messages from both countries:

Ministries of Health are increasingly taking up their governance functions, putting themselves front and center to define and steward how reforms will be implemented. This was observed in the establishment of Côte d'Ivoire's PNCFS and Ghana's establishment of dedicated directorates to improve coordination for essential medicines supply.

Political economy challenges remain at the heart of any effort to address inefficiencies. Support from the highest offices in government, with coordination and engagement across all key stakeholders, is essential to driving forward progress. Côte d'Ivoire is leveraging its PNCFS for coordination, and Ghana is building internal capacity to help navigate health economics and supply chain issues more readily from both technical and political perspectives.

Reform efforts to address inefficiencies must be mainstreamed with ongoing country processes as critical entry points for action. Côte d'Ivoire established the PNCFS towards the actualization of its existing PNDS, and Ghana invested significantly in establishing its integrated logistics management information system by grounding the initiative in broader eHealth reform efforts.

Accountability is essential to successful reforms. Investments to improve infrastructure and process for monitoring and evaluation ensures the stakeholders from across the health sector are held accountable to their commitments for reform. Initiatives such as those implemented in both Côte d'Ivoire and Ghana contribute significantly to ensuring this accountability for greater efficiency, and ultimately, country objectives for UHC.

Ethiopia: reducing fragmentation of resources through an MDG/SDG pooled fund

Ethiopia has not conducted a CPEA, but shared lessons from the Millennium Development Goals (MDG)/ Sustainable Development Goals (SDG) Pooled Fund, a coordination mechanism for pooled funding managed by the Federal Ministry of Health. The MDG/SDG pooled fund is one of the Ethiopian government's preferred modalities for scaling up development partners' assistance towards the Health Sector Development Plan (HSDP). The MDG/SDG pooled fund leverages existing government systems for financial management and procurement as well as external and internal audit, and includes a common planning, reporting and monitoring framework referred to as the "Three ones".

Purpose

- Mechanism to achieve SDGs as aligned to National Government and Health Sector Transformation Plans (HSTP)
- Foster investment towards improved value for money in health
- Better mobilize and target funding to under-funded areas of the HSTP
- Align stakeholders behind one national plan, budget, reporting and monitoring framework

Funding modality

- Pooled funds (~165m/year) directed towards government priorities
- Leverages un-earmarked funds from a consortium of partners (DFID, Spain, Irish Aid, AIDC, AusAID, the Netherlands Embassy, UNICEF, WHO, UNFPA, GAVI, EU and the World Bank)
- Centralized procurement activities, therefore reducing transaction and overhead costs
- Uses existing government systems for planning, financial management, procurement, reporting and auditing

Successes and benefits

- Financing of system-wide reform efforts and important capital investments (such as data systems, health delivery infrastructure, pooled health product procurement, trainings for human resources for health, etc.)

Persisting challenges

- Late disbursements from development partners and slow fund utilization
- Low predictability of contributors and amounts
- Lengthy procurement processes
- High staff turnover and limited technical capacity across systems levels

Addressing fragmentation from the health programme perspective – Kenya and Uganda

Kenya and Uganda recently implemented their CPEA analyses in 2020 and 2020/21, respectively. Both countries conducted the CPEA to identify and analyse critical areas of functional overlap, misalignment or duplication across the country's tuberculosis (TB), HIV/AIDS, malaria, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Immunization programmes, and with the overall health system to inform plans to make the health system more efficient and sustainable. Kenya's context was also routed on the path to transition while Uganda is initiating health reforms including the National Insurance Scheme. Both countries brought fresh insights to the discussion of the challenges their countries face in driving improvements to inefficiencies.

Each country reflected on their challenges, but also, the opportunities that these issues pose to driving improvements forward in the context of their own existing processes and reform efforts. For instance, Kenya spoke to driving efficiency gains in the context of donor transition, devolution and a broader UHC agenda, while Uganda spoke to the need for improved efficiency in the context of a national reform efforts for a new National Development Plan, new National Insurance Scheme and broader governance and coordination strengthening. Both countries agreed on the significance of stakeholder engagement and established mechanisms, platforms and frameworks for assuring accountability of both government and development partners. Accountability mechanisms are critical to ensure health programmes and broader reform efforts are aligned with the public interest and can drive efficiency gains to remove siloes and address health needs in an integrated way.

Recommendations to improve the integration and harmonization of health programmes include:

- Tackling planning from a people-, rather than programme-, oriented approach;
- Designing solutions that address the underlying drivers of inefficiency challenges;
- Tailoring solutions to the unique needs of a particular context;
- Ensuring clearly differentiated yet well-coordinated roles and resource management, under a common vision of collective goals; and
- Integrating the decentralized management of health programmes into PHC initiatives.

In addition to these recommendations, attention to political economy considerations remains central to resolving inefficiency challenges. Some strategies discussed involve efforts that:

- Are country- over donor-driven in nature (and grounded in actual health need);
- Reflect joint-planning across actors contributing financial inputs;
- Include stakeholder analysis and subsequent strategic engagement; and
- Incorporate the right incentive mechanisms to promote a culture of teamwork and trust and an expanded decision space.

Aligning donor strategies and resources with country coordination and financing structures – Rwanda

Rwanda has not conducted a CPEA analysis but shared their experience stewarding resources, coordinating with donors and strengthening partner coordination towards UHC during the workshop. There is shared responsibility and commitment of both countries and donors alike to achieve UHC through efficient and effective use of existing resources as aligned to country priorities. Government and development partner coordination is a long-term process of engagement around shared objectives and can neither be achieved overnight nor through one-off interventions. Representatives from the donor agencies, The Global Fund and Gavi, also spoke to both cross-donor and country-level coordination from their perspectives.

Rwanda demonstrated that systemic coordination and alignment between governments and donors towards these shared objectives requires a firm backbone of country stewardship. This consists of:

- Clear objectives with well-articulated strategies and the requisite joint-planning and -budgeting process that must follow to implement them;
- Well-defined and comprehensive governance structures at all levels of the health system to ensure donors are aware of and aligned to these strategies and objectives; and
- Robust, data-driven accountability mechanisms through joint-monitoring.

This backbone is therefore something that countries can lead, and donors can feed into more clearly. It is important that this be grounded in solid processes that are stable over time, deeply rooted in country systems and led by country leadership to ensure the firm institutionalization of these efforts.

Steps that donors can take to go from commitment to action for better alignment include supporting:

- Coordinating mechanisms that are embedded in broader, sector-wide platforms and all the processes that reinforce them such as joint assessments, etc.;
- Resource tracking as a concrete way to bring transparency to coordination and to contribute data to have a clear view on inputs and where they can be prioritized for impact, while also reducing the reporting burden on the countries; and
- Movements towards more on-budget funding. Donors were advised to let go of apprehension to channel resources on-budget when countries have demonstrated they have transparent and robust PFM systems in place. While this may still be unrealistic for some countries, where there remains off-budget funding, donors can support having very explicit memorandums of understanding (MoUs) to set clear and transparent expectations with the government and to lead efforts in this direction.

03. Way forward

A key output of this workshop are country-specific briefs. These briefs provide a synopsis of the key findings from the CPEA studies in each country and also represent prioritized actions identified to address inefficiencies in each context to take forward. For some countries this meant a targeted approach to addressing one prioritized inefficiency, while for other countries, this meant actions focused on dissemination and communication to progress and elevate the analytical findings.

The country specific discussions and related output consisted of:

- **Day 1:** Countries were paired together in a breakout session to exchange and learn from each other's experience in conducting a CPEA. This comprised of presenting the context, findings and key progress made in relation to CPEA in each country.
- **Day 2:** The same countries were paired together to build on discussions from Day 1 for each to identify and exchange on a key inefficiency to prioritize and the potential root causes leading to this inefficiency.
- **Day 3:** Country groups met independently to develop roadmaps for action. This consisted of confirming the actions needed to progress the prioritized area, timelines and the key stakeholders to engage.

Key prioritized findings across countries

Table 1 provides a summary of the shared prioritized cross-programmatic inefficiencies across the seven countries present. In general, countries shared many of the same, or similar, identified cross-programmatic inefficiencies.

TABLE 1:
Prioritized findings by function

Health system function	Key prioritized findings across countries
Governance/ Stewardship	• Limited coordination mechanisms across programmes within Ministry of Health and other agencies, as well as across donors • Misalignment between central-level allocations and frontline needs • Disjointed monitoring and accountability mechanisms that work against coherent action
Financing	• Multiple, fragmented funding streams and varying purchasing arrangements across health programmes, often compounded by donor financing
Service Delivery	• Duplication in service delivery across programmes that leads to operational inefficiencies, increased cost to service users and weak referral mechanisms
Generating Inputs (physical and human resources)	• Duplicative or misaligned inputs and resources across programmes (such as supply chain, information systems, procurement) • Poorly coordinated human resources for health across programmes with strict service delivery mandates

Progress made to date across countries

As part of the discussions, countries discussed progress that has been made to date since studies were conducted that have helped to address cross-programmatic inefficiencies. Some of the countries present conducted their CPEA over five years ago from the time of the workshop, while others only just completed the analysis. Even so, promising developments across all countries were shared.

In order to address coordination and stewardship challenges, several countries have made progress strengthening and/or creating coordination platforms and mechanisms across the government, donors and agencies. For instance, in Uganda, a coordination arrangement links together the government and their donors, however, this arrangement is mainly at the national level. Similarly in Nigeria, different coordination platforms exist for better alignment with donors, but these have not been replicated at state level. In Côte d'Ivoire, and as previously mentioned in this report, a National Health Financing Coordination Platform (PNCFS) was created to ensure harmonization, alignment and monitoring of internal and external funding, as well as to strengthen the governance role of the Ministry of Health.

Concerns were raised over whether and how to take advantage of pooling platforms to enable a more coherent service delivery approach. For example, United Republic of Tanzania's national health insurance scheme along with the Direct Facility Financing (DFF) do not incorporate funding related to the HIV, TB and malaria programmes. Participants referenced taking advantage of these systems to pool funds and create efficiencies needed to expand coverage.

National plans that promote improved health programme integration or alignment have been drafted or implemented in several of the countries present. The 2021–2025 national development plan (PND) in Côte d'Ivoire sets out the sectoral strategic objectives and includes annual operational and strategic plans developed by specific health programmes. In Kenya, coverage for health programme related services (such as MDR-TB) has been transferred to the National Health Insurance Fund.

Addressing information system fragmentation featured across a few countries. In Uganda, progressive data integration efforts have been made with their DHIS2 system, however, data use for decision making remains limited. Similarly in Kenya, the Ministry of Health is developing a national single HMIS platform to harmonize information systems.

Prioritized areas for action

The workshop provided an opportunity for each country to reflect on their progress to date and persistent challenges related to cross-programmatic inefficiencies identified. While each country context and the specifics of the cross-programmatic inefficiencies vary, several countries discussed and detailed out similar paths forward.

For Uganda and Comoros, key administrative processes are needed to elevate the findings of this work. In Uganda, dissemination of the findings is needed, and a planned policy dialogue is scheduled to focus on how the findings relate to other key health financing assessments in the country. For Comoros, several new national plans and strategic documents have been created since the study was conducted and an update to the study findings and further dissemination is needed.

Côte d'Ivoire and United Republic of Tanzania both focused on addressing financing related cross-programmatic inefficiencies. Côte d'Ivoire plans to implement the framework of their National Health Financing coordination platform through the institutionalization of results based financing and harmonizing financing reforms in the country. United Republic of Tanzania plans to strengthen their pooled funding mechanism at the district level to increase its acceptability and contributors.

Addressing human resources for health coordination was the main area of focus for Kenya. Potential actions include joint planning, training and support supervision for their human resources, while also addressing recruitment and renumeration misalignment. Nigeria looked towards addressing governance-related coordination challenges through promoting greater coordination across stakeholders at the state-level.

As the work moves forward, broader stakeholder engagement and dialogue is needed for progress to be made and to harness additional resources and support. As highlighted in the key messages that came out of the workshop above, political economy analysis can be an important tool to understand the root causes of inefficiencies, but as well to understand the dynamics involved when trying to address them. Convening policy dialogues with relevant individuals and agencies can help build political momentum and advocacy around addressing these challenges.

WHO's commitment going forward

The following next steps reflect actions that WHO is committed to undertake to progress the CPEA programme of work. They will be complemented by country-tailored follow-up and engagement, building off the workshop discussions:

1. **Continue to build the evidence base** on the quantitative aspects of addressing cross-programmatic inefficiencies – this includes demonstrating the implications of addressing cross-programmatic inefficiencies to reduce health systems costs and improve health systems outputs.
2. **Share experiences of countries that have successfully navigated the complex political dynamics** of addressing cross-programmatic inefficiencies for other countries to learn and benefit from.
3. **Build capacity at both national and subnational levels** on how to institutionalize and use CPEA as a lever to improve efficiency.
4. **Convene policy dialogues across Ministry of Health leadership** to elevate issues discussed during the workshop to build political momentum and buy-in towards addressing cross-programmatic inefficiencies. Policy dialogues would also include key partners.
5. **Support more in-depth country specific CPEAs** – whether new analyses, building off of existing analyses, or as part of other ongoing assessments – to continue to build knowledge and understanding of cross-programmatic inefficiencies and related reform needs globally.

04. Annexes

Annex 1 – Workshop agenda

DAY ONE: 7 June 2022

13h – 16h CET (11h – 14h GMT)

Objectives: Day 1 of the workshop focused on grounding participants' understanding of cross-programmatic inefficiencies globally and within the WHO African Region to form a baseline for cross-country discussion and learning. The agenda focused on both sensitizing participants to the CPEA findings produced in the WHO African Region, as well as discussing what progress has been made to address inefficiencies by the countries present.

90 min	**Welcome and global overview of the cross-programmatic efficiency analysis**	
	Welcome and opening remarks	Juliet Nabyonga (WHO Regional Office for Africa)
	Logistics and approach	Agnes Munyua (R4D)
	Framing and global overview of CPEA	Alex Earle (WHO headquarters) Susan Sparkes (WHO headquarters)
	Country remarks on the relevance of CPEA in Nigeria	Mr. Mahmuda A Mamma (Permanent Secretary Federal Ministry of Health, Nigeria)
	CPEA roundtable on prioritized cross-programmatic inefficiencies	
	Ghana Côte d'Ivoire Discussant reflection Audience discussion	Moderator: Agnes Munyua (R4D) Dr. Martha Gyansa-Lutterodt (Director, Technical Directorate, Ministry of Health, Ghana) M. Fouyaton Souleymane Ouattara-Sous (Directeur des Appuis Extérieurs et de la Mobilisation des Resources à la DAF) Eric Nyiligira (Health Product Management, The Global Fund)
90 min	**Break**	
	Country spotlight – Ethiopia	
	Ethiopia country experience on the MDG-Pool Fund	Mr. Wondwossen Ayele (Senior Advisor-Partnership and Cooperation Directorate, Federal Ministry of Health, Ethiopia)
	Group work: Small country group discussions/learning exchange	
	Each country will be paired with another country to share prioritized inefficiencies and potential root causes	Country leads and facilitators
	Country group work key messages	
	Each group will present to the plenary the main messages from the day 1 group work	Moderator: Alex Earle (WHO headquarters) Country leads and facilitators
	Day 1 closing	
	Wrap up of the day and present Day 2 objectives	Juliet Nabyonga (WHO Regional Office for Africa)

DAY TWO: 8 June 2022

13h – 16h CET (11h – 14h GMT)

Objectives: *Day 2 of the workshop focused on supporting participants to critically assess their identified inefficiencies and identify key opportunities and constraints to addressing them, including targeting the root causes of constraints with specific reforms or actions.*

90 min	**Welcome to day 2 remarks and agenda**	
	Welcome back and opening remarks Mechanisms to address cross-programmatic inefficiencies	*Diane Karenzi Muhongerwa* (WHO Regional Office for Africa) Susan Sparkes (WHO headquarters)
	Moderated panel discussion on addressing fragmentation from the health programme perspective	
	Country panel: Kenya Uganda WHO discussant panel – names Audience discussion	Moderator: Agnes Munyua (R4D) Isabel Maina (Head of Health Financing, Kenya) Mr. Fahad Mawanda (Ministry of Health, Uganda) Dr. Prebo Barango (Multi Country Assignment Team (MCAT) Medical Officer NCD covering Malawi, Namibia, Zambia and Zimbabwe) Dr Geoffrey K Bisoborwa (Child and Adolescent Health, WHO Regional Office for Africa)
	Break	
90 min	**Group work: Small country group discussion/learning exchange**	
	Each country will be paired with another country to discuss potential reforms and actions to address identified inefficiencies and relevant stakeholders to engage	Country leads and facilitators
	Country group work key messages	
	Each group will present to the plenary the main messages from the day 2 group work	Moderator: Alex Earle (WHO headquarters) Country leads and facilitators
	Plenary session: Roadmap development	
	Approach to roadmap development	Heather Viola (R4D)
	Day 2 closing	
	Wrap up of the day and present Day 3 objectives	*Diane Karenzi Muhongerwa* (WHO Regional Office for Africa)

DAY THREE: 9 June 2022

13h – 16h CET (11h – 14h GMT)

Objectives: *Day 3 of the workshop focused on supporting participants to develop targeted roadmaps to address a select inefficiency in each country and receive feedback.*

90 min	**Welcome to day 3 remarks and agenda**	
	Welcome back and opening remarks	Kingsley Addai (WHO Regional Office for Africa)
	Country Spotlight	
	Aligning donor strategies and resources with country coordination and financing structures	Moderator: Cheryl Cashin (R4D) Dr. Parfait Uwaliraye (Ministry of Health, Rwanda) Musoke Sempala (The Global Fund) Vibhuti Hate (Gavi)
	Country group work: Roadmap development	
	Each country will meet in their own breakout group to develop their roadmap on addressing prioritized inefficiencies	Country leads and facilitators
90 min	**Break**	
	Group work: Country presentations of road maps	
	Countries will be paired together to present one another's road maps in small groups	Country leads and facilitators
	Country presentation key messages	
	Key messages will be shared by each group to the larger plenary on the roadmaps	Moderator: Alex Earle (WHO headquarters) Country leads and facilitators
	Closing remarks and overall workshop synthesis	
	Concluding remarks on key messages Way forward and next steps	Susan Sparkes (WHO headquarters) Juliet Nabyonga (WHO Regional Office for Africa)

Annex 2 – Country-specific briefs

The following briefs were drafted as part of a specific output from this Technical Workshop. These briefs update the CPEA findings and related progress since the CPEA was conducted in each country. It then summarizes the prioritized actions identified during discussions to address inefficiencies in each context to take forward.

These briefs were prepared by WHO Country Office Focal Points and relevant Workshop facilitators present for the breakout sessions and reflect the discussions had amongst participants throughout the three days.

Comoros

Background

The Comoros expressed a firm commitment to strengthen its health system following the recent development of the National Health Development Plan (2022–2026) and the ongoing preparation for the upcoming roll-out of the national health insurance scheme by 1 January 2023. Despite increased investment in strengthening health systems, Comoros still faces insufficient integration of partners' programmes and projects at national level, a weak financial data system and human resources. Given these realities, a CPEA was conducted in 2019 to identify inefficiencies that limit the government's ability to maintain or improve the delivery of priority health services. The findings of this report were used to influence the country capacity assessment (CSF), the development of the "United Nations Sustainable Development Cooperation Framework 2022 – 2026 – Union of the Comoros (UNSDCF)" and the development of the Comoros Plan 2020–2030. The programmes analysed were tuberculosis, HIV/AIDS, malaria, immunization, nutrition and family health.

Key cross-programmatic inefficiencies identified
• Lack of national health sector stewardship
• Fragmented data and information systems
• Uncoordinated and rigid funding arrangements
• Lack of a central plan governing physical resources such as medical infrastructure and equipment
• Separate and misaligned supply chains
• Shortages of human resources for health
• Fragmented and poorly integrated service delivery

*Based on the findings of the 2019 CPEA

Progress to date in addressing key cross-programmatic inefficiencies
• Completion of the country's capacity assessment
• Development of the "United Nations Sustainable Development Cooperation Framework 2022 – 2026 – Union of Comoros (UNSDCF)"
• Continuation of the Comoros Plan 2020–2030 by the Commissioner General
• Strengthening TFP coordination by holding coordination meetings chaired by the Minister of Health every 3 months
• Possible implementation of national health insurance by 1 January 2023

*Progress between March 2019 and June 2022

Progressive actions identified to address cross-programmatic inefficiencies

During the three days of the workshop, breakout sessions were organized to foster sharing between countries and to allow participants to interact with each other and with the facilitator in a setting conducive to discussions on how the findings of the CPEA can be translated into policies and actions in the respective countries.

On Day 1, Comoros was paired with Côte d'Ivoire to share and discuss the findings of their CPEA and prioritize inefficiencies that require immediate action, identify some of the root causes of the findings revealed and propose measures that need to be taken to address these findings. The proposed priority inefficiency was the weak alignment of partners' interventions for the implementation of health development strategies.

On Day 2, Comoros was paired with Côte d'Ivoire to deepen the understanding of priority inefficiencies and root causes, in order to identify actions that can be taken to address them. Participants identified a wide range of stakeholders who should be engaged in the implementation of these measures, including national government, county governments, partners and communities. Participants suggested that existing forums could be used such as intergovernmental forums to engage counties, inter-agency coordinating committees (IACs) to mobilize development partners and the private sector and the health summit that brings together all actors in the health sector. An accountability framework and scoreboards were suggested to monitor the progress of actions based on aid effectiveness principles to encourage alignment and harmonization, and to hold all stakeholders accountable for their actions.

On Day 3, the Comoros team held a separate group session and finalized the accountability framework and dashboard to develop a roadmap for priority actions.

Way forward

Comoros remains committed to improving service delivery by strengthening its health system. This workshop was very useful in reviving the national discussions on the CPEA conducted in 2019. The scoping meetings and workshop were used to inform national participants of the progress made since the implementation of CPEA while guiding new country team members who were not familiar with CPEA and showing the impact of the results on their areas of work.

As a next step, the Comoros team will continue discussions within the Ministry of Health to share and discuss the three actions identified from the workshop.

1. Adaptation of regulatory texts and documents, including the new Health Code, development of standards for health facilities (ART by level, health card), new sectoral framework and development of the National Health Plan
2. Dissemination of the results of the research study
3. Strengthen mutual accountability between members of government, civil society and other public and private partners

This brief was prepared by Ahamada Msa Mliva (WHO Country Office, Comoros) and Cheickna Toure (SPARC) based on the discussions with participants from Comoros during the workshop.

Côte d'Ivoire

Background

In 2017, there was a study conducted that looked at fiscal space and efficiency in Côte d'Ivoire. Existence of inefficiencies estimated at 51% of public health expenditure in the context of budgetary efforts made by the State at 97% of its maximum capacity, over the period from 1998 to 2015. The MSHPCMU in collaboration with WHO organized a study on "Public Financial Management in the Health Sector: What Levers can Improve Performance?". The objectives of the study were to (1) examine the factors of inefficiency in public financial management along the service production chain, from the central to the peripheral level (ESDD); and (2) review health programmes that undermine the effectiveness and efficiency of public spending (CPEA).

Key cross-programmatic inefficiencies identified
• Weak coordination of interventions at all levels of the health system leads to the fragmentation of health programmes;
• Lack of alignment of health programme interventions leads to duplication
• Over-reliance on donor resources poses a threat to the sustainability of funding and the continuity of services

* Based on the conclusions of the CPEA study conducted in 2019

Progress to date in addressing key cross-programmatic inefficiencies
The PNDS 2021–2025 is available and sets out the sectoral strategic orientations and objectives. • Annual strategic/operational plans developed by the sector's vertical programmes; • Planning and budgeting guide available; • Plans of action of the DRS, DDS and institutions developed and still to be strengthened; • DRS and DDS operationalization process underway
The establishment of the UCP FE in 2019 to accommodate all external financing schemes; • Merger of GAVI and The Global Fund funding management units in progress: order in progress • Establishment of the National Platform for the Coordination of Health Financing (PNCFS) housed at the Prime Minister's Office • Framework of the PNCFS and the texts governing it available and in the process of being implemented; • Follow-up of the State's commitments; • Project for the harmonization of reforms (CMU, PBF, Targeted free of charge) and institutionalization of the Performance Based Financing
Preparing for the sustainability of domestic resources in order to gradually free itself from donor funding • Planned program sustainability plan (Available Terms of Reference); • Monitoring of the co-financing policy (GAVI, The Global Fund, etc.).

* Progress between 2019 and June 2022

Progressive actions identified to address cross-programmatic inefficiencies

The breakout sessions of the workshop were used to better understand the context in which the priorities identified below are proposed and made it possible to notice similarities across contexts. It also helped to focus the process of addressing cross-programmatic inefficiencies on national channels and tools put in place, including the involvement of national actors, as well as to provide responses to the inefficiencies observed.

Areas for action	Prioritized steps
• Strengthen/continue the operational planning and operationalization process of health districts	• Strengthen the capacities of actors in planning and monitoring and evaluation; • Disseminate and implement the planning and budgeting guide developed in 2022; • Support regions and health districts in the development of their operational plans.
• Implement the framework of the National Health Financing Coordination Platform	• Institutionalize the PBF; • Harmonization of financing reforms (targeted free, PBF, CMU etc.); • Disseminate the results of the CPEA analysis.
• Improving domestic resource mobilization for health	• Implement the plan and ensure follow-up; • Develop a programme sustainability plan with a view to gradually free up donor resources.

Way forward

The next steps identified by the Côte d'Ivoire team are:

- The continuation of the follow-up of the results of the virtual workshop by the team formed (DGS-DPPS-DAF-UCP FE);
- Present the results of the CPEA, the virtual workshop and the roadmap to the office of the Minister of Health; and
- Present the CPEA analysis and the roadmap to remedy the inefficiencies with the PNCFS steering committee.

This brief was prepared by Sosthene Zombre (WHO Country Office, Côte d'Ivoire) and Diane Karenzi Muhongerwa (WHO Regional Office for Africa) *based on the discussions with participants from Côte d'Ivoire during the workshop.*

Ghana

Background

The Ghana Cross-Programmatic Efficiency Analysis was conducted between February 2017 and December 2017 based on a request from the Ghanaian Ministry of Health. The analysis was motivated both by a need for increased efficiency, as well as impending donor transitions. The analysis focused on Ghana's tuberculosis, HIV/AIDS, malaria and Expanded Programme on Immunization (MNCAH) programmes.

While Ghana has made significant progress in health coverage gains in recent years, the gains were at risk due to tightening fiscal space and the reclassification to a middle-income country, which has direct implications for the availability of external support for health. The Ministry of Finance indicated that to meet donor co-financing targets, total government spending on health would need to increase dramatically both in real terms and as a share of the overall government budget. This has implications for all levels of service delivery, with specific concerns for health programmes, which receive substantial external support. In this context, some key cross-programmatic inefficiencies were identified (see summary table below) to serve as a basis for policy intervention. While progress has been made in key areas, including supply chain rationalization and sector planning, issues related to governance structures and financing flows have yet to be addressed (see table below). Ghana's UHC roadmap and current dialogue around primary health care reform and the establishment of Networks of Practice (NoP) serve as a way forward to address long-outstanding inefficiencies and inconsistencies.

Key cross-programmatic inefficiencies identified
• Duplications and overlaps between mandates of many agencies in health sector (in particular Ministry of Health, Ghana Health Service, National Health Insurance Agency (NHIA))
• Health Sector Medium-Term Development Plan exists but little coordination across disease programmes or between national, regional and district levels
• Multiple, uncoordinated co-financing donor-transition targets
• Lack of general, non-programmatic funds and worsened by delays in NHIA payment
• Complex delivery structure with no clear patient pathways or coordinated approach across progammes
• Duplication in warehousing, procurement, distribution of medicines, with little price negotiation or coordination

*Based on findings from 2017 CPEA

Progress in addressing key cross-programmatic inefficiencies
Implementation phase • Supply chain rationalization • Medium-term development plan coherence
Proposed/planned • Network of Practice (NoP) model to create coherence in service delivery model and align financing to delivery
In need of attention • Governance, coordination, coherence across health sector agencies • Coordination related to donor practices and transition planning

*Progress between January 2018 and June 2022

Progressive actions identified to address cross-programmatic inefficiencies

The workshop provided an opportunity to reflect on progress to date and persistent cross-programmatic efficiency issues. Through the three days of discussion, more detailed issues, root causes, key stakeholders and actions were identified.
Despite progress made in recent years, participants reflected on and prioritized persistent cross-programmatic inefficiencies. These related to inconsistencies in governance arrangements across health sector agencies, continued separation of priority disease programme services, procurement and supply chain inconsistencies and fragmentation in data governance systems.

Priority cross-programmatic inefficiencies
1. Policy frameworks, performance indicators and resources not aligned
2. Fragmentation of disease programme services in lateral service delivery
3. Procurement and supply chain inconsistencies
4. Data governance continues to be fragmented and uncoordinated

Root causes of the prioritized cross-programmatic inefficiencies relate in large part to administrative and legal issues associated with governing the various actors and agencies across the health sector. These governance issues were prioritized as a prerequisite to then align financing arrangements to enable a more streamlined and efficient approach to how resources are allocated across the sector.

Root causes of cross-programmatic inefficiencies
1. Lack of clarity on scope of health agencies, their mandate and role
2. Legislative instruments are needed to sort out roles and responsibilities
3. Separate networks of civil society organizations that are managed and receive funding vertically
4. Lack of governance of health data landscape.

A number of actions were referenced to address the root causes of these cross-programmatic inefficiencies.

Proposed actions to address cross-programmatic inefficiency root causes	Key stakeholders
• Legislative instruments needed to sort out roles and responsibilities across agencies • Introduce a holistic assessment tool, combined with a monitoring and evaluation framework considering the UHC roadmap • Review health financing strategy as a lever to strengthen coordination and align financing behind service delivery reform plans • Address decentralization in a clear way that goes beyond the current form of delegation at the health programme level to implement devolved decision-making and resource allocation • Strengthen and align civil society to support national agenda	• Ministry of Health (leadership) • Ghana Health Service • National Health Insurance Agency • Ministry of Financing • World Bank • Development partners – Global Fund and Gavi • Civil society organizations

Way forward

Three key actions and steps were identified to address the root causes of prioritized cross-programmatic inefficiencies. These include:

1. Redirect funds for HIV/TB personal services into the NHIA fund as part of overall primary health care strengthening, while maintaining core public health functions at programme level.
2. Conduct a functional review to address duplication and lack of coordination in roles and responsibilities across health agencies.
3. Coordinate supply chain entities, with a focus on reducing heavy reliance on the private market procurement process.

Kenya

Background

Kenya has a renewed focus on moving towards UHC following the President's Big 4 Agenda that identifies UHC as one of the priorities for the current government. As donors transition providing direct support to the country's health sector, Kenya is expected to shoulder a bigger burden to provide essential services with implications on the progressive realization of UHC. From 2010–2019, there has been progressive reduction in the percentage of donor contribution to total health expenditure by almost 50% (34.5% to 17.8%). Given these realities of the need to scale up UHC in the context of donor transition, a CPEA was conducted in 2020 to identify inefficiencies that constrain the governments' ability to sustain or improve the delivery of priority health services moving forward. Programmes prioritized for the analysis were TB, HIV/AIDS, malaria, immunization and Maternal, Newborn, Child and Adolescent Health.

Key cross-programmatic inefficiencies identified
• Multiple funding streams with different funding flow arrangements, apply different payment mechanisms/incentive structures (even with similar objectives around coverage)
• Misalignments of development partner plans and financial cycles with government Annual Work Plan and budget cycles with differences in programme priorities and unpredictability in financial flows
• Uncoordinated, ad hoc and unstructured supportive supervision visits
• Existence of multiple Electronic Medical Records (EMR) systems with varying objectives and functionality
• Some partner recruited staff are not recognized in the government scheme of service, making their transition to the civil service a challenge
• Duplications in service delivery between the programmes and the routine service delivery systems that lead to operational inefficiencies and increased costs to clients and the health system

*Based on findings from 2020 CPEA

Progressive Actions Identified to Address Cross-Programmatic Inefficiencies:

Over the three days of the workshop, breakout sessions were held to foster cross-country sharing and to allow participants interact with each other in a smaller setting to spur discussions on how the CPEA findings can be translated into policy and action in their countries.

On Day 1, Kenya was paired with Uganda to share and discuss the CPEA findings, and prioritize the inefficiencies that require immediate action, and some of the root causes that need to be addressed to resolve these inefficiencies.

Prioritized inefficiencies	Root causes
• Fragmentation of financing sources makes it difficult to adequately plan for resourcing of the health sector	• Partnership and coordination framework exists but they are not properly implemented and there is weak coordination of joint planning, budgeting and monitoring
• Duplication in service delivery with multiple visits for clients	• Lack of a "patient-centered" approach in service delivery
• Well trained personnel trained and funded by programmes lack job security at the end of the programme cycle	• HRH recruitments based on programme needs as opposed to using the HRH strategy and public service schemes of service as the basis of recruitment. It makes it difficult to "absorb" these personnel into the public service at the end of the programme funding

On Day 2, Kenya was paired with Uganda to delve deeper into the prioritized inefficiencies and the root causes, to identify actions that can be introduced to address these inefficiencies. Participants identified a wide range of stakeholders that should be engaged to implement these actions including national government, county governments, partners and communities. Participants suggested that existing forums could be leveraged such as intergovernmental forums to engage counties, inter-agency coordinating committees (ICCs) to engage development partners and private sector and the health summit that brings together all health sector actors. An accountability framework and dashboards were suggested to track progress of actions based on the principles of aid effectiveness to encourage alignment and harmonization, and to hold all stakeholders accountable for actions.

Prioritized inefficiencies	Actions to be taken
• Fragmentation of financing sources makes it difficult to adequately plan for resourcing of the health sector	• Strengthen coordination structures and introduce accountability frameworks to track progress of CPEA actions • Provide templates for partner reporting and orient them on how to use the reporting frameworks with incentives for compliance
• Duplication in service delivery with multiple visits for clients	• Integrated service delivery with human resources, supply chain, information systems centered around the patient and not services
• Well trained personnel trained and funded by programmes lack job security at the end of the programme cycle	• Harmonize qualifications and remuneration across programmes with the Public Service Commission terms of service • Harmonize curricula for further training and capacity development

On Day 3, the Kenya team had a group session to develop a roadmap for the prioritized actions. However, participants at the meeting agreed that a roadmap would require a broader stakeholder group for buy-in, support and resources to address the actions. It was also recognized that two years had lapsed since the CPEA was conducted, and some decisions had been made that fundamentally affect how the CPEA inefficiencies will be addressed in Kenya. As further stakeholder engagement within the Ministry of Health and Health Programmes is conducted, the participants suggested some actions that could be taken forward to improve HRH coordination, and improve inter-sectoral coordination for joint planning, budgeting and reporting and making these coordination structures work a potential intervention.

To improve HRH coordination, illustrative activities, stakeholders and ongoing processes, are noted below.

Desired goal/change: Human resources for health coordination

Actions	• Joint planning • Human resource planning and management (Need Based Recruitment and employment strategies (qualifications and terms of employment) • Common training to strengthen leadership and governance (harmonized curriculum) • Joint support supervision
Stakeholders	• Ministry of Health • Partners • National and county government
Responsibility	• It is primarily the responsibility of the Ministry of Health to carry this change and mandate forward, as HRH is a key part of Ministry of Health • HRH and KHHRAC are in an advisory role on recruitment
On-going processes	• There are ongoing discussions to create an organogram • Coordination of HRH is part of the partnership and coordination framework with a specific Inter-agency coordination/thematic technical committee on HRH

Way forward

Kenya remains committed to achieving UHC and realizes the increased fiscal commitment needed as it graduates to lower-middle income status. As such, the country is progressively implementing interventions to make the health sector more efficient.

This workshop was very useful to reignite the country discussions on the CPEA conducted in 2020. The scoping calls and the workshop were used to orient new team members who were not familiar with the CPEA approach and also discuss how the findings from the analysis conducted could be taken forward in the different work areas.

This brief was prepared by Brendan Kwesiga (WHO Country Office, Kenya) and Agnes Munyua (R4D) based on the discussions with Kenyan participants during the workshop.

Nigeria

Background

Over the past decade, Nigeria has renewed its commitment to expand health service coverage and financial protection towards its Universal Health Coverage (UHC) objectives. Despite these efforts, Nigeria continues to face some significant challenges when it comes to financing the health sector:

- **As per the Global Health Expenditure Database (GHED), the overall level of sectoral financing for health is low compared to countries at similar stages of economic development and has decreased over the past 17 years from 5% to 3% of GDP.** There has even been a decrease in nominal terms from USD93 to USD71 between 2012 and 2019.
- **Low levels of health expenditure are linked to low contributions from public financing for health.** Combined, external aid and government budget account for about 29% of total Current Health Expenditure (13.9% from government, 12.8% from external aid, and 2% through social health insurance contributions). The sector is therefore mostly financed through direct payment by the patient at the point of care (Out-Of-Pocket payments (OOPs) account for almost 71% of CHE in 2019).
- **Public resources are scarce and highly fragmented, thus raising inefficiency challenges.** Nigeria is facing complex and intertwined challenges caused by both horizontal (such as government tiers) and vertical (such as programmes and schemes) fragmentation, which may explain why the government – worried about inefficient allocations of public resources – has gradually reduced the share of its budget dedicated to the health sector, from 7.3% in 2006 to 3.8% in 2019.

The CPEA approach was therefore implemented in Nigeria to ascertain the presence and implications of state-level cross-programmatic inefficiencies, to highlight and categorize the key drivers of inefficiencies and to identify potential solutions to address them. CPEA findings would additionally contribute to state-level health financing strategy development to address Nigeria's health financing challenges. The CPEA analytical framework was applied in three states in 2018/19: Anambra, Sokoto and Imo. Programmes analyzed across the three states included: HIV/AIDS, Malaria, Tuberculosis, Immunization, Family Planning and Reproductive Health, Maternal, Newborn, and Child Health, Nutrition and Leprosy.

Key cross-programmatic inefficiencies identified	
Stewardship / Governance	• Poor coordination (duplication/misalignment) across Ministry of Health and other agencies, such as segmented finance/planning arrangements
	• Lack of donor coordination and harmonization, platform exists, but not functional
	• Lack of comprehensive evaluation plan, systemwide monitoring framework not in place
	• Limited multi-sectorality, limited engagement/collaboration with other sectors; this extends to civil society and other actors (such as CBOs, local development partners)
	• Fragmented/limited financial/responsibility units with multiple supervision lines
Financing	• Misalignment between frontline needs and centralized fund management
	• Multiple, misaligned/duplicative funding streams
Generation of human and physical resources/ inputs	• Ill-coordinated and limited human resource management • Fragmented/parallel information and reporting systems (suboptimal monitoring and evaluation (M&E)) • Limited professional capacity, such as in M&E • Duplicative supply chain information systems • Need policy/regulation for programmatic integration, such as for health promotion across related programs
Service production	• Poor public/private service delivery mix

*Based on findings from 2018/19 CPEA

Progress to-date in addressing key cross-programmatic inefficiencies
• At federal levels, several coordination platforms are in place to ensure better alignment across donors (Health Sector committee) but also better information sharing across states. However, such arrangements are not automatically replicated at state level.
• Some states took the initiative to establish such coordination platforms, often with rapid positive effects observed on implementation. But these experiences have often been discontinued.

*Progress between 2015 and June 2022

Progressive actions identified to address cross-programmatic inefficiencies

Over the three days of the workshop, breakout sessions were held to foster experience and knowledge sharing across states, actors and government tiers. The aim of these facilitated sessions was to allow participants to interact with each other in a smaller setting to spur discussions on how the CPEA findings can be translated into policy and action in their countries.

On **Days 1 and 2**, participants from Nigeria discussed the CPEA findings, and prioritized a single inefficiency for further analysis and action planning. The issue the participants considered the priority to be addressed and a potential catalyst to addressing most of the other inefficiencies identified was the absence of active and effective coordination platforms across actors at state level.

In Nigeria, States have a mandate to provide health services access to their populations, and should thus play a central role in ensuring coordination of service delivery implementation and other key activities across the different programmes and interventions. However, such state-driven coordination platforms were reported to be either non-existent or non-functional. Participants reflected that some potential root causes driving this priority inefficiency include a fragmented donor landscape which gives rise to displaced and competing priorities without well-functioning coordination mechanisms to address the challenge.

On **Day 3**, participants from Nigeria brainstormed potential actions to take in order to address the priority issue of improving state-level coordination mechanisms as well as potential stakeholders to engage in the process. Participants agreed on the need to develop a multi-pronged coordination strategy aimed to enhance coordination both vertically across government tiers as well as horizontally across programmes and functions.

Some specific actions that participants identified to promote greater coordination across stakeholders were:

- **Investigate the determinants of either poor or successful coordination** and the factors that either hindered or supported previous attempts to enhance coordination at state level. **Build in opportunities for learning and sharing on these lessons across states.**
- **Define health-specific state-level communications and coordination strategies, mechanisms and processes** to build trust progressively across stakeholders, as well as improve awareness and action on cross-programmatic inefficiencies. **Leverage existing multi-sectoral coordination bodies, where able.**
- **Implement data-driven annual joint-review and -planning processes across existing programmes at state levels** to ensure greater alignment between strategic and operational plans. Progressively institutionalize such practices (including by developing and implementing joint-M&E and -accountability framework(s) to inform review and planning).
- **Use performance-based contracts** linked to the defined M&E and accountability frameworks for officers designated to support and participate in coordination mechanisms and processes.
- **Ensure a diverse composition of stakeholders is included** in coordination mechanisms and processes through adequate advocacy, communications and resource mobilization.

Some stakeholders to consider for engagement on the above actions included:

Level	Stakeholder(s)
Federal	• National Council on Health
	• Honorable Minister of Health
	• Permanent Secretaries of Health
	• Directors/Heads of Department, Agencies and Parastatals
	• Nigerian Governors Forum
	• Health Leadership of the National Assembly and Legislative Network for UHC
	• National-level health partners coordination platform
State	• State Councils on Health
	• State Health Commissioners
	• Directors/Heads of Department, Agencies and Parastatals
	• State Legislators
	• State-level TWGs, such as for health financing
	• State-level health partners coordination platform

Way forward

Nigeria remains committed to achieving UHC and realizing the increased fiscal commitment needed for health to expand service coverage and improve financial protection for its population. This workshop was very useful to reignite the country discussions on the CPEA conducted in 2018/19. The scoping calls and the workshop were used to update country participants on the progress made since the CPEA was conducted while orienting new team members who were not familiar with the CPEA and how the findings impact their work areas.

The Nigerian participants determined it to be too early to commit to concrete actions in the form of a country roadmap as the level of awareness on cross-programmatic inefficiencies was still low in the country. They therefore identified a list of actions that they deem necessary to take to further build awareness and progressively get more momentum around the issue such as further explore the problem space to identify the best solutions to improve coordination at state level. These are listed as follows and can form the basis to take forward these important discussions in-country:

Next steps
• Update the existing CPEA analyses in the three States of Anambra, Sokoto and Imo to reflect current status and/or progress made on key inefficiencies
• Define a communications strategy to improve awareness and action around cross-programmatic inefficiencies targeting key audiences in Nigeria
• Conduct joint review to assess/reform coordination functions at state level
• Map existing coordination mechanisms at state level (wherever active within the last 5 years)
• Indicate/assess functionality/capacity of existing mechanisms
• Assess funding adequacy
• Carry out a CPEA analysis at federal level to identify challenges, but also to understand implemented solutions to enhance coordination across programs at federal level
• Either consolidate/integrate coordination mechanisms where able or re-define coordination mechanism Terms of Reference towards a harmonious approach to addressing coordination needs
• Ensure unified M&E system to support coordination mechanism(s)

This brief was prepared by Francis Ukwuije (WHO Country Office, Nigeria), Fahdi Dkhimi (WHO Headquarters) and Heather Viola (R4D) based on the discussions with Nigerian participants during the workshop.

United Republic of Tanzania

Background

The United Republic of Tanzania Cross-Programmatic Efficiency Analysis was conducted in 2018 based on a request from the Tanzanian Ministry of Health, Community Development, Gender, Elderly, and Children. The United Republic of Tanzania was facing multiple health-related transitions. Specifically, United Republic of Tanzania was experiencing demographic, epidemiologic, environmental and economic transitions. Through the Government's "Sharpened One Plan", and "Big Results Now" great strides had been made in improving maternal and child outcomes in the country. Donor assistance continued to play an important role in this area by supporting United Republic of Tanzania's Maternal, Newborn and Child Health (MNCH) goals as well as in other programmes, especially in HIV/AIDS, TB and malaria. The heavy reliance of spending on these four programmes on external assistance raised important questions regarding transition and sustainability challenges moving forward.

Key cross-programmatic inefficiencies
• Overlapping roles and responsibilities across the health sector, as well as lack of coordination and harmonization
• Multiple funding pools and modes of financing, with programmes heavily dependent on non-basked donor funds
• Multiple, uncoordinated information systems
• Fragmented procurement systems
• Competing priorities and fragmented service delivery with weak health workforce training

*Based on findings from 2018 CPEA

Progress to-date in addressing key cross-programmatic inefficiencies
Overlapping roles and responsibilities as well as lack of coordination and harmonization • Elaboration of roles for each of the Ministries; Ministry of Health deals with policy formulation, implementation guidelines, strategic planning, monitoring, reviews and evaluation while PORALG coordinates implementation of health services in local government authorities. • Exchange of officers between the two Ministries (this is referring to Ministers and Permanent Secretaries). • Joint monthly meetings between the two Ministries to share actions and information.
Multiple funding pools and modes of financing • Allocation of government budget has increased from 7 percent in 2018 to 10 percent in 2020/21. • Insurance coverage has increased from 8 percent 2018 to 32 percent in 2020/21. Introduction of Single National Health Insurance is still in progress. • Direct Health Financing Facility introduced in 2019 to enable health facilities spend at that level and therefore improve public financial management at that level.
Multiple, uncoordinated information systems • Adopted health data collaborative initiatives • Digital health initiatives linked between Ministry of Health and PORALG
Fragmented procurement systems • Strengthen Medical Stores Department procurement capacity, it now has a separate Tender Board
Competing priorities and fragmented service delivery with weak health workforce training • Organised a High-level Human Resource for Health meeting which prompted for recruitment of at least 10 000 staff • Elevated the attention of HRH issues to Ministryt of Finance and Project Management Office

*Progress between 2018 and June 2022

Since 2018, there has been progress in addressing the underlying structural issues that exacerbated programmatic-fragmentation (governance challenges, level of public expenditure on health, financial management capacity, health workforce planning, procurement functions, digital/information system). However, the HIV, TB, malaria, Immunization and Vaccines Development (IVD) and MNCH programmes remain segmented and sit parallel to these improvements. The reliance of these programmes on external assistance is a key motivator for this persistent separation. The impact of this on programmes is as follows:

- Focus on separate results
- Uncoordinated timing for planning and budgeting processes
- Top-level planning that does not connect with bottom-up process used by rest of the system
- Uncertainty about programme funding ceilings

Progressive actions identified to address cross-programmatic inefficiencies

The workshop provided an opportunity to reflect on progress to date and persistent cross-programmatic efficiency issues. Through the three days of discussion, more detailed issues, root causes and actions were identified.

The cross-programmatic inefficiencies can be grouped into those which focus on input functions, and those that relate to broader financing/governance challenges.

Input function priority cross-programmatic inefficiencies
• Procurement and medical stores
• Information systems to reduce duplication
• Health workforce distribution and task shifting

In terms of root causes of these inefficiencies, discussions focused on financing and governance related challenges.

Financing and governance-related root causes of cross-programmatic inefficiencies
• Off-budget and uncoordinated funding
• Separate management units for health programmes/donors that focus on their own mandates with no strong coordination platform
• Trust issues and concerns about PFM systems keep donor funds off-budget
• Coordination meetings are dominated by donor representatives, rather than government staff
• Programmes and donors will hire specific staff at the expense of the broader system capacity

A number of actions were referenced to address the root causes of these cross-programmatic inefficiencies.

Proposed actions to address cross-programmatic inefficiency root causes	Key stakeholders
• Include all disease programmes in health sector plan, behind which basket funds and other donor funds should align behind, and move towards budget support funds with strong accountability mechanisms both for government and for donors in terms of alignment.	• PORALG to identify districts • Start with districts that have strong PFM systems in place • At the Permanent Secretary level negotiate pilots and incorporate programme funding at the district level • Work with donors to align behind common plan
• Take advantage of already in place DFF system to pool funds at the district level of system for programme, personal services.	
• Begin integration process at the district level, whereby a common system can be put in place to manage all programmes that receive donor support. Start with integrating across priority disease programmes as a baseline to create coherence with broader system/other services.	
• Have one joint programmatic focal point at district that has the mandate to then feed and coordinate programmatic plans with broader district level plans.	
• Start with the district level to develop comprehensive plan related to which functions should sit at the district level to then present common approach to programmes.	

Way forward

There were two ways forward that were focused on in terms of actions:

First, more dialogue and action are needed at the national-level related to: (1) building and consolidating capacity for **joint procurement and medical store capacity** to integrate the programmatic commodities; (2) to fully **incorporate programmatic data/information systems into DHIS2**; and (3) to use the WISN analysis as a way to **reassess tasks across health workers and their distribution across the country** as a way to incorporate health programme related capacities into health workforce planning processes.

Second, there was a concrete proposal to **strengthen the pooled funding mechanism at the district level to increase its acceptability and contributors** to enable joint planning/service delivery/implementation of programmatic-related activities. This would require engagement with district and programme managers to determine which capacities should sit at the district-level and how to channel funds accordingly to enable both flexibility and accountability. This was viewed as a necessary step and process of learning to move towards the coherence between programmes and the overall system that is needed. Given fiscal constraints and pressures, participants reflected on the need to incorporate and make better use of programmatic funds to fully implement national health insurance intentions.

This brief was prepared by Maximillian Mapunda (WHO Country Office, United Republic of Tanzania) and Susan Sparkes (WHO Headquarters) based on the discussions with Tanzanian participants during the workshop.

Uganda

Background

Uganda has developed its third National Development Plan (NDP III), in which a programme-based approach to planning has been adopted. Health has been included as a sub-programme with the objective to accelerate progress towards UHC in the Program Implementation Action Plan for the Human Capital Development Program. Pursuing this goal will require additional resources and an expanded fiscal space for health.

As Uganda works toward achieving middle-income status, the amount of donor financing is set to decline in the coming years. Given these realities, Uganda needs to look into mobilizing additional resources, prioritizing health within the public sector budget and importantly, improving efficiency by using available resources. With these looming financial constraints and the already unsustainable programme arrangements, a CPEA was carried out from 2021–2022 with the objective of understanding the institutional and operational framework of five selected health programmes with a view of identifying key areas across the programmes where efficiencies could be optimized by reducing any existing overlaps, duplications and misalignments across the health system. The five health programmes of focus were HIV/AIDS, tuberculosis (TB), Malaria, Expanded Program for Immunization (EPI) and Reproductive Maternal and Child Health (MCH). These results were presented to stakeholders at different forums including at the Ministry of Health Planning Department meeting on February 25, 2022, the WHO technical team meeting on May 27, 2022, the technical workshop of the WHO African Region countries on CPEA from June 7–9, 2022, and at the national validation workshop held on June 10, 2022.

Key cross-programmatic inefficiencies identified
• Multiple funding pools and sources, as well as purchasing arrangements
• Misalignment between resource allocation from central level and the needs at the sub-national and service delivery level
• Weak and ineffective referral system with almost no gatekeeping
• Verticalized recruitment, mandate and remuneration of human resources
• Multiple and fragmented procurement and supply-chain systems, which undermine service delivery
• Incentives and structures for coordinated action are still weak across programmes for integration

*Based on findings from 2022 CPEA

Notable on-going efforts
• Government/Donor/other stakeholder coordination arrangements exist, but mainly at national level
• National level coordination and health sector partnership structures exist, which act as a basis for integration across programmes
• There are progressive data integration efforts with the DHIS2
• Notable efforts aimed at integrating service packages (such as ANC/HIV testing/Malaria testing)
• Availability of technologies and diagnostics has increased overtime at facilities

Progressive actions identified to move this work forward and operationalize the findings

The CPEA was finalized in June 2022 after a validation meeting was held with Ministry of Health stakeholders and the study team.

The next phase of this work is to disseminate the final report, develop a policy brief and to hold a policy dialogue between the Ministry of Health and WHO (and others where relevant) to discuss next steps on what is needed to address the prioritized inefficiencies, including how to embed this study in on-going policy reform.

This brief was prepared by Sunny Okoroafor (WHO Country Office, Uganda) and Alexandra Earle (WHO Headquarters) based on the discussions with Ugandan participants during the workshop.

9789240064218