Health Coordination in the Democratic Republic of Congo

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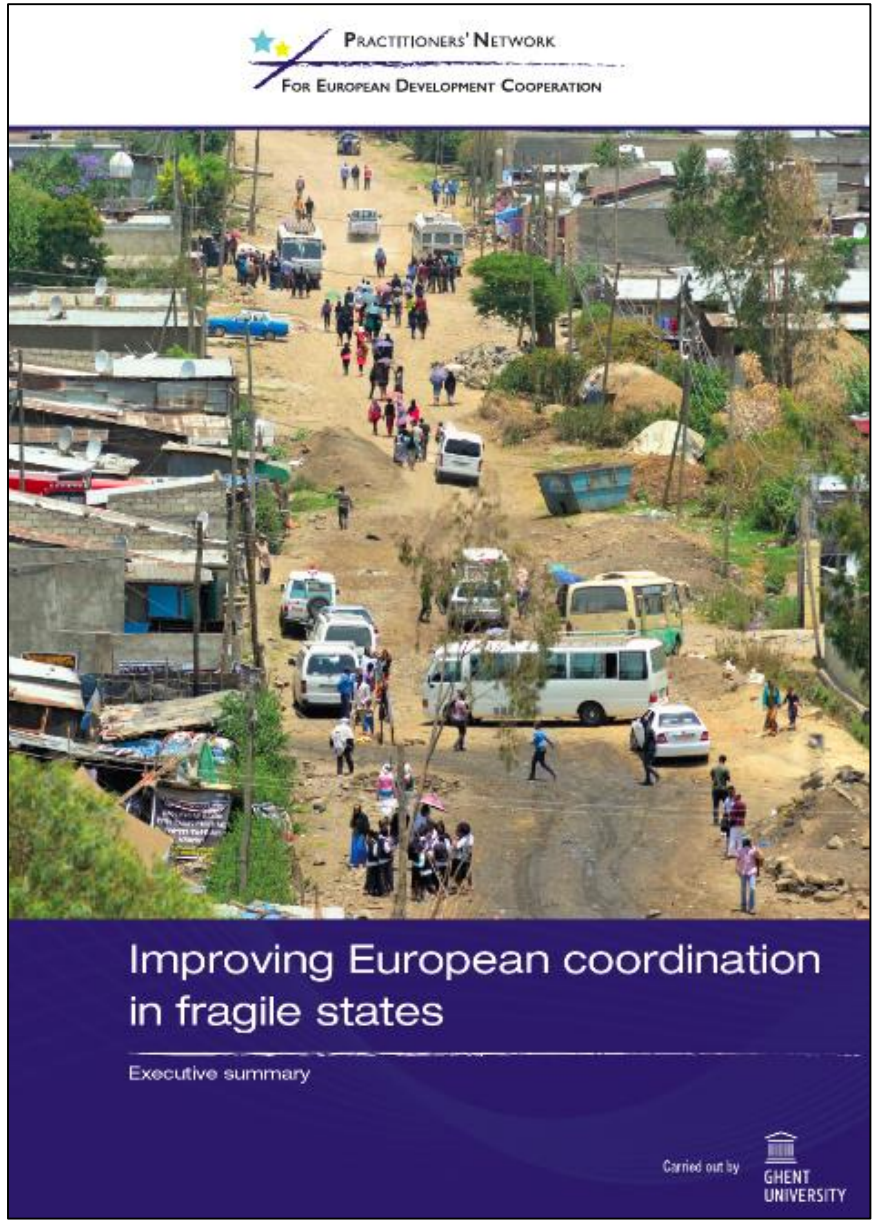


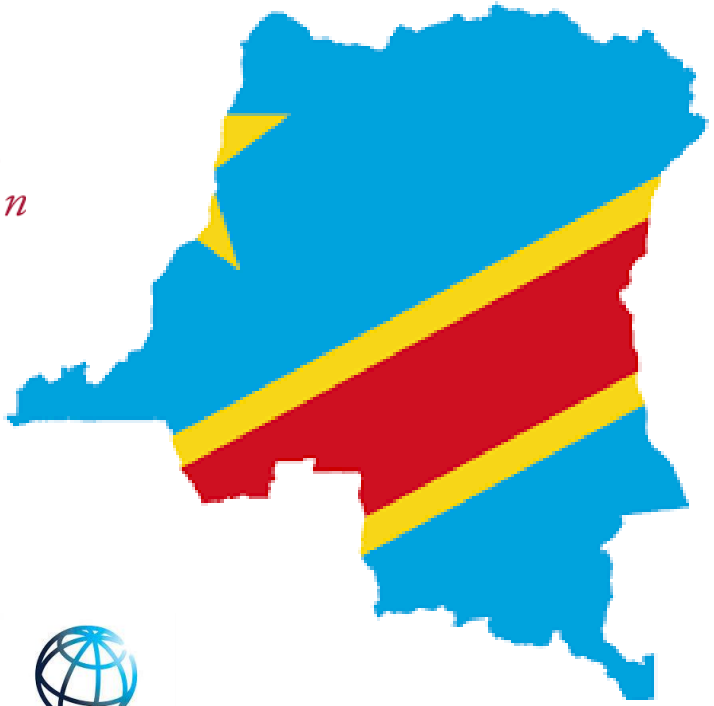
Objective: identifying best practices of European coordination in fragile states

How:

- Literature review (dec. ’16 – feb. ‘17)
- HQ analysis (57 interviews @ Brussels…)
- Field research (155 interviews)
  - Niger, Palestine, Haiti and **DRC**

https://www.afd.fr/fr/improving-european-coordination-fragile-states

Donor coordination: why bother?



Paris Declaration on Aid Effectiveness (2005)

1. **Ownership:** *Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.*

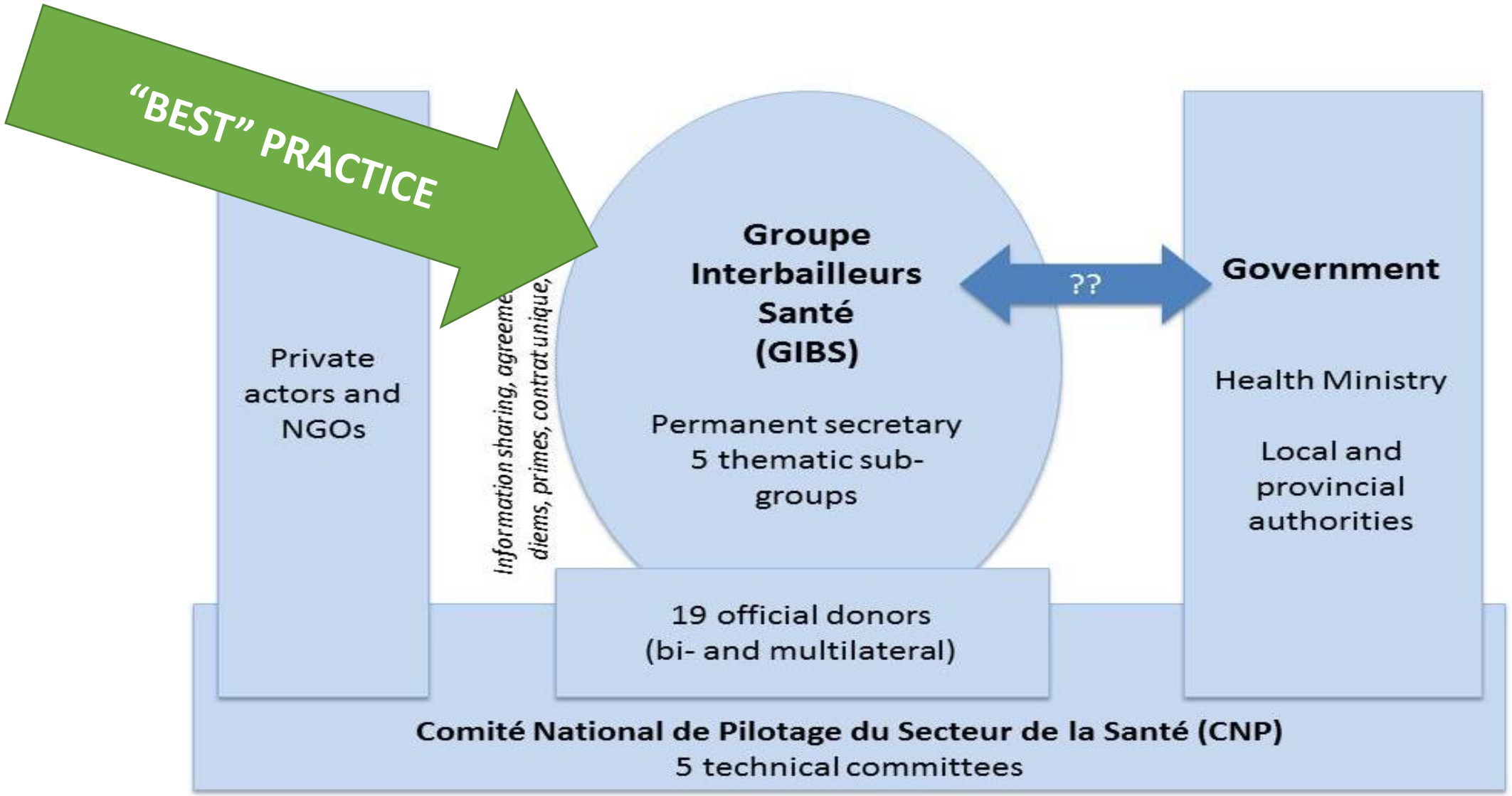
2. **Alignment:** *Donor countries align behind these objectives and use local systems.*

3. **Harmonisation:** *Donor countries coordinate, simplify procedures and share information to avoid duplication.*

4. **Results:** *Developing countries and donors shift focus to development results and results get measured.*

5. **Mutual accountability:** *Donors and partners are accountable for development results.*

Health coordination in the DRC



GIBS in a nutshell

- Established in 2005
- 19 bi- and multilateral donors
- 5 thematic subgroups
- Permanent secretary, rotating presidency
- Joint charter

Generally perceived as a best practice of (health) coordination

WHY?

4 cases

(period 2015-2017)

Procurement and distribution of medicines

medicines

contrat unique

Health coordination at provincial level

Per diems for MoH for going outside capital

per diems

primes

Salaries of people working at MoH

Procurement and distribution of medicines

A lot of debate within GIBS

- Ultimately adoption of strategy (2017)
  ➔ Impact to be seen
  ➔ BUT (!) coordinated effort

° SNAME (2002) by DRC

- Used by some donors (EU, BE)
- Bypassed by others

Main findings

Well-known **constraints** confirmed :

- The weakness of the partner government
- The visibility concerns of individual donors
- Budgetary and administrative complexities
- Political sensitivities
- Commercial interests
- Time and staff constraints.

"Everybody wants to coordinate, but nobody wants to be coordinated"

However, the cases also reveal **enabling** factors…

Institutional factors

- Permanent secretariat
- Regular meetings
- Flexibility from headquarters

Committed individuals

Like-mindedness amongst European donors

“Donc il y a **un langage dans lequel on se comprend, je pense, surtout avec les Etats-Membres**. On a quand même une vision de la santé globale qui est **très différente de celle de l'autre côté de l'Atlantique.** Ce sont des discussions que j'avais eues plusieurs fois avec la Banque Mondiale, avec USAID, de dire la santé n'est pas quelque chose qu'on peut acheter, ce n'est pas commercialisable. **Je pense qu’au niveau de l'Europe, quel que soit le pays, c'est quand même dans l'ensemble une vision qui est partagée.** On ne peut pas faire du commerce avec la misère des gens, voilà, avec les besoins essentiels. Et bien, en discutant sur cette question-là avec plusieurs partenaires de l'autre côté de l'Atlantique, ils n'étaient pas d'accord du tout, hein.” (EU36)

Indirect alignment

- **Medicines:** essentially about strengthening capacity of national systems of procurement and distribution
- ***Contrats Uniques*** : facilitates dialogue with provincial authorities; provides framework for alignment with provincial authorities

Conclusion

In a difficult context, with diverging ideas amongst donors and limited ownership of the partner government coordination can be relatively successful because of:

- **Institutional factors**
- **Flexibility from headquarters**
- **Committed individuals**
- **Like-mindedness amongst (European) donors**
- **Indirect alignment.**