Health cooperation beyond aid: Questions for reflection

The following questions to organizations working in the field of international health cooperation are taken from:” Health Cooperation - Its relevance, legitimacy and effectiveness as a contribution to achieving universal access to health.” MMI discussion paper published in October 2016

1. The overall policy aim:
Universal access to health

- How/where does your organization define the overall goals (expected outcomes) of your engagement in international health cooperation? Are you happy with this definition?

- Would you agree with an overall health policy aim of “achieving universal access to health” or, in the words of the SDGs, “ensuring healthy lives and promoting well-being for all at all ages”?

- Do you have a “theory of change” which defines how you expect health outcomes to be improved and your organization’s particular role and contribution?

- How do you position your organization in the triangle of (a) provision of essential health services, (b) strengthening health systems and institutions and (c) addressing determinants of health at a national and global level? Why? What are your historical and current references for this approach? Are you still happy with it?

- How are your organization’s or your local partner’s structures and programmes integrated in the national health policies and systems of the countries you collaborate with / work in? Is there an overall policy paper on this integration, or do you handle it in a more strategic or pragmatic way, according to the respective political and structural setting?
How do you deal with the (potential) conflict of your solidarity with people and communities and your collaboration with government institutions?

How would you assess the progress of the country in which your organization has its origins towards achieving universal access to health? Are you also working in this country? Why/why not?

2. What’s wrong with development cooperation?

Who “owns” your institution and its programs in international health cooperation? Who defines your institution’s policies and approaches? To whom is your institution accountable?

Does your institution report back to the “beneficiaries” of your work and to your partner institutions in developing countries? If yes, do you explain them who you are and what you do in the same way you report to your owners and donors? If not, why? Could you share your domestic fundraising material with the people and institutions you work for without feeling uncomfortable?

Would you accept the labelling of your institution as “a business”? How do you handle the dilemma between doing “the right things” and your institution’s economic sustainability? Is there a “business” and “marketing” approach in your definition of policies and programs?

“Your work saves lives, but also contributes to the stabilization of a thoroughly unfair and destructive system of trade and development.”

– What is your formal institutional answer to this challenging question? And are you happy with it?

Has your institution, your overall approach and practices been publicly criticised? How did you react? Are you still happy with this reaction, or would you do it differently? What did you learn out of it? What did you change?

Would you call yourself a “learning organization”? If yes, what are your instruments and structures, and who is in charge of your institutional learning?

Would you call your organization’s work “evidence based”? If yes, what evidence do you refer to and why, and how is it generated and continuously reassessed?
3. Development cooperation in times of the SDGs: Move it beyond aid!

- Could you subscribe to one of the following statements: (a) “We are at the end of aid.” (b) “We need to move beyond aid.”? Please provide your own insights about if/how “aid” or development cooperation needs to change in order to improve its legitimacy.

- Has your organization – related to a critical overall assessment of your role and not because of an economic crisis –, ever considered closing down? If yes, what made you change your mind?

- Do you share the assessment that we lack platforms, fora and spaces where practices, values, concerns, in relation to health development and cooperation can be discussed in an open, transparent way?

- If your organization is involved in thematic, regional or global platforms and fora on health development and cooperation: Are the right people around the table? How can we redefine and improve deliberation?

- How would you assess the “representation” quality of your organization’s mechanisms on information sharing, voting mechanisms, internal accountability, participation of citizens, target groups, geographical distribution etc.?

4. Effective health cooperation...

- (How) Do the five “aid effectiveness” principles – ownership, alignment, harmonisation, managing for results, mutual accountability – resonate in the policy documents and practices of your organization?

- How/where do you define and measure effectiveness of your organization’s work?

- Have you ever taken the “seven behaviours” promoted by IHP and answered them on behalf of your own institution? (Try to do it: Answer every question with a simple “yes”, “no” or “I do not know”. If there are many “no” or “do not know”, ask yourself what might be wrong – and how to change it. Ask other representatives of your institution to do the same. Compare. Start talking. Start acting.)