Building Capacity & Synergies for African Health

Bridging the Gap
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Presentation

- **Context:** Hope – Decline – New Hope

- **Definitions:** Capacity, Governance, Leadership, HRPIs

- **Studies:** Strong Ministries, HRPIs, Leadership/Capacity Enhancement, etc

- **Lessons and Way forward**
Context: What is the name of the game?

- Health of the people as precondition for productive life: poor people value health
- The right to life = right to health = right to responsive health system
- Reject “God has called her/him” complacency attitude
- Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World: Knowledge, Resources: lacks the will
- Governance, Organisation of society, development
- “Nothing important happens without the right climate of opinion”. Movements on slavery, apartheid etc
- Politicians enabled to make informed choices
## Major causes & effects of household poverty in Uganda

<table>
<thead>
<tr>
<th>CAUSES</th>
<th>%</th>
<th>EFFECTS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Health &amp; diseases</td>
<td>67</td>
<td>Poor Health &amp; diseases</td>
<td>50</td>
</tr>
<tr>
<td>Excessive alcohol consumption</td>
<td>56</td>
<td>Theft</td>
<td>44</td>
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<tr>
<td>Lack of education and skills</td>
<td>50</td>
<td>Death</td>
<td>38</td>
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<tr>
<td>Lack of access to financial assistance &amp; Credit</td>
<td>50</td>
<td>Inability to meet basic needs</td>
<td>35</td>
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<tr>
<td>Lack of access to markets</td>
<td>44</td>
<td>Low productivity</td>
<td>32</td>
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<tr>
<td>Ignorance &amp; lack of information</td>
<td>44</td>
<td>Food shortage and hunger</td>
<td>27</td>
</tr>
<tr>
<td>Idleness and laziness</td>
<td>42</td>
<td>Limited income, funds &amp; capital</td>
<td>27</td>
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<tr>
<td>Lack of co-operation</td>
<td>42</td>
<td>Divorce or separation</td>
<td>24</td>
</tr>
<tr>
<td>Large families</td>
<td>42</td>
<td>Excessive alcohol consumption</td>
<td>24</td>
</tr>
<tr>
<td>Insurgency</td>
<td>40</td>
<td>Failure to educate children</td>
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Source: Uganda participatory Poverty Assessment survey 2002
21\textsuperscript{st} Century Approach to Development / Global Health

- Mutual Responsibility

- National Leadership, Ownership and Priorities

- Focus on Health Systems
Contemporary African History

• Era of Great Expectations: Pre and immediate post independence optimism

• Era of Decline: Cold war, poor governance, commodity prices collapse, population growth

• Era of a New Hope: No cold war, growing democracy, global movement on social, justice equity, economic growth, AU/NEPAD
Root Causes of African Crisis

- Economic growth: high level of poverty
- Population growth: overwhelmed services
- Dependency: in communities
- Dependency on outsiders loss of “Can do” attitude, low Ownership
- Tolerance of the unacceptable: weak demand, challenging work environment
DEFINITIONS

• **Stewardship**: Steward: one who is entrusted with the management of things belonging to another– government as protector of the public interest and accountable to the public for its actions.

• **Governance**: the alignment of multiple actors and interests to promote collective action towards an agreed upon goal.

• Leadership: scan environment, create attractive vision, strategy, inspire, align for action.

• Management: plans, time tables, resources, implement, monitor, evaluate, feed back.

“As a good steward, a ministry of health must be able to lead and participate in effective systems of governance to assure the best use of resources for health.” (Strong Ministries for Strong Health Systems, January 2010. p.22).

• **HRPI**: An institution with potential to support and hold govts accountable. Creates a culture that produces and uses evidence-based policy and programs for health. Maintains visibility of national health agenda.
What is Capacity

Very Complex:

- Tools, Skills, Staff, infrastructure, structures and Systems blended for outputs
- Potter and Brough (2004): tools are easier and technical in nature, and take a short time to accomplish. But as one moves from (A) to (D) it gets more difficult. The structures and systems are harder, require socio-cultural interventions, and take far longer to achieve.
Definition of a Health System
Responsibility for Population Health

• Governments have ultimate responsibility and accountability for population health

• Global, regional and national recognition: UN/MDGs, WHO, AU, constitutions, health in all policies

• Implementation gap: underinvestment in people who make things work, available technologies, policies, resources

• Governments alone insufficient: need to work with ever increasing number of actors

• Stewardship, governance and leadership neglected: donors, GHI, countries
HRPI Study

• Location:
• Mali
  – 92% headquartered in Bamako.
  – 8% headquartered throughout the country.
• Kenya
  – 75% headquartered in Nairobi. 33% of which have branches throughout the country.
  Note: 3 universities are headquartered in Kenyan cities outside of the Capital.
• Uganda
  – 69% headquartered in Kampala. 30% of which have...
Categories of HRPIs in Kenya and (data missing from Mali)

- Health Development Partners
- Media
- NGOs
- Business/Private Sector
- Management Institutes
- Think Tanks
- Health Research Institutes
- Health Professional Bodies
- Universities/ Academic Institutions

Percentage in Country

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<tr>
<th>Category</th>
<th>Percent in Kenya</th>
<th>Percent in Uganda</th>
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<td>Health Development Partners</td>
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Percentage in Cou

0%  5%  10%  15%  20%  25%  30%  35%
HRPIs Involvement in Health Governance and Stewardship in Uganda and Kenya (data missing from Mali)
Funding Sources for HRPIs in Uganda

- Government: 31%
- Regional Agencies: 7%
- Bilateral Orgs: 31%
- Multilateral Orgs: 34%
- Int'l Research Funders: 10%
- Membership Fees: 24%
- Own Income Gener.: 34%
- Other: 31%

Percentage
HRPIs: GENERAL FINDINGS

• A cross-country sentiment expressed by one Ugandan HRPI: “There is a failure and unwillingness on the part of the MoH to recognize and appreciate the complementary role HRPIs can play, or this is considered unimportant.”

• General belief that the MoH prefers to work with donors and consultants than with local experts to fill capacity gaps.

• “Good staff are overworked and competent technical staff were overlooked, killing morale and bringing down the system.”

HRPIs eager to strengthen relationships with the MoH, offer their services where appropriate, and contribute to sustainable strengthening of their health system.
ENGAGING HRPIs: Professional Associations

- Health Professional Associations (HPAs) hold the potential to work with governments as support and accountability agents.
- HPAs report a lack of participation in strategic meetings, outcomes of which directly effect their members.
- HPAs expressed overall lack of support – legislative or financial.

“The health professional associations were the most powerful asset and totally underutilized.”
– former MoH, Supporting Ministerial Leadership Report, 2010
Leadership Enhancement Assessment
FINDINGS AND RECOMMENDATIONS

IMPLICATIONS FOR USAID PROGRAMMING

• Impact of resource gaps: funds, tools, personnel
• Gaps in addressing sustainability: prior needs assessments, donor priorities, overall governance, incentives for hard work
• Issues concerning harmonization of aid instruments: country priorities, donor initiatives, low ownership
• Political environment does not facilitate the exercise of leadership skills and growth of leadership capacity.
Leadership: Work Environment

• “We train leaders and managers in new public management concepts based on market principles. But when they get back to their posts in civil service, the environment does not allow them to apply what they have learnt”.

• Knowledge alone is not enough.
Leadership Enhancement Initiatives

ASSESSMENT FINDINGS

IMPLICATIONS FOR THE CONCEPTUAL FRAMEWORK

To improve the results of Leadership Enhancement Initiatives, leaders and the organizations that assist them:

- Need strengthened strategic planning skills to be able to build upon existing Ugandan governance foundations.

- Need strengthened abilities to analyze and understand the systemic constraints that exist in the Uganda (political, social, cultural, resource factors) that hinder implementation.
Lessons & Way forward

• Capacity grows up from within; not dropped down.
• Country context critical: political, social, cultural, resource factors. Takes time and patience
• Local Institutions to grow capacity exist: HRPIs
• Need to support governments and HRPIs simultaneously to grow local:
  – Expand locally driven research, Strengthen management and leadership, Improve sharing of information and strengthen networks, Close implementation gap and improve monitoring and evaluation of performance
Lessons Way forward ctd

• Invest in HRPIs and governments
• Invest in Regional Networks for Advocacy, mutual support and sharing
• Invest in Global Networks for Advocacy and joint learning: not as leaders
• Norway already on this path: appreciated