Title Health Sector Development Partner Forum

HSDPF. The Health Sector Development Partner Forum– DPHK Prospectus

Practice Domestic Health Financing Mechanism

Rationale

The Health Sector Development Partner Forum is predicated on a development scoping review to establish the level of private sector participation in sectorial domestic resource mobilisation. Sampling the health sector, the review analysed efforts in **harmonisation, coordination and cohesion of development partner activity to strengthen the Health System towards Universal Health Coverage and alignment to global goals**.

Findings show that while significant progress has been made in developing harmonisation and coordination systems and tools, aligned also with national planning and budgeting processes, there is still a need to **improve the efficiency of dialogue with development partners on different levels and in various sectors and investment areas, particularly with county governments and implementing partners, and to provide** current resource mapping.

The survey also identified gaps in ensuring the **effective and meaningful participation of civil society, academia and the private sector as key partners** in taking up the MDG and post-2015 development agenda - underlining the **importance of: global partnerships, local research, surveys, capacity building and resource mobilisation, to complement ongoing initiatives and create a platform for broad and active Partnerships for Health in Devolution** - in which local structures play a key role in methodology and follow-up/review processes, and where increased academia and other private sector participation would add value.

Training needs assessments, and subsequent gap development and analyses, were conducted in a representative sample of counties to establish readiness for a partnership model in sub-national health service delivery.

Primary Objectives

1. **Bridge skills, knowledge, resource and technology gaps** by creating a platform for knowledge sharing, domestic resource mobilisation, capacity building, North-South and South-South partnerships; and build absorptive capacity of the local health sector;
    1. **Contribute to harmonisation, coordination and cohesion in health and health related sectors**, by supporting GoK, counties and development partner efforts towards results, within a set of working arrangements for communication and dialogue, consensus building and mechanisms to evaluate health sector progress;
    2. **Align** sector to the theory of change as a basis **for long term transformational change**, and strengthen input and results monitoring. Through increased stakeholder engagement, community participation and, public and private health sector leadership capacity building, broaden the impact of harmonised and coordinated development partner health system strengthening activity for economy, efficiency and effectiveness;
    3. Analyse and augment **value for money, coherence** and **socioeconomic impact to** bring to the fore broader opportunities and risks for health sector development;
    4. Build capacity for managing for results by: facilitating joint planning and review processes, monitoring and evaluation and strengthening data quality systems to enable equity monitoring and for use in data driven decision making as well as contribute to knowledge and research gaps in Kenya Health Statistics;
    5. Working with university students from each county, build public and mutual accountability and assessment from participation in health expenditure research

and data collection to public participation and reporting to the public, GoK and development partners on plans and achievements as well as providing a conduit for beneficiary level feedback;

6. Provide recommendations for establishing a more effective aid coordination mechanism in devolved Kenya, including a proposed model and key steps for its introduction

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Activities

1. **Crowding-in health finance – By finance for the health system via PPP**s, OOF, Commercial finance and other partnerships in health.

2. **Research, Surveys and Mapping** - Development of, or contribution to, technical mapping of development partner, implementer and county health team activity, disaggregated by:

   i. *STRATEGIC OBJECTIVES*: Service delivery systems, Health Infrastructure, Health workforce, Health information, Health financing (especially Health stewardship, partnerships and coordination and PPPs.

   ii. *INVESTMENT AREAS:* Communicable diseases, Non-communicable diseases, Violence and injury protection, Essential health services, Risk factor management, social determinants of health, including: water, sanitation and hygiene, nutrition and food fortification, pollution control, housing, school health, population management, agriculture, roads, infrastructure and transport.

   iii. *FINANCIAL OR GEOGRAPHIC COVERAGE*

3. **Set up coordination mechanism** - Develop and set-up structure and action plan to Implement-Operate-Maintain-Transfer service that supports:

   A. Alignment – by progressively shifting from project to program finance, using extant coordination capacities to align analytical, technical and financial support with county capacities, development objectives and strategies and so hedge against fragmentation;

   B. Harmonisation –by making recommendations that harmonise inputs on system strengthening and key program support to encourage shared: analytical work, development partner technical support, lessons learned, and provide joint training and capacity building. Also, contribute to/develop harmonised performance assessment frameworks and where feasible, prepare simplified and common arrangements at county level for planning, funding, disbursement, monitoring and evaluation and reporting on activities and resource flows;

   C. Strengthening county capacity and demand for results-based management, alignment to harmonised performance assessment frameworks that strengthen result oriented reporting and monitoring frameworks including joint problem solving.

3. **Training and Capacity building** - Build MoH capacity for coordination and County capacity in the health system, health finance and capital budget planning, theory of change, value for money, results based financing, managing for results, resource mobilisation and partnerships, including PPPs;

4. **Develop partnerships** – Transfer knowledge, know-how and relationships necessary for the creation of mutually beneficial, sustainable partnerships;

Outputs

1. Mapped health system activity by: objectives, investment area, financing and geographic location - including development partner support - on a cadastral solution;
2. Operational coordination mechanism;
3. Calendar and timetable coordination aligned to development partner government budget cycles;
4. Health leadership and HRH in all 47 counties trained in resource mobilisation, PPPs and other local, regional and global partnerships for health to crowd-in health finance;
5. Evidence bases built on the academia Knowledge Management platforms for result based smart, scaled and sustainable interventions;

Outcomes

Increased local (county and facility owned) resource mobilisation and contribution to the domestic health financing gap;

1. Increased domestic and private sector health financing;
2. Improved adherence and increased social accountability;
3. Cohesive, coherent development partner activity; donor, aid and development coordination to minimise divergent approaches and duplication of efforts, and garner economies of scale;

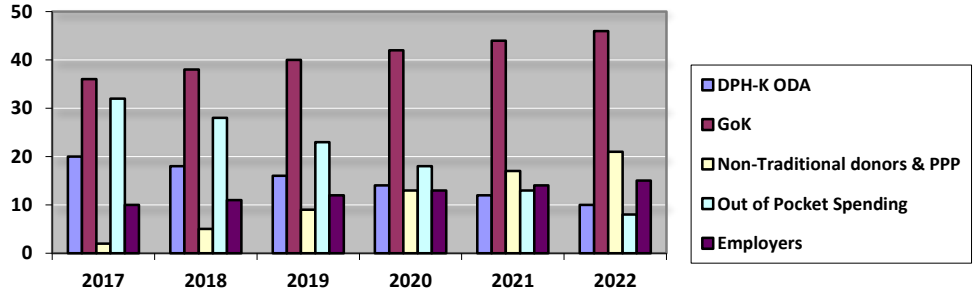
Impact

1. Changes in sustainable self-reliance and growth (Fig. 1 Below);
2. Changes in financial protection and poverty levels.

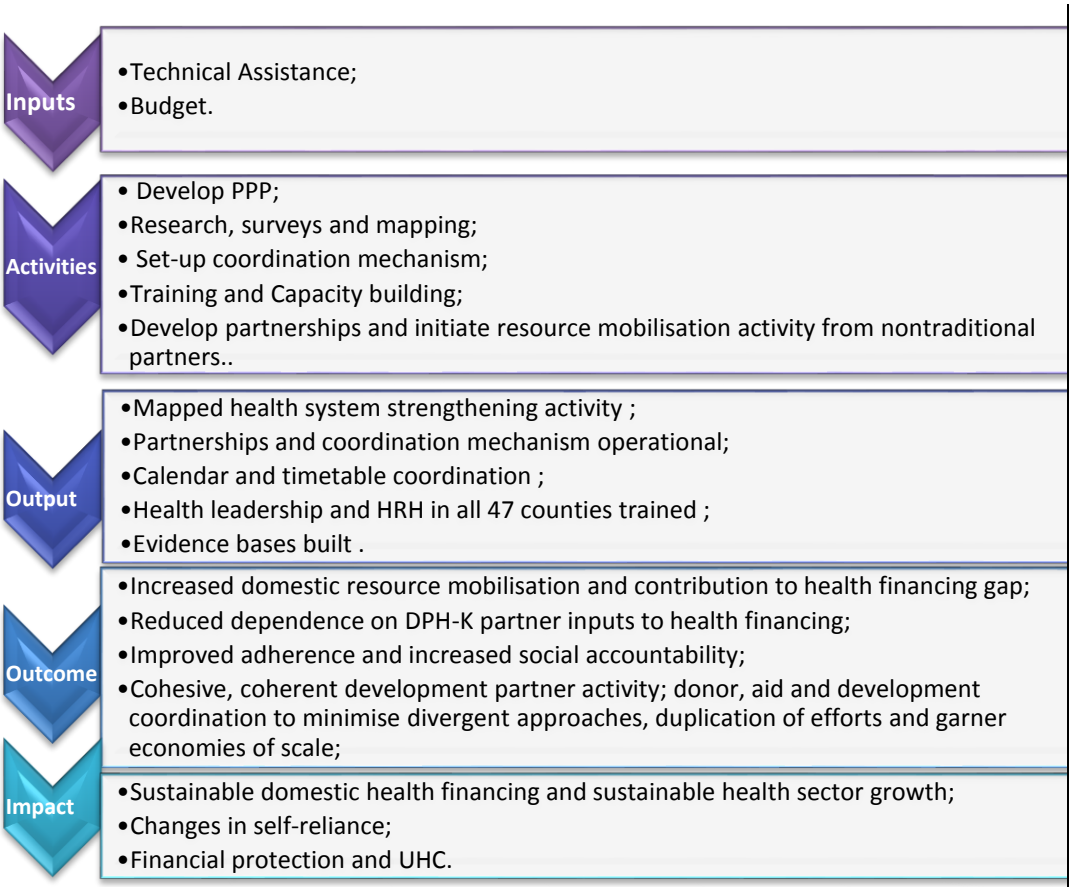
Projection of effect of HSDPF mechanism

Figure 1: Domestic Health Financing and Financing Healthcare Activities

Projection of impact of effective donor coordination mechanism, domestic resource mobilisation and partnerships



.Figure 2: HSDPF logic overview:



Innovation

The proposal is an innovative approach to increase the private sector's participation, and lend private sector and academia's capabilities, in development partner coordination while building capacity for 'partnerships for health in devolution'. It builds on the support to the successful inaugural Health Sector Development Partner Forum that had: 40 counties, MoH, academia, civil society, media, private sector, research bodies, professional associations, medical technology and commodity firms and regulatory and oversight bodies participate

Niche

HSDPF has county and facility level networks, business rapport and the capacity to work with these for the implementation of scalable projects both in-county and in Catholic University campuses in Nairobi, Eldoret and Kisumu. Also, a well-established, university backed Knowledge Management system that provides for data dissemination to various user groups and distance learning capabilities for county health leadership.

Why Partners

In contribution to sustainable development goal 17 - Strengthen the means of implementation and revitalize the global partnership for sustainable development. HSDPF is supporting county driven, country-level action for sustainable development in pursuit of global goals, including goal 3-Ensure healthy lives and promote well-being for all at all ages. The partnership shall lead sub-national actions that complement a favourable international enabling environment and effective global partnerships for mobilizing new and additional financial resources; and ensure benefit reaches local level.

To b*uild on momentum* and national commitment, progress and preparedness for harmonization and aid effectiveness *in an environment where national policies and regulations are defined and clear yet high level aid disbursement still takes from outside the government system.*

Partners and inputs

The Catholic University of Eastern Africa Consultancy. ***Input*** *- advisory Services;*

The Catholic University. ***Input****- research, surveys and CRVS services;*

The Health Sector Development Partner Forum. ***Input*** *- county, institution and private sector liaison;*

The Kenya Medical Association

Paraclete Consult – Health Systems Strengthening advisory and PPP Transaction advisor.

Strathmore University Centre for Innovation Research and Advisory Services. ***Input*** *- research and innovation;*

34 County Governments ***Input*** *– PPP SPV budget.*

IBM research labs. ***Input*** *– Technical support.*

Proposed partners and inputs

DPH-K Partners. **Input** – Technical support, mapping and front-loading secretariat budget;

GoK : MoH, Treasury, Ministry of Internal Security,, other line ministries.

Implementers (NGOs, CSO's and INGOs) **Input** – Technical support, mapping and practical student placement;

Other research institutions, universities and private sector health and health related players

Input– Technical support, budget

Invitation

Partners are invited as it is expected that this model would contribute to cohesion, coherence, improved aid effectiveness, strengthened national and county ownership, alignment, improved accountability and transparency as well as increased efficiency in use of administrative capacities for aid coordination.

Sustainability

HSDPF shall set out to be self-sustaining, in strategic partnerships with the private sector

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Figure 3: Draft work plan

Number	Step	Time
1	Presentation and consultations with DPH-K on the Coordination Mechanism	December 2017
2	Presentation of the coordination mechanism and recommendations at the SWG and IGF meetings	Dec 2017– Jan 2018
3	Approval of ToRs	Feb. 2018
4	Develop PPP;	Mar – Apr 2018
5	Research, surveys and mapping;	Ongoing - June 2018
6	Training needs assessment for each county	Ongoing - July 2018
7	Set-up coordination mechanism	Ongoing –June 2018
8	Training and capacity building plan developed	Mar 2018
9	PPP and resource mobilisation Training and Capacity building;	Ongoing – project life
10	Develop partnerships and initiate resource mobilisation activity from non-traditional partners and private sector;	Ongoing – project life
11	Report to public, DPH-K and GoK.	Quarterly