Can normative instruments help to “do aid better”?

Thomas Schwarz, MMI Network
5 November 2019
#KampalaInitiative #BeyondAid
Outline of my introduction

1. Critical reflection on relevance, legitimacy, effectiveness and practice of health cooperation “beyond aid” within the MMI Network

2. What’s the problem with development cooperation (aid) in the health sector?

3. Can normative instruments help to “do aid better”? 
From seeing poor health outcomes and weak health systems as problems dealt with by “our partners” who need our support.

...to critically assessing the particular position and role of health cooperation and its actors, policies and practices:

“Are we part of the solution, or rather part of the problem?”
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“Are we part of the solution, or rather part of the problem?”
“Health Cooperation Beyond Aid”

“Medicus Mundi International provides spaces and input for a critical reflection on the role of health cooperation (aid) in people centered national health systems and policies.” (Strategy 2016+)

> www.medicusmundi.org
PHC for UHC – the role of development cooperation

Are we strengthening or weakening national health systems?

Friday, 26 October 2018, 13:15 – 14:15
Global Conference on Primary Health Care
Palace of Independence, Astana, Room 4, 1st Floor
The role of international health cooperation in strengthening or weakening national health systems

Fourth People’s Health Assembly
Dhaka, 17 November 2018
Introduction (2)

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Development Assistance for Health: A long history. And a great variety of actors and realities.
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...and a great (and well known and documented) range and variety of shortcomings and failures of “aid”

1. Legitimacy, values, interests
   - Legitimizing neoliberalism
   - Distractive
   - Donor driven agenda
   - Representation

2. Impact and outcomes
   - Creating additional burdens and distorting national planning/system
   - Stabilizing bad governance and perpetuating dependency
   - Distorting domestic economies
   - Overall track record

3. Actors and behaviours
   - Interventionism
   - “Poverty porn”, paternalism, cynicism
   - Institutional self-interest and insularity
   - Aid (and) business
   - International NGOs as “civil society”? #AidToo

4. Methods and practices
   - Vertical, not integrated approach
   - Lack of coordination
   - One-way accountability
   - Evidence base
   etc.

MMI Discussion paper (2016, revisited)
...a long history of documenting, critically assessing and challenging these shortcomings and failures
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Beyond aid?

Aid

Business?

Country ownership

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People

Redistribution

Solidarity
Beyond aid?

Jonathan Glennie

“The language and theory of ‘aid’ is outdated. But something like it is still needed as the world faces huge communal challenges, new and old…”

(Five paradigm shifts for the future of aid)
"Cooperation and solidarity within and beyond aid"

Kampala Initiative

“All in all, aid is still a challenging reality, and this reality needs to be acknowledged and addressed. To do this, we propose to apply a double perspective:

• What’s wrong with aid and its actors, structures, paradigms and policies, methods and processes, and how can these failures and shortcomings of aid be addressed?

• How to achieve real cooperation and solidarity within and beyond aid?"

> concept note
Introduction (3)

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Looking back 

- Paris Declaration on Aid Effectiveness 
- IHP+ “Seven Good Behaviours” 
- “NGO Code of Conduct on Health Systems Strengthening”
Paris Declaration on Aid Effectiveness (2005)

Five fundamental principles for “making aid more effective”:

- **Ownership**: Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.
- **Alignment**: Donor countries align behind these objectives and use local systems.
- **Harmonisation**: Donor countries coordinate, simplify procedures and share information to avoid duplication.
- **Results**: Developing countries and donors shift focus to development results and results get measured.
- **Mutual accountability**: Donors and partners are accountable for development results.

**OECD** Development Assistance Committee (DAC) as convener of four High-Level Fora on Aid Effectiveness (Rome, Paris, Accra, Busan).

Follow-up of the Paris Declaration: Accra Agenda for Action (2008) and Busan Partnership for Effective Development Co-operation (2011)

> [https://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm](https://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm)
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Declaration

Code

Five fundamental principles for "making aid more effective":

• Alignment: Donor countries align behind these objectives and use local systems.
• Harmonisation: Donor countries coordinate, simplify procedures, reduce time to implementation.
• Results: Developing countries and donors shift focus to development results and results get measured.
• Mutual accountability: Donors and partners are accountable for development results.

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Normative instruments

“Normativity is the phenomenon in human societies of designating some actions or outcomes as good or desirable or permissible and others as bad or undesirable or impermissible.” (Wikipedia)

• SDG 3 Global Action Plan (2019)
• IHP+ Seven Behaviours (2012)
• NGO Code of Conduct (2007)

Agenda for Action

Partnership
IHP+: Seven (good) Behaviours (2012)

Seven Behaviours

- Provide well-coordinated technical assistance
- Support south-to-south and triangular cooperation
- Use one information and accountability platform
- Support a single national health strategy
- Record all funds for health in the national budget
- Harmonize and align with national financial management systems
- Harmonize and align with national procurement and supply systems

IHP+: Seven (Good) Behaviours (2012)

“UHC2030 draws on lessons from the IHP+ experience, about what has worked well and what has not, including how to better promote the principles of effective development cooperation, like the Seven Behaviours. These principles are anchored in country ownership and guide the actions of all partners towards more effective and aligned efforts towards HSS and thereby UHC.

UHC2030 continues to pay particular attention to country contexts where the alignment and coordination of global partners around country leadership and systems is critical but not a given, particularly in post-conflict and fragile contexts.”

“The NGO Code of Conduct for Health Systems Strengthening is a response to the recent growth in the number of international non-governmental organizations (NGOs) associated with increase in aid flows to the health sector. It is intended as a tool for service organizations, funders and host governments. The code serves as a guide to encourage NGO practices that contribute to building public health systems and discourage those that are harmful.”

**Code Articles**

I. NGOs will engage in **hiring practices** that ensure long-term health system sustainability.

II. NGOs will **enact employee compensation practices** that strengthen the public sector.

III. NGOs pledge to **create and maintain human resources training and support systems** that are good for the countries where they work.

IV. NGOs will **minimize the NGO management burden** for Ministries of Health.

V. NGOs will **support Ministries of Health** as they engage with communities.

VI. NGOs will advocate for **policies which promote and support the public sector**.

[http://ngocodeofconduct.org/](http://ngocodeofconduct.org/)
Can normative instruments help to “do aid better”? 

Looking ahead

• Revitalize current instruments?
• Are new normative instruments needed?
• Normative elements in the “Global Action Plan” (2019)

https://www.who.int/sdg/global-action-plan

Global Action Plan for Healthy Lives and Well-being for All

Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals

https://www.who.int/sdg/global-action-plan

“Although each agency has a specific mandate, the agencies as a group complement each other. Together, the agencies work to advance all the SDG 3 targets and collectively, they channel around one-third of development assistance for health annually.

Under the Global Action Plan, the agencies are better aligning their ways of working to reduce inefficiencies and provide more streamlined support to countries.

Through the Plan, the agencies will support countries deliver on the health-related SDGs and related international commitments to health, such as the UN High-level Meeting on Universal Health Coverage and the Astana Conference on Primary Health Care.”

The 12 agencies make four specific, core commitments under the Plan (= explicit normative elements of the GAP):

1. **To engage with countries better** to identify priorities and plan and implement together;
2. **To accelerate progress in countries** through joint action under specific **accelerator themes** and on **gender equality** and the delivery of **global public goods**;
3. **To align in support of countries by harmonizing** operational and financial strategies, policies and approaches; and
4. **To account**, by reviewing progress and learning together to enhance shared accountability.

[https://www.who.int/sdg/global-action-plan](https://www.who.int/sdg/global-action-plan)

We have followed and criticized the making of the GAP. And now: (how) will it be implemented? Will it provide the “right” guidance to the agencies involved? Will it just further strengthen the power of the big “donors”?

http://g2h2.org/posts/still-not-amused/
Let us discuss this (soon). Thank you!

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