

Working together to meet country needs

Recommendations from the Alignment Working Group

Draft for Investors Group endorsement

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Glossary

Term/concept	Definition
Alignment	The process of planning and implementing policies, strategies, and priorities with all stakeholders at global and country levels following the basic principle of one plan, one budget and one report. (Global Financing Facility, 2021)
One plan	A process in which countries have one country-wide shared and agreed operationalized plan, arrived at through extensive consultation and engagement with all stakeholders including financiers, implementers, and technical agencies. (Global Financing Facility, 2021)
One budget	A process of comprehensive budgeting to reflect the contributions of stakeholders to match the priorities outlined in the one plan. (Global Financing Facility, 2021)
One report	The use of a set of (key) indicators, joint processes, and procedures to monitor progress in achieving the targets and results stipulated in the one plan. In an ideal situation, all stakeholders report according to the standard reporting format and use the countries set of (key) indicators, without duplicating the channels of reporting. (Global Financing Facility, 2021)
Public financial management (PFM)	A set of rules and processes that govern how public resources are collected, allocated, spent, and accounted for, with the objectives of strategic allocation of resources, efficient service delivery, aggregate fiscal discipline, and financial transparency and accountability (UHC2030).
Country ownership	Countries determine their own development strategies by playing a more active role in designing development policies and take a stronger leadership role in coordinating aid. Donors more consequently use existing fiduciary and procurement systems to deliver aid. (Accra Agenda for Action, 2008).
Mutual accountability	Mutual accountability is a process by which two (or multiple) partners agree to be held responsible for the commitments that they have voluntarily made to each other. It relies on trust and partnership around shared agendas, rather than on hard sanctions for non-compliance, to encourage the behavior change needed to meet commitments (OECD, 2008).
Aid effectiveness	Aid effectiveness recognizes that aid could – and should – be producing better impact. It is formulated around five central pillars: ownership, alignment, harmonization, managing for results and mutual accountability (OECD, 2008).

Executive Summary

Introduction

Numerous global efforts have been made to improve the alignment of development assistance to government priorities. These have rallied both countries and development partners, with the establishment of the International Health Partnership+ being one of the biggest efforts in recent years. In line with the principles of the *Paris Declaration on Aid Effectiveness*, seven behaviors for cooperation in health were agreed centered on support for national health sector strategies and the use of country systems. With the advent of the sustainable development agenda in 2015, the International Health Partnership+ transformed into the International Health Partnership for Universal Health Coverage 2030, known as UHC2030.

Against this backdrop, significant progress has been made to improve the alignment of health investments to government priorities. Most countries in Africa have developed national health policies and are routinely producing health sector strategic plans – some systematically involving key stakeholders. However, the success of these measures has been mixed due to a combination of technical, institutional, and political factors that continue to stifle efforts by countries and development partners to work together to effectively and efficiently maximize the use of resources to meet country needs.

Tracking Alignment Progress

The need to maintain a strong focus on improving alignment remains a core preoccupation in discussions on health service planning, delivery, and financing¹. It is a major strategic area for the Global Financing Facility with the Alignment Working Group currently mandated as a key high-level body to bolster alignment efforts. During early meetings of the working group – a unique collaboration between countries and development partners – the absence of a way to grade countries and measure progress over time was identified as a major bottleneck, as was the lack of an appropriate system to support and track improvements.

Members agreed that an alignment framework that considers the performance of countries and their development partners while taking account of diverse contextual issues would support the realization of outcomes within the existing alignment agenda². Following further discussions by the various constituencies that form part of the Alignment Working Group, two linked instruments have been developed to support country-led alignment of health service delivery and financing.

The *diagnostic exercise* helps provide a ‘health check’ of a country’s status against the domains of one plan, one budget, and one report and is designed to be conducted by government stakeholders and development partners as an entry point for dialogue. It aims to provide a baseline understanding of a country’s alignment status and can be used on a routine basis to track progress overtime but is not

¹ 12th Global Financing Facility Investors Group Meeting (March 2021)

² Alignment Working Group Principles Meeting (September 2021)

intended to conduct cross-country comparisons. Based on the outcome of this preliminary exercise, the *Maturity Model* would then be deployed – a 5-level system that grades countries along an alignment spectrum and helps facilitate concrete discussions on the process, potential actions, and enforcement plans.

The framework is based on a political economy analysis that maps country experiences and highlights the major drivers and barriers of alignment, as well as an extensive mapping of existing efforts to assess alignment so that it builds on, rather than replaces, these mechanisms. In fact, the initial *diagnostic exercise* is almost entirely based on data sources drawn from globally accepted guidelines, as well as specific assessment frameworks like the Public Expenditure and Financial Accountability tool. Likewise, the *Maturity Model* is comprised of recognized, tried, and tested indicators to measure aid effectiveness. The implementation of the new framework will be aided by a theory of change on alignment, also developed as part of the process, which articulates outcomes and impact sought, along with key assumptions. It will initially be piloted and refined in up to eight partner countries.

1. Rationale

Aid effectiveness recognizes that aid could – and should – be producing better impact. However, countries and development partners continue to fall short when it comes to working together effectively and efficiently. This failure to align following the basic principles of ‘one plan, one budget and one report’ has a major impact on maximizing resources to meet country needs and ultimately compromises global action for universal health coverage and other health-related goals.

Considerable work has been done to try to improve the alignment of development assistance to government priorities. There are over a dozen tools with relevance to the alignment process, for example, four linked to global monitoring frameworks on aid effectiveness (Annex 1), six used by bilateral and multilateral donors, and three by independent review bodies (Annex 2). These have rallied both countries and development partners, with the establishment of the International Health Partnership+ (IHP+) being one of the biggest efforts in recent years. This partnership aims to support greater knowledge-sharing and mutual accountability between partners to improve health in developing countries (1). In line with the principles of the *Paris Declaration on Aid Effectiveness*, seven behaviors for cooperation in health were agreed, centered on support for national health sector strategies and the use of country systems. IHP+ member countries signed the Global Compact in 2007 and individual country compacts were developed and signed thereafter to enhance aid effectiveness principles at the country level. With the advent of the sustainable development agenda in 2015, IHP+ transformed into the International Health Partnership for Universal Health Coverage 2030 (UHC2030).

Against this backdrop, significant progress has been made to improve the alignment of health investments to government priorities. Most countries in Africa have developed national health policies and are routinely developing national health sector strategic plans. Many are also systematically developing their plans together with key stakeholders, with some – such as Ethiopia and Rwanda (2) – being front-runners when it comes to adopting one plan, one budget, one report principles. Other countries have also recognized the value of these principles and are establishing important foundational structures to promote them.

To address the challenges of existing alignment and promote the broader aid effectiveness agenda, an Alignment Working Group (AWG) was established following discussions at the 12th Global Financing Facility (GFF) Investors Group Meeting in March 2021³. This unique collaboration between partner countries and development partners is tasked with developing and implementing a way to address key alignment bottlenecks drawing on existing and institutionalized tools that promote the alignment or harmonization of aid in different ways. Country-led as well as evidenced and results-driven, the group’s core objective is to ***advance the alignment agenda at the country level and give voice to partner***

³ To make the working group small and effective and ensure that there is a strong representation of partner countries, the members of the AWG represent different constituencies that are part of the Global Financing Facility Investors Group. The AWG is currently comprised of four partner countries (Burkina Faso, Central African Republic, Ethiopia, and Rwanda), one United Nations agency (World Health Organization), one global health fund (Gavi, The Vaccine Alliance), two bilateral agencies (UK and USA), and one foundation (Bill and Melinda Gates Foundation).

countries in the discussion around how external and domestic financiers can better align their support and technical assistance to country priorities and systems.

To achieve this goal, the AWG designed an alignment framework to support country-led alignment of health service delivery and financing. The framework involves an initial *diagnostic exercise* to establish an alignment baseline, but which can be regularly repeated to track progress overtime, followed by the deployment of the *Maturity Model* to determine maturity along an alignment spectrum. This framework is described in detail in Section 3.

Theory of Change

To underpin the development of this new framework and track implementation, a theory of change was developed with the goal of defining a clear problem statement and articulating outcomes and impact sought (see Figure 1).

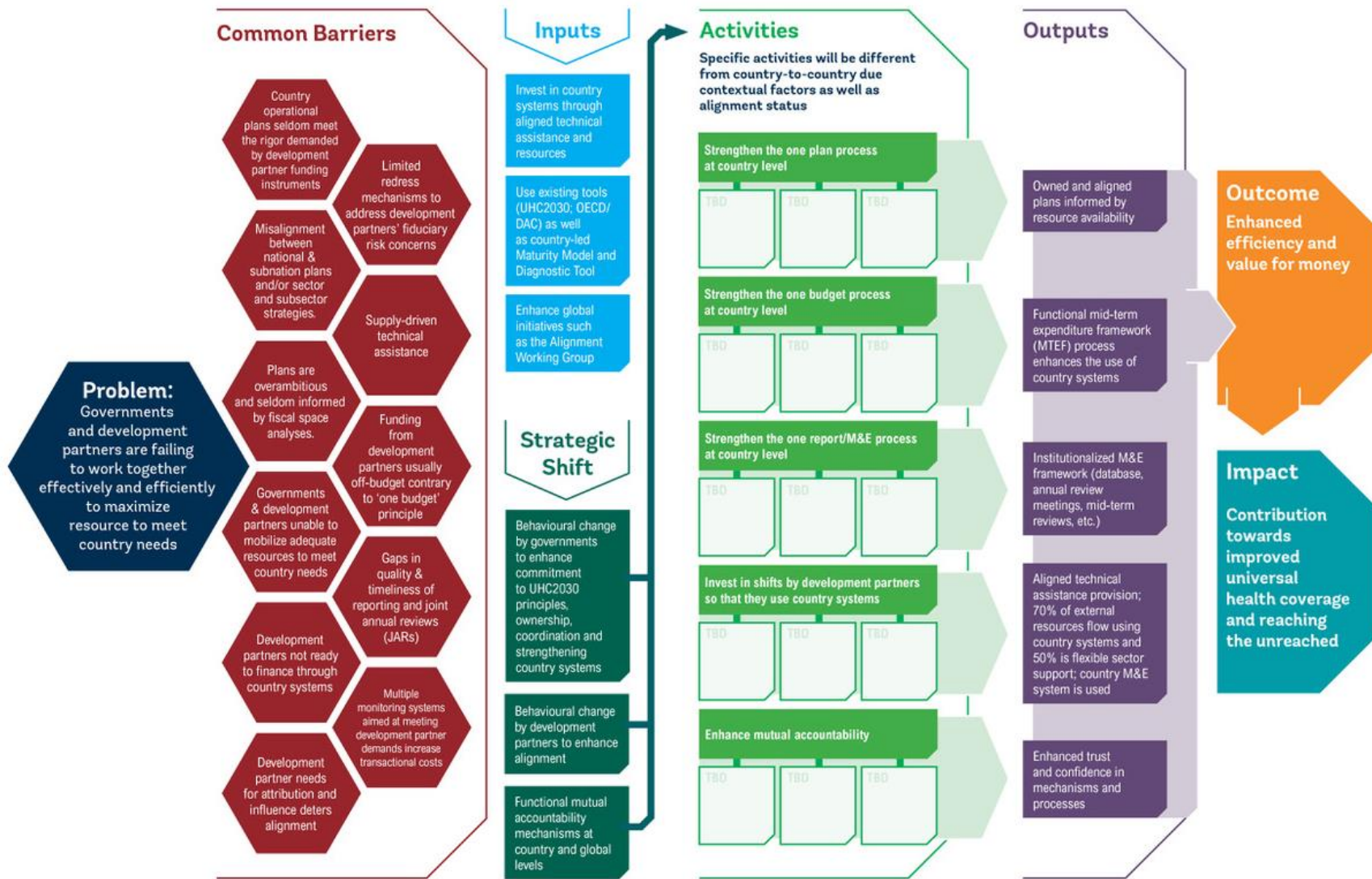
Drawing on the political economy analysis conducted as part of this body of work (see Section 2), common barriers that often get in the way of meaningful alignment are also presented. These barriers reflect some of the reasons countries and development partners often fail to make progress on the three alignment domains of one plan, one budget and one plan. The theory of change further presents the inputs and strategic shifts in approach needed for success. In addition, it provides a set of ‘representative’ activities that address interconnected, mutually reinforcing issues. The activities are not intended to be prescriptive or a ‘one-size fits all’ approach. Rather, they illustrate what individual countries need to focus on when defining their future actions given their status of alignment. The inputs and strategic shifts are intended to enable countries to attain higher levels of alignment as described in the *Maturity Model*.

The sum of these activities aims to contribute to five outputs:

- Owned and aligned plans informed by resource availability
- Functional mid-terms expenditure framework (MTEF) process (performance budgeting; results-based budgeting) promotes enhanced use of country systems
- Institutionalized M&E framework (database, annual review meetings, mid-term reviews, etc.)
- Aligned technical assistance provision; 70% of external resources flows using country systems; 50% of external resources is flexible sector support; use of country M&E system
- Enhanced trust and confidence in mechanisms and processes

The cumulative achievement of these outputs is expected to contribute to enhanced efficiency and value for money for both countries and development partners. Over the longer term, this is expected to support the realization of universal health coverage and reaching the unreached in each country. In addition, a set of assumptions underpinning the logic of the theory of change are highlighted. These are likely be major sources of risks, so stakeholders should regularly review and assess their validity and develop appropriate risk mitigation mechanisms.

Figure 1: Theory of Change on Alignment



Assumptions:

1. Countries and development partners are open and flexible to adjusting their behaviors on alignment
2. Countries and development partners commit to investing more towards strengthening country systems
3. Development partners and global initiatives are flexible and willing to establish a monitoring mechanism to assess the behavior of countries and development partners
4. Country leaders are willing and able to harmonize the efforts of their MoH and MoF to align their national, sectoral, and sub-strategies and strengthen systems for planning, budgeting, and M&E at all levels.
5. Countries can provide an enabling environment for other stakeholders to effectively play their roles
6. Civil society organizations, implementing partners and the private sector are willing to abide by, and work with, the national strategy

2. Political Economy of Alignment

Understanding the major drivers and barriers of alignment is an important prerequisite for improving the process, particularly the role of incentives and the multiple layers that influence donor decision-making⁴. Painting a more complete picture of past efforts is also critical, including why alignment does not happen in some context – even where key structures or frameworks are in place.

This section documents what works, what does not, and why. These findings are informed by a review of literature as well as key informant interviews with a range of countries and development partners. It is structured around the core themes of conditionality, coordination, and predictability.

Conditionality

Both partner governments and donors have corporate interests that need to be considered during dialogues if mutual trust is to be achieved (7) – some are negotiable while others are not. These interests are informed by decisions made at global, regional, and national levels, and have considerable political implications (8). Leaders of donor agencies are often under intense pressure. On the one hand, they must demonstrate to taxpayers that aid can achieve significant and measurable results in a very direct way. On the other, there are high-level political imperatives to ensure that aid supports foreign policy and security objectives. This skews attention away from local priorities defined by partner governments in favor of donor agendas. In short, development partners often face political and organizational, or simply bureaucratic, constraints that prevent them from investing in true partnerships.

Accountability Demands from Domestic Constituencies

The demand for accountability from domestic constituencies creates a particular dilemma for development partners. This is because they must continually balance the need for attribution and visibility versus collective development effectiveness (9). As a result, the use of budget support and related program-based approaches tends to come under pressure in favor of project-based approaches, vertical funds, and trust funds. It is important to remember that donor agencies are also headed by political appointees who tend to operate against short-term horizons, with strong incentives to demonstrate progress to their electorate, domestic lobby groups and legislatures.

From the recipient perspective, the political nature of development assistance (10) often means that decisions on both the acceptance of aid, as well as the modality that will be used to implement it, seldom lies at the technical level. This forces departments within health ministries to retrofit programs. A key result of this situation is a misalignment of conditions under which partnerships will work. This is further complicated by the fact that coordination platforms often operate as ‘meet and greet’ spaces, rather than promoting real alignment progress (11) as actual decisions are made at a different level.

⁴ Alignment Working Group Technical Group Meetings (August, September, and October 2021)

Fear of the Unknown

Understanding underlying interests, organizational culture, as well as perceived disruptions that might stem from uprooting current modes of operation – particularly the subsequent impact on the current beneficiaries of the systems – is critical (12). If not considered, there is a risk of conflict. Since formal organizational culture dictates the mode of operation for some development partners (8), on-budget support may be an option for some donors, but impractical for others. Demands for reporting and project management – including limiting fiduciary risks – are some of the issues that must be considered in the process of stakeholder engagement (13). Ensuring that donors and partner government have a clear understanding of these constraints during technical discussions about aid modalities, and their subsequent implementation, is critical so that a meaningful partnership can be forged. These differences are also active at subnational levels (14) and may become more pronounced in countries where decentralization and devolution are more institutionalized.

As a means of addressing these challenges, it is important for both countries and development partners to create mechanisms that promote mutual accountability. In practice, this involves having structures in place that give stakeholders the time and space to understand each other's processes and providing avenues to influencing decision making. This requires consistent engagement over a long-term period.

Coordination

Targeted funding of disease-specific health programs has been successful at directing substantial resources to priority areas (15). However, this has happened at the expense of strengthening overall service delivery systems (7), and has led to parallel structures for partnership, planning and managing programs. It has also created a situation where partner governments and their donors now need to choose to either disrupt current mechanisms at the risk of creating setbacks in service delivery, or continue with current progress, but at a high transactional cost (4).

Stability of Government and their Systems

The level of leadership and coordination capacity in a country is positively correlated to the level of development assistance coordination and alignment (16), as well as to overall government stability (17). Specifically, the perception that there are limited, or no, political threats to their positions of power creates an environment where leaders focus on longer-term projects. Using the examples of Ethiopia, Ghana and Rwanda, political stability, and the need for self-reliance – as well as an interest in building a legacy – has driven good leadership in managing development aid assistance. By contrast, other countries have shown that, while partnership frameworks and structures have been established for dialogue among stakeholders, their functionality has been limited by a lack of authority to make decisions, creating apathy and redundancy (18). The same study also reports discontent among donors committed to the principles of aid alignment, with a number feeling that some countries are not fully committed to doing the 'work'.

Most countries in Africa have adopted the use of medium-term expenditure frameworks that forecast resources over a period of around three years. The forecast is reviewed annually in a rolling manner (19). However, in-country capacity to run these systems is sometimes inadequate, which creates risks such as inappropriate fund use, untimely reporting, and audit issues (including delays in conducting them as well as implementation their findings) (4). These increase the risks to donors, who need confidence in financial management systems if they are to start – or increase – channeling funds through government mechanisms. In addition, when donors do not use government systems, Sector Working Groups (SWGs) become less important, and partner governments and donors have less incentive to cooperate (18). These dynamics create an unhelpful cycle.

In addition, it is likely that countries most in need of development assistance may also have the weakest public financial management systems (20). These countries have, at the same time, experienced a significant share of documented bottlenecks around accountability. Following high-profile corruption cases and persistent questions about performance and results in the context of the Joint Budget Support Fund in Uganda, for example, donors raised a red flag (21). To overcome this dilemma, a focus on slowly and carefully building systems that both countries and development partners are comfortable with – and working to institutionalize them – must be given even greater emphasis going forward.

Predictability

The issue of predictability affects both donors and partner governments. Where partner countries abruptly change their priorities and shift expenditures, this creates a disincentive for donors to adhere to their commitments. The fact that donors – be it at the country office level or at headquarters – at times have limited control over where, how, and when their budgets are allocated can add further problems, the impacts of which have been well-documented (3).

Balancing Predictability and Flexibility

The current COVID-19 pandemic has precipitated the need for a more flexible approach to health funding (both domestic and external). Fund flows, especially those created with the assumption of robustness as the major goal, become counterproductive when agility is required to respond to emerging needs (22). Reallocating funds to new priorities in this case can only be facilitated if mechanisms exist in the country to quickly review and amend original plans, including adjustable financial management mechanisms.

The Role of Country Leadership

The role of country leadership cannot be overstated: strong strategic direction by recipient countries goes a long way toward providing the leadership needed to create an enabling environment for alignment to thrive. What is more, development partners are likely to be more willing to follow where a clear direction is provided (23). As Dr. Tedros Adhanom puts it: *“Universal health coverage is ultimately a political choice. It is the responsibility of every country and national government to pursue it. Countries have unique needs and tailored political negotiations will determine domestic resource mobilization”* (24).

Perspectives from Key Informant Interviews

Between September and October 2021, a total of eight key informant interviews were conducted – three with countries and five with development partners (all were members of the AWG). While most of the content discussed focused on inputs into the proposed alignment framework, they also explored perspectives on political economy issues.

All respondents emphasized the role of country ownership as an essential ingredient of alignment and noted that the alignment framework could serve as a mechanism for countries to have more structured discussions with their development partners, including determining what aspect of the partnership needs to be improved. Political will is key as is the generation of strong momentum behind reforms.

“It is critical for this to be country-driven and for country governments to be empowered to run the conversation and be in the lead. This platform will be helpful regardless of the international efforts.”
- Donor representative

“Despite everything that donors say, they’re not always held accountable to themselves to ensure it’s done. There is a classic gap between what is said at high level and what is accomplished in countries. The same applies on the country-side – follow through on commitments is varied.”
- Donor representative

Several respondents also reported that enforcement of alignment plans was currently weak, at both country and global levels. This is because indicators are neither monitored nor measured consistently and because there are no standardized follow-up mechanisms for recommendations or actions. The efforts were “too broad” and “at the macro level”. There were also concerned about ambiguity around the success of supply-driven interventions.

“In the past – too many indicators and getting meaning out of that has been challenging. Also measuring indicators that are tough to improve.”
- Country representative

“Alignment needs to become a social norm again.”
- Donor representative

Ultimately, respondents agreed that success would depend on how well the process is contextualized to individual countries.

“Existing tools don’t matter because they don’t unpack what is actually going on in the country.”
- Donor representative

Based on the political economy analysis, three key factors related to alignment should be considered:

1. The health partnership between countries and development partners, particularly the level of alignment, is at different stages in different countries and, even within a particular context, alignment is dynamic and can shift rapidly.
2. Alignment to national priorities is possible only if an adequate enabling environment is in place that both countries and development partners have been actively involved in creating, and which is backed by strong leadership and political will.
3. It is important to understand the implications of the proposed changes as they will create friction and impact different parties in many ways. Those facing these disruptions might oppose changes because they do not see how they fit into the reform process.

3. Recommended Approach to Enhance Alignment

The proposed approach recommends the use of a *diagnostic exercise* to track the process of alignment together with a *Maturity Model* to determine the level of alignment and develop improvement mechanisms. Three enablers are required to start using the framework:

1. **Clarity on ownership at global and country levels:** This includes transparency on who will finance and conduct the tool deployment and enforcement at both levels.
2. **Political will:** Strong leadership and commitment at senior political levels in the government, ideally outside of the health sector, is needed for government stakeholders and development partners to coalesce around an alignment agenda.
3. **Operational capacity at the country level:** Human resources trained and mandated to facilitate the processes are required for tool deployment.⁵

Diagnostic Exercise: Initial Baseline and Routine Monitoring Tool

The *diagnostic exercise* aims to provide a ‘health check’ of a country’s status against the domains of one plan, one budget, and one report. Conducted by government and development partners as an entry point for dialogue, the goal is to establish a baseline understanding of a country’s alignment status and can ultimately be used on a routine basis to track progress overtime. It is not, however, intended as a means of conducting cross-country comparisons. The exercise is almost entire based on data sources drawn from globally-accepted guidelines, as well as specific assessment frameworks like the Public Expenditure and Financial Accountability tool. Specific criterial and discussions guides are articulated in Tables 1-3 below.

Conducting the Diagnosis

To allow for a comprehensive outlook, it is proposed that:

- Government and development partners initially **conduct assessments independently** and reconvene to review areas of discordance.
- Government and development partners then have a one-on-one conversation in which they **complete the assessment together** and agree on joint next steps.
- As the discussions mature, these discussions can move from a one-on-one format to a group approach with clearly defined goals.

In practice, each country will assess their status along the three domains of alignment (one plan, one budget and one report). The country team undertaking the assessment will look at each domain using the key questions provided in Tables 1-3 below to interrogate their status against relevant criteria drawing on the suggested data sources provided.

⁵ Any resources must also aim to minimize risk of duplication with other similar activities in the country (e.g., GPEDC, UHC2030).

For example, under the 'one budget' domain, countries and their development partners would likely reference a combination of resources to answer the questions contained in the discussion guide, drawing on data that is routinely maintained in country (e.g., country expenditure reports, resource mapping and expenditure tracking) as well as more ad hoc appraisals such as any recent Public Expenditure and Financial Accountability (PEFA) performance assessment reports or country assessments using WHO's Health Financing Progress Matrix. A just published World Bank instrument, which explores the extent to which donors use government systems, could also be used as part of this process (23). Ultimately, the diagnostic exercise will be context driven, but aims to use existing and institutionalized tools as a starting point.

Responses will not only allow countries to identify 'where they are' in terms of alignment, they will also help identify the gaps they need to address to get to the next level of maturity. Countries also need to enquire into the factors associated with the gaps so that an action plan can be prepared.

Table 1: One Plan Domain Criteria and Discussion Guide

Criteria	Example of Data Source	Discussion Guide
<p>Plan ownership and consistency with national priorities</p>		<p>Definition and Incorporation of National Priorities in Planning <i>Are the national priorities clearly defined and in what form? How are they arrived at / defined and to what extent are the key stakeholders involved? How far has the national sector strategy been comprehensive, integrated and owned by all levels of government hierarchy as part of the overall government development strategy?</i></p>
<p>Existence and use of clear joint planning & review system enabling alignment across levels</p>		<p><i>Are there mechanisms to ensure that the plan is feasible, evidence based and reflects national priorities?</i></p> <p>Handling Projects in Sector Planning <i>Are there mechanisms in place to ensure projects are in line with and aligned to the sector plan? Please describe the process To what extent are disease-specific strategies (HIV/AIDS, malaria, TB, etc.) aligned to the national strategy in terms of timelines, targets, estimated costs? Have they faced challenges? Please specify.</i></p>
<p>Level of institutionalization of stakeholder involvement in sector plan development</p>	<p>Strategizing national health in the 21st century: a handbook</p> <p>CPAI assessments</p> <p>IHP+ scorecard</p> <p>RMET assessments</p>	<p>Planning & Review Systems <i>Does the country have a documented planning and review system, process, and procedure? Is there a defined planning calendar known by all stakeholders to which they aligned to? To what extent does the plan incorporate the major activities of all stakeholders (DPs, CSO and private sector activities)? Is there guidance or process for harmonized planning across administrative areas (center, provincial and/or local)? How are the reviews conducted? Is there a mechanism to promote joint review by all key stakeholders? What have been challenges? Are the objectives, outcomes, and targets feasible? How is the plan costed? Does it take into consideration the fiscal space?</i></p> <p>Participatory Planning <i>To what extent are the key stakeholders (government, Development Partners, the private sector, community) involved in development of the health sector plan? Are there any planning guidelines that ensure participatory planning and are they accessible to all stakeholders?</i></p> <p>Institutional Arrangement for Plan Implementation, Monitoring and Evaluation <i>Are the roles and responsibilities of all key stakeholders along the planning cycle clearly defined? Is stakeholder analysis regularly undertaken? Does the country have a defined institutional framework for plan implementation, monitoring and evaluation?</i></p>

Table 2: One Budget Domain Criteria and Discussion Guide

Criteria	Example of Data Source	Discussion Guide
Forecasting resources for planning and implementation		<p>Public Financial Management & Procurement and Supply Chain Management Systems</p> <p><i>What PFM & PSCM systems does the country have? Are they used across board for domestic public and private sector as well as for external funding?</i></p> <p><i>Are there clear guidelines on the use of the PFM & PSCM systems?</i></p> <p><i>Are there mechanisms for review/revision of the PFM & PSCM systems?</i></p> <p><i>Have there been any challenges in use of PFM & PSCM systems and how has the country addressed these challenges?</i></p>
Alignment with the country's procurement and supply chain management (PSCM) system	<p>Resource Mapping and Expenditure Tracking</p> <p>Public Expenditure and Financial Accountability country assessment</p>	<p>Resource forecasting for planning & Implementation</p> <p><i>Does the country forecast resource to facilitate planning and implementation?</i></p> <p><i>Is there a three-year rolling MTEF process to guide sectors for budgeting?</i></p>
Method of budget allocation	<p>Guidelines on supply chain best practice</p> <p>Country expenditure reports</p>	<p><i>To what extent does this forecast include the different sources of funding (domestic public funding, external funding, private sector, community/household)?</i></p> <p><i>What are some of the challenges of including all channels of funding?</i></p>
Status of the government's auditing system	<p>Mid-term expenditure frameworks</p>	<p><i>What is the period of duration of the forecast and how reliable is it?</i></p> <p><i>Has the country conducted a resource mapping exercise before?</i></p> <p><i>How often is this executed?</i></p> <p><i>How far is the annual budgeting process based on the availability of funding (resource constrained budgeting)</i></p> <p><i>What are the successes and challenges faced?</i></p>
Existence, application, and review of public financial management system	<p>CPAI assessments</p> <p>IHP+ scorecard</p> <p>RMET and NHA assessments</p>	<p>Budgeting, Budget Allocation & Budget Execution</p> <p><i>How are budget allocations determined (from national to sector budget and within the sector)?</i></p> <p><i>Does the country have a budget allocation and approval framework in place?</i></p>
Budget execution rate	<p>The Health Financing Progress Matrix Country Assessment Guide</p>	<p><i>What type of budgeting does the country use and to what progress has the country made towards program/results-based budget?</i></p> <p><i>To what extent does the government budget capture external funding and how? If the share captured is low, what do you think are the major reasons for lack of commitment for using government systems?</i></p> <p><i>What on average has been the budget execution (proportion of budget funds approved that are disbursed/used) in the last three financial years?</i></p>

Table 3: One Report Domain Criteria and Discussion Guide

Criteria	Example of Data Source	Discussion Guide
<p>Clearly defined result framework (impact, outcome, and output indicators as part of strategic and annual plans)</p>		<p>Data and Information <i>Is the results framework (impact, outcome, and outputs) described in the strategic and annual plans reflected in the routine information system?</i> <i>Does the country have an integrated health management information system with an integrated database?</i> <i>Has the country established a national health observatory?</i> <i>If there are different sources of information and data, are they interoperable?</i> <i>Does the country undertake regular periodic population-based surveys to complement routine health information / data?</i> <i>How reliable, timely and complete is the country's information?</i></p>
<p>Availability of timely, complete, reliable, and integrated data and information</p>	<p>Strategizing national health in the 21st century: a handbook Framework and Standards for Country Health Information Systems</p>	<p>Reporting <i>What is the status of reporting in the sector?</i> <i>What progress has been made in harmonizing reporting from the different stakeholders?</i> <i>Are there government report formats and to what extent are they used by development partners and the private sector?</i> <i>What are the key challenges and what have been the efforts to address them?</i></p>
<p>Existence of effective joint and regular review mechanisms (AR, MTR, JRM, etc.)</p>	<p>CPAI assessments IHP+ scorecard</p>	<p>Accountability <i>Has the country developed an accountability framework? Does it cover mutual accountability between government, development partners, private sector, and communities?</i> <i>What instruments of accountability does the country have in terms of coordination fora, Compacts on agreed obligations and deliverables, etc.</i> <i>How regularly do the stakeholders review their performance against agreed stakeholder expectations and deliverables?</i></p>
<p>Existence of mutual accountability framework and its use by sector stakeholders</p>		<p><i>How effective are these coordination and review mechanisms in influencing the behavioral change by government, development partners, civil society organizations and the private sector? If not effective, why?</i></p>

Maturity Model: A 5-level Alignment Grading System

Following on from the initial *diagnostic exercise*, the *Maturity Model* would then be deployed to help facilitate concrete discussions on potential actions and enforcement plans. Specifically, the model proposes the use of several criteria for each of the three domains (one plan, one budget, one report), each of which has benchmarks that describe country status against a 5-level scale, with level 5 constituting the highest level of maturity (see Tables 5-7). The benchmarks are incremental and hence reflect progress made from one level to the next, or the additional effort required to attain the next level. The model is comprised of recognized, tried, and tested indicators to measure aid effectiveness.

The outcomes of questions used during the initial *diagnostic exercise* can be used to interrogate the status of each domain under review. Where several criteria are found to contribute to one outcome, these have been merged for the sake of simplicity.

Grading/Scoring Country Performance Along the Maturity Model

There are several ways to consider how the *Maturity Model* will be used by countries to score themselves objectively. They may choose to do so by domain, or across all three domains to generate an overall grade. The simplest way to use the model would be to apply the score across all benchmarks for each criterion. The *Maturity Model* has 13 criteria each with five benchmarks, totaling 65 benchmarks. If the highest level 5 for each indicator is given 5 points, then an 'ideal country' with a desired one plan, one budget and one plan would score 65 points (13 x 5). One that scores at level 1 for all criteria would score 13 points (13 x 1). This could also be unitized.

However, country experience suggests that there is a difference in meeting the three main alignment domains. Most countries to a greater extent, do meet the one plan domain. There are also countries that meet most of the one report indicators. The one budget domain is the one that often poses a particular challenge. It is proposed that more weight is given to push this domain as compared to the others. A weighting of 25%, 40% and 35% for the one plan, one budget and one report domains respectively, could be considered. Using the weights mentioned above, the minimum and maximum scores would be as shown in Table 4 below.

Table 4: Scoring with Weights

Domain	Level 1	Level 2	Level 3	Level 4	Level 5
One plan	$4 \times 1 \times 0.25 = 1$	$4 \times 2 \times 0.25 = 2$	$4 \times 3 \times 0.25 = 3$	$4 \times 4 \times 0.25 = 4$	$4 \times 5 \times 0.25 = 5$
One budget	$5 \times 1 \times 0.4 = 2$	$5 \times 2 \times 0.4 = 4$	$5 \times 3 \times 0.4 = 6$	$5 \times 4 \times 0.4 = 8$	$5 \times 5 \times 0.4 = 10$
One report	$4 \times 1 \times 0.35 = 1.4$	$4 \times 2 \times 0.35 = 2.8$	$4 \times 3 \times 0.35 = 4.2$	$4 \times 4 \times 0.35 = 5.6$	$4 \times 5 \times 0.35 = 7$
All domains	4.4	8.8	13.2	17.6	22

Table 5: Description of Stepwise Level of Maturity Under the *One Plan* Domain

Criterion	Status of Criterion per level of maturity					
	Level 1	Level 2	Level 3	Level 4	Level 5	Indicators
Plan ownership and consistency with national priorities	National priorities not clearly identified in the plan; and Existing different and parallel project plans	National priorities identified in the plan but not owned by all stakeholders; and most but not all project plans incorporated in the sector plan	National priorities identified and owned by all stakeholders but not well reflected in plan; sector plan constituting components of project plans	National priorities well-articulated and reflected in one common sector plan	National plans, owned by all stakeholders and based on national priorities institutionalized	<ul style="list-style-type: none"> Extent to which the HSSP is aligned to the National Development Plan;
Existence and use of clear joint planning & review system enabling alignment across levels	No existing planning calendar, no alignment of national and local plans, no system for joint review of plans	Existing planning calendar but no alignment between national and local level plans, and no system for joint review of plans	existing planning calendar with provision for alignment of national and local plans but no system for joint review of draft plans	existing planning calendar with alignment of national and local plans and with systems for joint review of plans	Institutionalized joint planning with clear calendar, alignment across levels and systematic joint review of plans	<ul style="list-style-type: none"> Level of commitment of stakeholders to a consolidated annual plan
Existence and use of resource mapping tool to track Resource commitment to costed Sector Plan	Erratic resource availability from both government and partners to sector plan with unrelated multiple objectives, limited fiscal space consideration and targets	Partial resource commitment by both Government and partners to sector plan with objectives, limited fiscal space consideration and targets	Full resource commitment by Government and partial resource commitment by partners to costed sector plan with unrealistic, though clear and measurable objectives and targets	Full resource commitment by both Government and partners to sector costed plan with clear, measurable, and realistic objectives and targets	Multi-year resource commitments by both Government and partners to costed sector plan with clear, measurable, and realistic objectives and targets	<ul style="list-style-type: none"> Level of resource commitment to the costed HSSP
Level & institutionalization of stakeholder involvement in sector plan development	Participation in plan development limited to Government and DPs	Improved stakeholder plan development participation but with limited private sector and community participation	Improved stakeholder plan development participation but with limited community participation	Full participation of all stakeholders in plan development	Institutionalized participatory planning framework (systematically and routinely done)	<ul style="list-style-type: none"> Level of participation of stakeholders in the development of the HSSP

Table 6: Description of Stepwise Level of Maturity Under the *One Budget Domain*

Criterion	Status of Criterion per level of maturity					
	Level 1	Level 2	Level 3	Level 4	Level 5	Indicators)
Forecasting resources for planning and implementation	No resource forecasting	Resource forecasting but only for public domestic funds	resource forecasting for both domestic and external funding	comprehensive MTEF including external funding, private sector, and community / household funding	institutionalized rolling comprehensive MTEF	<ul style="list-style-type: none"> Level of resource projections for the HSSP (Degree to which government and DPs avail information on resources to be spent in the sector for at least 3-year period)
Method of budget allocation	Irrational budget allocation	budget allocation according to national priorities but as line-item budget	budget allocation according to national priorities in form of program budget	result-based budget allocation in line with national priorities	framework to guide budget allocation and approval according to national priorities institutionalized	<ul style="list-style-type: none"> Extent of use of results-based financing by government and partners
Alignment with the country's procurement and supply chain management (PSCM) system	All DP are running parallel procurement & Supply Chain systems	DP is investing in the strengthening the government's PSCM system	DP is not using the government's PSCM system. DP is using additional PSCM mechanisms that are endorsed by the gov	Partial use of the government's PSCM systems	Full use of the government's PSCM systems	<ul style="list-style-type: none"> Extent to which DPs align with the government's PSCM systems
Average budget execution over last 3 years	less than 50% budget execution	50 - 60% budget execution	61 – 79% budget execution	80 – 90% budget execution	more than 90% budget execution	<ul style="list-style-type: none"> Level of budget execution (Proportion of government health sector budget execution; Proportion of development partner health sector support budget execution)
Existence, application, & review of public financial management system	Lack of clear PFM systems	Existing PFM systems but not fully operationalized	PFM systems operationalized but not fully adopted by DPs	PFM systems operationalized and used for both domestic and external funding	System in place to routinely support use of review and revise PFM systems	<ul style="list-style-type: none"> Level of use of PFM systems (Proportion of DPs that use PFM systems; Proportion of stakeholders that use PFM systems))

Table 7: Description of Stepwise Level of Maturity Under the *One M&E* Domain

Criterion	Status of Criterion per level of maturity					
	Level 1	Level 2	Level 3	Level 4	Level 5	Indicators
Clearly defined Result framework (impact, outcome & output indicators as part of strategic and annual plans)	No results framework	existing results framework with too many targets and indicators	existing results framework with core targets and indicators but not used by all stakeholders	existence of a clear results framework with targets and indicators, agreed and used by all stakeholders	sector monitoring and evaluation framework institutionalized for use by all stakeholders	<ul style="list-style-type: none"> • Extent to which stakeholders use the sector M&E framework
Availability of timely, complete, reliable, and integrated data and information	Inadequate and non-interoperable multiple sources of data and information	Interoperable routine data and information systems but with limited geographical coverage	National coverage of routine data and information but with limited population-based data (surveys, etc.)	National coverage of routine data and information with regular periodic population-based data	Institutionalized national health observatory and integrated database	<ul style="list-style-type: none"> • Level of availability of inter-operable data
Existence of effective joint and regular review mechanisms (AR, MTR, JRM, etc.)	Occasional performance reviews	regular performance reviews but not jointly conducted	regular performance reviews with limited stakeholders	regular joint performance reviews with all stakeholders	institutionalized regular periodic joint performance reviews in line with the M&E framework	<ul style="list-style-type: none"> • Degree of stakeholder use of joint sector reviews
Existence of mutual accountability framework and its use by sector stakeholders	No accountability framework and no stakeholder review of performance against expectations and deliverables	existing accountability framework but with occasional stakeholder review of performance against expectations and deliverables	Existing mutual accountability framework but only with regular review of government performance against expectations and deliverables	Existing mutual accountability framework with regular joint review of performance of government and development partners against expectations and deliverables	Institutionalized mutual accountability with joint performance of all stakeholders against expectations and deliverables	<ul style="list-style-type: none"> • Degree of use of accountability mechanisms

4. Next Steps

To ensure an appropriate implementation approach, the framework will initially be piloted in up to eight countries, four of which are already active members of the AWG and have been instrumental in the framework's development. The aim is not to replicate work, but to draw and learn from ongoing efforts to align and harmonize development assistance including IHP+'s alignment indicators as well as WHO's Health Financing Progress Matrix.

For each pilot country, the process will be government-led and supported by a core team of GFF technical staff in liaison with GFF country focal points who are already heavily involvement in the alignment process. Building on lessons from these pilots, including a potential process evaluation, specific components of the framework will be refined – particularly its link to other country and global processes – to ensure the groundwork is in place for successful scale up. At this point, based on feedback from each country and their development partners, final indicators for the *Maturity Model* will be agreed and the scoring system and underlying methodology will be finalized.

As mentioned briefly above, the success of this alignment framework will depend very much on buy-in and strong leadership from all parties. Leading up to the pilot phase, different constituencies within each country will be consulted in the development of a more detailed implementation plan, which also defines the roles and responsibilities of key actors so that mutual accountability can be established from the start.

While some reservations have been raised about the use of weighting and scoring as a decision support tool, this component of the alignment framework remains important as it provides a way for countries and development partners to get a sense of where they stand in terms of alignment, set goals, and track progress over time. As mentioned above, it is not intended for cross-country comparison purposes. Ultimately, it is a way to establish and maintain candid dialogue between stakeholders in countries, and ideally deliver robust indicators that could be integrated into the operational mechanism through which development partners and government engage.

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Annex 1: Global monitoring frameworks on aid effectiveness

Name	Est.	Purpose	Coordination agencies	Monitoring frequency	Countries engagement in development	Scope (donors, countries or both)	Inclusion of qualitative analysis	Main categories	Explicit focus on alignment	Relevant Indicators
Paris Declaration	2005	International standards accepted by over 100 countries and donor agencies to improve aid effectiveness	OECD	Continuous monitoring (2006, 2008, 2011)	Yes	Both	No, although there are several reports developed with country and donor partners to interrogate quantitative results	1. Ownership 2. Alignment, 3. Harmonisation 4. Management for Results, 5. Mutual Accountability	Yes	Overall: 14 monitorable indicators with medium term targets set for 2010 Alignment: 8
Global Partnership for Effective Development Cooperation (GPEDC)	2012	An outcome of the Busan meeting, this became the primary multi-stakeholder vehicle for driving development effectiveness. The Global Partnership Monitoring Framework retains indicators from the Paris declaration and supplements with additional indicators, alongside targets for 2015	UNDP & OECD	Continuous monitoring (2006, 2008, , 2011, 2014, 2016, 2018), now planning for 2022	Yes	Both		1. Country ownership 2. A focus on results 3. Inclusive development partnerships 4. Transparency & mutual accountability	No	Overall: 7 indicators, revised post Busan, aligned with each of the 4 principles Alignment: 10 indicators
International Health Partnership & Related Initiatives (IHP+)	2008	Group of partners (including country governments and development partners such as donors, technical agencies) committed to adopting the Paris Declaration principles for the health sector Launched to expedite progress towards the Millennium Development Goals through the IHP+ Country and Global Compact processes	WHO & World Bank	Continuous monitoring (2008, 2010, 2012, 2014, 2016)	Yes	Both	Yes	1. Health Sector strategies and mutual accountability 2. Health sector financing commitments 3. Use of national management systems 4. Support for engagement of CSO and private sector in health policy dialogue	Yes	Overall: Separate indicators for countries and development partners. For countries: 10 indicators For development partners (including bilateral and multilateral donors) 12 indicators Alignment: 10 indicators
UHC2030 (previously IHP+)	2016	Tracks progress against 8 identified effective development cooperation practices in the health sector to advance universal health coverage (UHC) Tracks progress against IHP+ indicators for governments and development partners	World Bank & WHO	Continuous monitoring focuses on UHC practices. It is not clear if IHP+ indicators will be further tracked.	Yes	Both	Yes	See above	No	See IHP+ indicators above

Annex 2: Bilateral, multilateral, or independent frameworks

Organization	Year	Scope	Reference to alignment
Bilateral & Multi-lateral donor evaluations reviews			
GAVI	2012	Explored how GAVI implemented principles of Paris Declaration, IHP+ and SDGs, incl. policy development, implementation and performance (weak, average or good).	Alignment with country systems was considered in an unpublished evaluation in 2012. Eg, whether GAVI encouraged cash and in-kind support to go through country systems and accounted for in national budgets, where there was a comprehensive policy statement on alignment, scoring on Paris indicators, and use of country procurement systems.
Global Fund	2015, 2016, 2020	4 independent assessments conducted to assess performance and organizational strength: Publish What you Fund 2020, Aid Transparency Index, Multilateral Organization Performance Assessment Network, DFID (UK) Multilateral Development Review 2016 and Performance of Australia Aid 2015-2016. Only Australia Aid included alignment as a key criteria.	Only in Ausaid review in which performance is assessed differently by country based on different program objectives. Alignment is highlighted as a criteria as it relates to alignment with the Australian aid policies.
UNICEF	2013	Independent assessment of humanitarian and development effectiveness of UNICEF operations	One criteria relevant to alignment: "UNICEF projects and programs align with national humanitarian and development goals."
DFID	2011, 2016	DFID's efforts to evaluate investments.	No explicit reference to alignment. The 2011 report called out the importance of greater adherence to the Paris Declaration principles.
Ausaid	2014	Evaluation of Australian Aid's investments.	Performance is assessed differently by country, based on different program objectives. Alignment is highlighted as a criteria as it relates to alignment with the Australian aid policies.
SIDA	2020	Approach to evaluating SIDA's investments.	The checklist for an evaluation of a SIDA investment explicitly calls out alignment as follows: 1. As part of 'joint evaluations' with the partner country and/or other development partners. 2. The evaluation process should take into account national and local evaluation plans, activities and policies
Independent reviews of donors' aid effectiveness			
Center for Global Development	2021	A New Framework and Set of Measures for Assessing Aid "Quality" Developed and revised to assess the quality of donors' aid effectiveness in the context of changing actors/stakeholders and circumstances. Latest published in 2021 Survey includes 49 providers (30 bilateral and 19 multilateral)	Overall: 17 indicators across the 4 principles: 1. Prioritization 2. Ownership 3. Transparency & Untying 4. Evaluation Alignment: 7 indicators

University of Washington	2016	<p>Part of a post series that examines the evidence and trends of donor-level results measurement systems</p> <p>Review includes 22 agencies (12 bilateral and 10 multilateral)</p>	<p>1. Donor and recipient alignment 2. Outputs and implementation 3. Outcomes and impact 4. Costs and cost effectiveness</p> <p>Overall: 18 Alignment: 6 indicators</p>
World Bank	2010	<p>To rank donors based on aid quality, including aid effectiveness</p> <p>Review includes 38 bilateral and multi-lateral donors</p>	<p>1. Alignment 2. Harmonization 3. Specialization 4. Aid Selectivity</p> <p>Overall: 18 indicators Alignment: 6 indicators</p>