



THE ROLE OF INTERNATIONAL HEALTH COOPERATION IN STRENGTHENING OR WEAKENING NATIONAL HEALTH SYSTEMS

WORKSHOP HOSTED BY THE MEDICUS MUNDI INTERNATIONAL NETWORK
FOURTH PEOPLE'S HEALTH ASSEMBLY, DHAKA, 17 NOVEMBER 2018



The role of international health cooperation in strengthening or weakening national health systems

Fourth People's Health Assembly, Dhaka, 15-19 November 2018

Workshop on 17 November 2018, organized by the MMI Network

Background: From Cape Town to Dhaka

Medicus Mundi International – Network Health for All (MMI) is a network of organizations working in the field of international health cooperation and global health, and one of the international civil society networks associated to the People's Health Movement (PHM).

Six years ago, the MMI Network contributed to the Third People's Health Assembly in Cape Town with its workshop „In the public interest? The role of NGOs in national health systems and global health policy“. The two sessions on “The challenge of integration” and “NGOs - the good, the bad and the evil?” found great interest – and showed us that there is a need to continue the conversation on the role of international actors in national health policies and systems beyond the initial focus on international NGOs.

Since then, MMI Network has been shaping and sharpening its role as a promoter, convener and facilitator of a critical reflection on the role of international cooperation (aid, development cooperation) in strengthening or weakening people centred and people owned national health policies and systems, by setting up a working group, by publishing a discussion paper on “Health Cooperation: Its relevance, legitimacy and effectiveness as a contribution to achieving universal access to health” (October 2016) and by hosting a series of conferences and workshops dedicated to the topic.

Despite some achievements, the “aid paradigm” has mostly failed to drive sustainable progress for people most in need of better lives. The debate on aid or development cooperation currently takes place at many places and also at the Fourth People's Health Assembly, oscillating between the call to stop aid (as it is mainly seen as part of the problem and not contributing to solutions and as such cannot be “repaired”) and considerations about what is needed to do it better (as the involvement of external actors in national health policies, systems and service delivery will remain a challenging reality in many countries).

PHA 4: Sister workshop on rights-based approach

The workshop hosted by Medicus Mundi International at the Fourth People's Health Assembly was linked with a session organized by Viva Salud and partners on “realization of right to health, right to food & children's rights” on 16 November. The organizers of that workshop wrote in their outline:

“International cooperation, in all its forms, has tried with mixed results to improve the living conditions for people all over the world. It's functioning and funding has changed throughout history along changes in power relations on the global and local field. It remains one of the most controversial sectors.

There is a growing consensus to take international cooperation outside the framework of aid. 'Aid' represents a relationship of dependency, it assumes an imbalance of power, knowledge and capacities. It's a one way street. But the alternative rights-based approach is far from a gained consensus, and has moved little beyond discourse.

The human rights-based approach, on the contrary, starts from the idea that people themselves are actors of social transformation. It starts from the dynamic between rights holders and duty bearers to provide a framework for social transformation, based on the world-changing claim made seventy years ago that every human being has an equal right to a standard set of conditions needed to live a life in dignity. As for today, this realisation remains a far-away dream for the majority of the world population.”

MMI workshop at the People’s Health Assembly: Outline

Topics addressed, steps of the conversation

1. What’s the problem with development cooperation / aid in the health sector?
2. Is there a common alternative perspective on what should be the role of international cooperation for global solidarity in health?
3. How to strengthen civil society representation in global fora on aid / development cooperation and health?

Structure of the conversation in each step

- Collecting input from the participants
- Matching it with input by the organizers
- Conclusions, perspectives

Expected outcome

Bringing the topic again into the People’s Health Assembly, and counting on the value of a an open and democratic conversation among various civil society actors, the organizers expected to take along the following:

- to get a **better understanding** about how he role of “aid” in strengthening or weakening people centred and people owned national health policies and systems is assessed and debated by civil society representatives from various backgrounds;
- to **renew and strengthen contacts** among civil society experts and institutions interested to engage together in further defining a political position about what should be the role of international cooperation (including “aid” or not) for global solidarity in health;
- to **strategize** on how to strengthen the representation of a critical global civil society in global fora dealing with aid / development cooperation in the health sector (in particular: UHC2030 and its working groups).



What is the problem with development cooperation?

Input by participants

Participant from Palestine: To deal with health aspects of the humanitarian crisis, a health cluster was set up with international organisations, local organisations and the Government. The bulk of the funding does not go to local structures and organisations, but to international organizations despite their lack of knowledge of the situation and the fact that they often are not fully trusted by the population. The sustainability of the local NGOs is therefore under threat. A positive aspect of the presence of international organizations is that they have built up a strong network and that their work is rooted in solidarity. They often do important advocacy.

Participant from Zambia: Aid comes with conditions – we are told what we have to do; and a lot of funding goes to curative and not preventive work and is channelled through the big public-private partnerships.

Participant from Kenya: Aid and the related top-down donor-recipient relationship are weakening ownership within the health system and often result in duplication and fragmentation of programmes and actors.

Participant from India: There are changes in the last 20 years in the way international agencies act. Philanthropic organisations and international actors depoliticise the people's struggle for health and civil society as a whole, by promoting so called non-political, neutral organisations (mainly Indian NGOs). On the other side many civil society organisations are under pressure by the government.

Participant from Ukraine: The main partners of international cooperation are the governments. If your government is corrupt, you have a problem. With the political revolution in the Ukraine, bad governance could not be stopped. In the international programmes, there is zero flexibility; the reporting obligations requested by international agencies are an additional, overwhelming burden.

Participant from the Philippines: Health worker unions have difficulties to be considered by aid organizations whose programmes are often very selective. Also in the Philippines, corruption is a problem.

Participant from Uganda: How can we hold the government accountable, when the programmes are driven and controlled by international programmes and actors?

Participant from Nepal: Donor organisations cooperate with implementing NGOs (Nepalese and international), but those are often not reliable and not accountable to the population.

Participant from Nepal: Cooperation programmes and projects are often short term, and at times it looks as if they are used to test methods: People and local organizations are becoming guinea pigs for new development concepts.

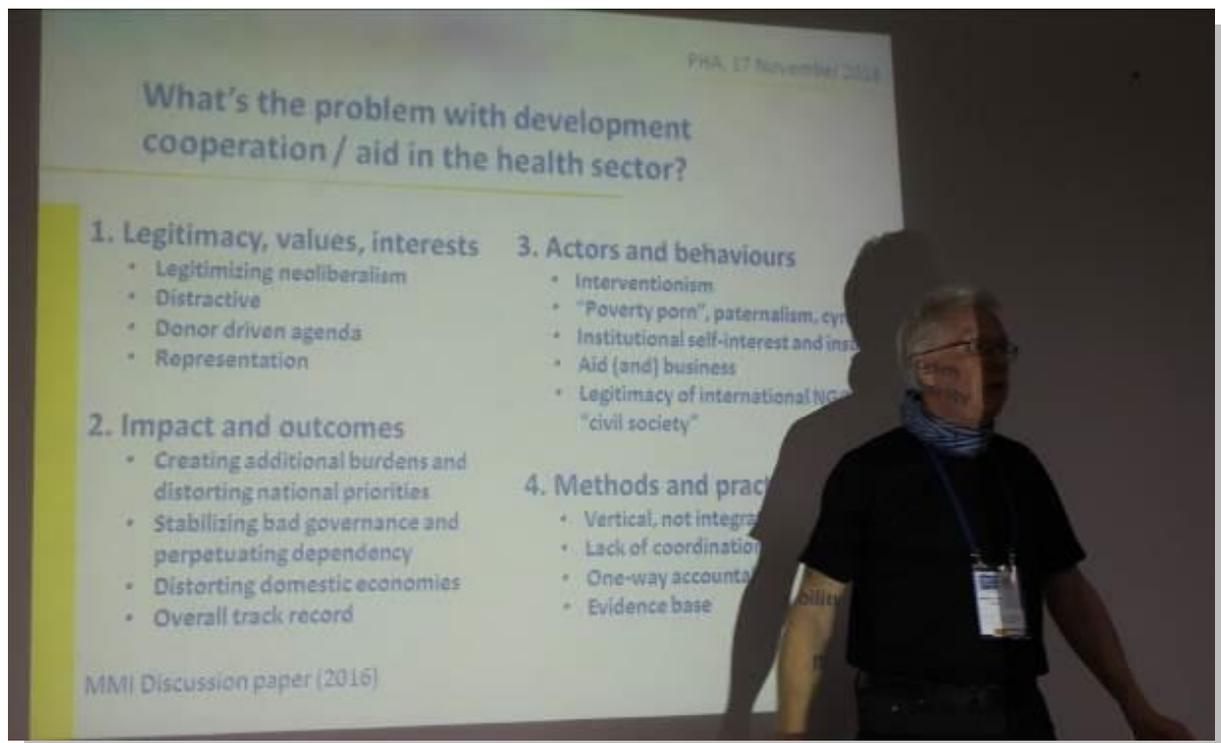
Participant from Palestine: Conditional funding drives us to work with specific diseases and specific programmes. Overall there is a problem of legitimacy, accountability, and transparency.

Statements reported based on notes by ML and TS, not intended to be comprehensive

Input by the MMI Network

Obviously many of the issues addressed in the MMI discussion paper are also raised by the workshop participants.

Thomas Schwarz refers to chapter 2 of the [MMI discussion paper \(2016\)](#) and provides some further explanations to the overview of problems with and shortcomings of development cooperation as outlined on the following moderation slide:



Is there a common perspective on what should be the role of international cooperation for global solidarity in health?

Input by participants

The overall “Public Private Partnership” framework needs to be reviewed, from the perspective of national policies and actors.

Governance of international cooperation needs to be addressed: Governments of “recipient countries” often contribute to the problems. Good governance of health cooperation should involve and include the people; inclusive structures are needed.

Anticorruption: Conditionality could be tooled.

A lot of organisations do not perform the way they should. Key Performance Indices (KPI) should be applied.

The overall paradigm should be changed: Health care should not be provided through aid and philanthropy, but through a tax-based systems, based on public income; NGOs as well as governments have to be accountable. The best leader of international cooperation would be the UN System, but with much more accountability (discussed afterwards, not agreed by all participants).

Accountability of the aid system needs to be improved.

Participation, inclusivity, accountability are included in most governments plans – but these are neoliberal. We call to put the people first. So how can the health of the people be put in the centre of international solidarity? CSO should challenge the government and be strengthened as watch dogs.

Cooperation could contribute to changing the mind of the partner. Northern NGO could strengthen their partners to become social movements – and this would flow back to the Northern NGOs, to play their role at home better.

Input by the MMI Network: Within the development cooperation paradigm...

For sure, development cooperation, also in the health sector, remains a challenge, also in current times where most emphasis is put on increasing national financing for health. So are there new normative instruments needed?

The MMI discussion paper (2016) concludes that health cooperation, to be relevant, legitimate and effective, and to move solidarity “beyond aid”,

- contributes to achieving universal access to health;
- is fully aware of its structural role, responsibilities and limitations; and
- continuously reflects on how to improve its approaches and practices.

Within the development cooperation paradigm, the discussion of “doing it better” has led to the development of normative instruments such as:

- OECD on Aid Effectiveness: [Paris Declaration and Accra Agenda for Action](#)
- Doing Development Differently: The [DDD Manifesto](#)
- International Health Partnership IHP+ (predecessor of UHC2030): [Seven Behaviours](#).

Three weeks before the People’s Health Assembly, the MMI Network hosted, as part of a broader team led by the Secretariat of the International Health Partnership UHC 2030 ([UHC2030](#)) and also including the UHC2030 Civil Society Engagement Mechanism, a one-hour official side event to the Astana PHC Conference (Alma-Ata Jubilee) on the role of “aid” or international cooperation in the achievement of Primary Health Care. The session concluded with a broad agreement that the conversation needs to be continued – and with the related expectation and mandate to the organizers to provide modalities and platforms for this.

Current reality in countries

What are the most critical challenges we need to address to ensure development cooperation strengthens health systems for PHC?

- Lack of transparency and predictability of aid flows
- Uncoordinated technical assistance
- Crowding out of domestic funding and distortions of national allocations
- Tension between earmarked donor support/quick wins and longer term investment in institutions and capacity development
- Difficulty to engage communities and people
- Other



Possible follow-up

Where do you see most critical need to continue this conversation?

- Providing space and structures for mutual learning, widening the evidence base and sharing best practices across countries/partners
- Reframing normative guidance/principles (e.g. IHP+ 7 behaviours, codes of conduct)
- Promoting instruments for country level coordination and mutual accountability, embedded in country processes
- Facilitating discussion on the role of aid in supporting health systems strengthening and domestic resources mobilisation
- Supporting advocacy efforts to promote PHC as the foundation of UHC
- Other



Cooperation and solidarity beyond aid...

“There is a little more awareness that the poor are more likely to save themselves than to be saved by middle-aged white male experts.” (Easterly)

“Poverty is not a natural condition. It is a state of plunder. It is delusional to believe that charity and aid are meaningful solutions to this kind of problem.” (Hickel)

The question if cooperation and solidarity beyond aid also could mean to fully overcome the development and development cooperation paradigms is introduced by two provocative quotes from the MMI discussion paper. Remco van de Pas provides then some additional “food for thought”.

Beyond the aid / development paradigm

#RtH THE REALIZATION OF RIGHT TO HEALTH, RIGHT TO FOOD & CHILDREN'S RIGHTS AND SOCIAL TRANSFORMATION
LA RÉALISATION DU DROIT À LA SANTÉ, DU DROIT À L'ALIMENTATION, DES DROITS DE L'ENFANT ET LES TRANSFORMATIONS SOCIALES



Beyond the aid / development paradigm

#Social Justice



Beyond the aid / development paradigm

#Doughnut economics (Buen Vivir)



Statements by participants

Solidarity is about equality, about a common fight for human rights and for building a social movement. Northern NGOs can be informed by their partners and use this information for challenging their own government.

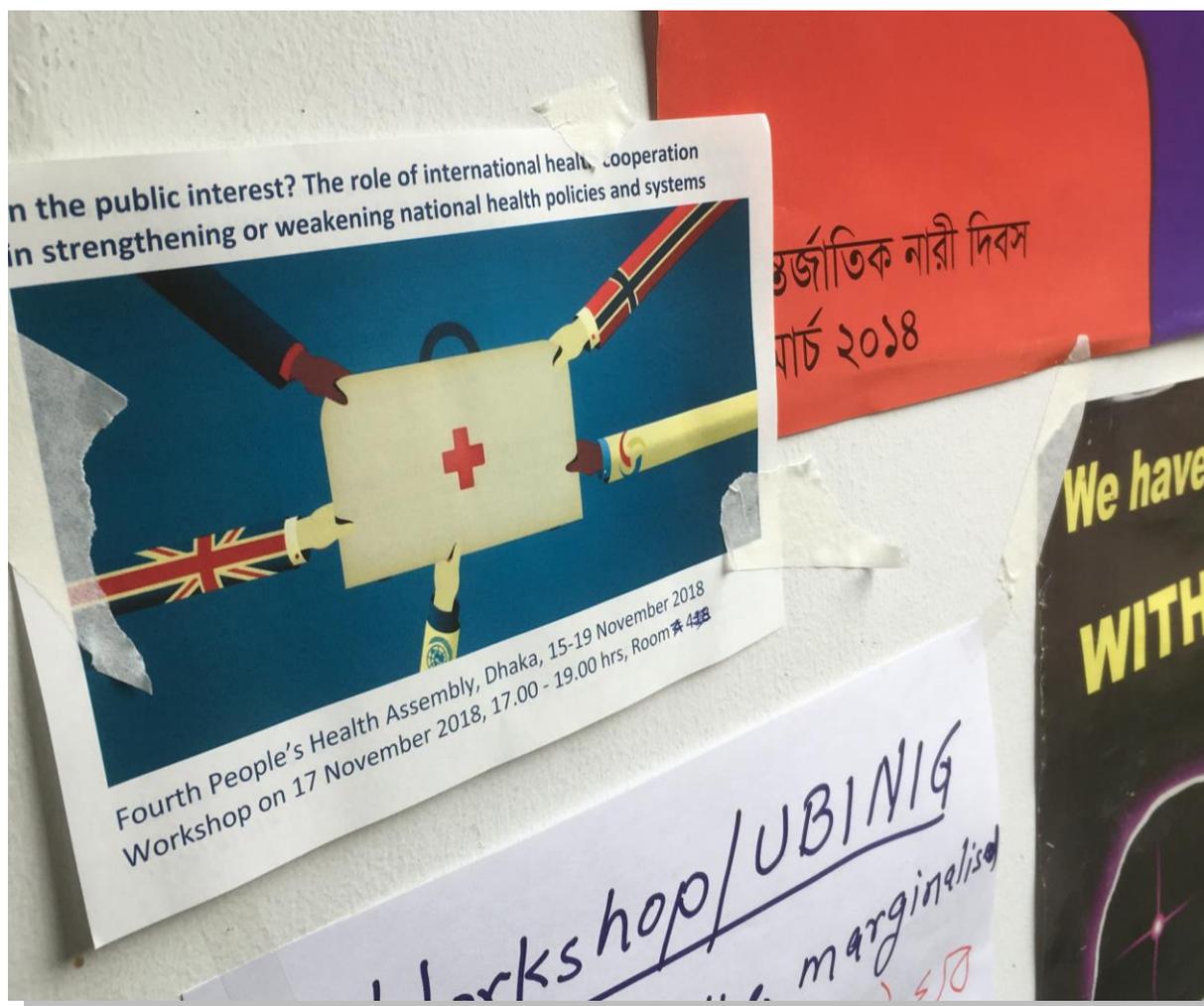
How can a real rights-based approach be implemented, as shown in the session hosted by Viva Salud? We need to continue and deepen the discussion about the right based approach in health cooperation.

How to strengthen civil society representation in global fora on aid / development cooperation and health?

The discussion in the first two elements having been more lively – and taking longer – than expected, there is not sufficient time to address the issue of how to strengthen civil society representation in global fora on aid / development cooperation and health that was already introduced by Thomas Schwarz in his report on the Astana workshop and its follow-up: UHC2030 will most probably set up a working group on health cooperation, with a first task to review the IHP+ “Seven Behaviours”.

Workshop participants agree that efforts need to be undertaken to have a critical civil society voice (beyond the typical “northern development NGOs and international platforms”) involved in such fora.

At the end of the workshop, participants agree to continue the conversation among themselves, via mailing list, beyond the workshop and for a limited time, as long as there is some dynamic. Based on the list of participants (enclosed), a listserv will be set up and launched by the MMI Secretariat in the weeks after the workshop.



This workshop report was written by Thomas Schwarz, MMI Network. Consider it as work in progress; feedback and additions by participants are welcome. Thanks to all participants for a lively and democratic conversation. Thanks to Remco for co-moderating and to Martin for taking photographs and notes.

References

PHA Workshop: <http://www.medicusmundi.org/contributions/events/2018/in-the-public-interest>

PHA Workshop: concept note [Download PDF](#)

PHA Workshop: flyer A4 [Download PDF](#)

PHA Workshop: moderation slides [Download PDF](#)

PHA Workshop: photos [Flickr album](#) by Martin Leschhorn (scroll down)

MMI discussion paper 2016: [Website](#)

Astana workshop, October 2018: [Website](#)

List of participants

A list of participants is available at the MMI Secretariat

Enquiries, contact

Thomas Schwarz, office@medicusmundi.org

Version: 1a / 27 November 2018