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Is aid effectiveness giving us better health results?

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Aid plays an important role in reducing poverty and inequality, increasing growth, building capacity, and accelerating achievement of the Millennium Development Goals. Aid effectiveness is critical both to maximise the impact of aid and to achieve the necessary changes for long-term, sustainable development.

As the 4th High Level Forum on Aid Effectiveness approaches, and with aid budgets increasingly under pressure, it is even more important to demonstrate the links between aid effectiveness and health results.

This paper proposes a framework for a results chain that can be used to analyse the contribution of aid effectiveness processes in health. Based on the framework, it presents a rapid synthesis of the evidence to determine whether aid effectiveness processes are improving results in the health sector.

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1. Introduction

The Paris Declaration on Aid Effectiveness (2005) is an ambitious mutual accountability mechanism between providers and recipients of aid. It is based on the five principles of ownership, alignment, harmonisation, managing for results and mutual accountability. While donors commit to relaxing constraints on aid, recipient countries commit to improving overall governance through strengthening their institutions, policies and systems. Both agree to measure progress and regularly hold each other to account for their commitments and targets on aid effectiveness for 2010.

Aid plays an important role in reducing poverty and inequality, increasing growth, building capacity, and accelerating achievement of the Millennium Development Goals. Aid effectiveness is critical, both to maximise the impact of aid and to achieve the necessary changes for long-term, sustainable development.

The Fourth High Level Forum on Aid Effectiveness (HLF-4), to be held in Busan, Korea in November 2011, marks the 'due date' for the Paris Declaration. The HLF-4 will review experience since 2005 and draw conclusions on whether the commitments have or have not been achieved and why.

The health sector has served as a 'barometer' for broader aid effectiveness efforts as it embodies many of the key challenges of making aid more effective. Country experiences and lessons learned from health have been analysed by the OECD Task Team on Health as A Tracer Sector (TT HATS), and used to inform broader Working Parties on Aid Effectiveness and other sectors with similar trends in aid. With the agreement of OECD, some of the findings in this report draw on unpublished studies by the TT HATS. A final TT HATS synthesis report of aid effectiveness in the health sector is due to be published in September 2011.

As we approach the Busan High level Forum, and with increasing evidence from TT HATS and other sources, we have developed an analytical framework to briefly assess whether aid effectiveness is improving results in the health sector.

2. Programme based approaches: advancing aid effectiveness in the health sector

Aid to the health sector has increased substantially over the last twenty years from $5bn in 1990 to $21.8bn in 2007 (IHME, 2009). This has been accompanied by a growing number and diversity of actors, governance structures and aid management arrangements at the country level which are challenging country systems and management capacity. Weak collaboration, poor coordination between global and country level health actors and the failure of traditional stand-alone health projects to deliver sustainable benefits (while adding significant transaction costs) have encouraged the development of programme based approaches.

Programme based approaches are designed to simplify the management and delivery of aid, following the principle of coordinated support for locally owned programmes of development such as a national development strategy, a sector programme, a thematic programme or a programme of a specific organisation.

This paper focuses on programme based approaches because it is through these that the aid effectiveness principles are collectively articulated at country level.

The OECD Good Practice Guidelines for Development Co-operation (2006) identify the features shared by programme based approaches as:

- Leadership by the host country or organisation;
- A single comprehensive programme and budget framework;
- A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement;
- Efforts to increase the use of local systems for programme design and implementation, financial management, monitoring and evaluation.

Some of these approaches are briefly outlined in Box 1.

Box 1. Approaches to improving aid effectiveness in the health sector

Sector management approaches (such as the Sector Wide Approach or SWAp)
A SWAp exists where all significant donor funding supports a single, comprehensive sector policy and independent programme, consistent with a sound macro-economic framework, under government leadership. Donor support for a SWAp can take any form – project aid, technical assistance or budget support – although there should be a commitment to progressive reliance on government procedures, as they are strengthened, to disburse and account for all funds. SWAps do not affect everything that happens in the sector, but they can be expected to:

- Strengthen coordination – partners' efforts are better coordinated, duplication and inconsistent approaches by individual donors are reduced;
- Be a mechanism for harmonisation and alignment – between development partners and government systems, including more harmonised technical cooperation;
- Be a mechanism to enhance national ownership and domestic accountability;
- Reduce transaction costs;
- Improve the quality of policy, planning, resource allocation and implementation;
- Improve results, in terms of access to health services and improved health outcomes.

Budget Support
An aid instrument whereby aid is channelled directly to a country's budget, to be disbursed according to its own allocation, procurement and accounting systems. Budget support is untied aid given in support of a national development strategy, and may be linked to improved governance and key sector results. For some countries and donors, this is considered an ideal form of assistance, automatically aligned with country plans and systems.

Sector Budget Support
An aid instrument whereby aid is transferred to the national treasury in support of a narrow range of development or reform policies as set out in a sectoral strategy. Under such programmes the focus is on specific sectoral development and reform objectives.

International Health Partnership (IHP+)
Building on experiences from SWAps and Sector Budget Support, the IHP+ aims to strengthen the health sector through country 'Compacts'. These set out principles and management arrangements to strengthen aid effectiveness based on one country health plan, one policy matrix and results framework, and one budget. The IHP+ has developed a tool to jointly assess the quality of national health plans against internationally agreed criteria, the Joint Assessment of National Strategies (JANS). The assessment process aims to strengthen the feasibility of national strategies, secure more predictable and better aligned funding, reduce the need for parallel systems, improve mutual accountability and strengthen government leadership in sector coordination.

3. What is the evidence that aid effectiveness is improving results in the health sector?

There is a climate of high expectation for demonstrating the results of both aid and aid effectiveness efforts, including in the health sector. However, there is limited evidence that aid effectiveness processes are delivering better results.

It is intrinsically difficult to demonstrate the impact over time of particular concepts and processes (such as harmonisation) that are central to improving aid management. Furthermore, results in the form of health outcomes are determined by many factors within and beyond the health sector, making attribution difficult. In particular, it is difficult to separate out the influence of the Paris principles from SWAp processes which have been already underway for some years. It is also difficult to separate the impact of having a SWAp, or more aligned aid, from the impact of health strategies and policies followed, or the adequacy of financing and implementation capacity. If results are to be demonstrated,

consensus is needed on the type of results required and at what level, how they can be demonstrated, and what can reasonably be expected within a specific period of time.

The literature on aid effectiveness in the health sector identifies a number of issues and gaps including:

- Weak definitions and multiple interpretations of some of the core Paris concepts such as country ownership and mutual accountability, making it difficult to determine genuine progress and draw conclusions and comparisons between and across studies.
- Preoccupation with reporting on progress in developing and implementing processes related to harmonisation and alignment (for example the process of developing a Joint Funding Agreement, of strengthening an existing coordination mechanism, or improving the quality of national plans). As yet, there is little reporting of how these processes influence and/or have an impact on downstream implementation of health policies and plans, particularly at sub-national levels.
- Lack of rigorous independent analysis and country studies that look at the impact of aid management processes, or that use the Paris principles as their starting point of analysis.
- Lack of political economy analysis of aid effectiveness in the health sector which would further understanding of key concepts such as country ownership and help set expectations.

Analytical framework

To help stimulate thinking, we have developed a framework depicting a results chain that can be used to analyse the contribution of aid effectiveness processes at the national level to potential results downstream, at the operational level.

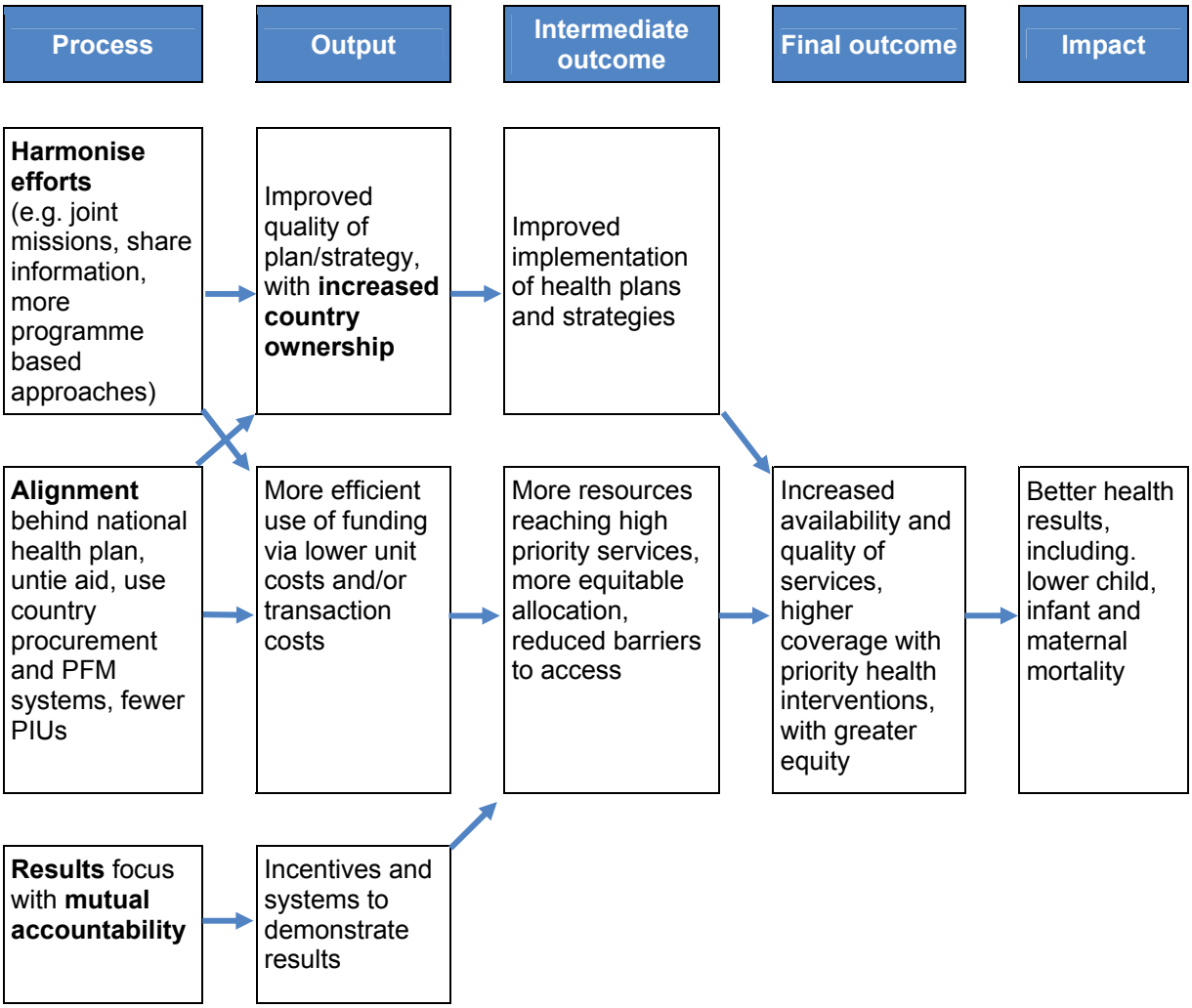
The framework is derived from current orthodoxy suggesting that:

- Harmonising donor practices can reduce fragmentation and parallel processes, thereby reducing inefficiencies and transaction costs. More efficient use of resources for implementing national health priorities will help increase the availability and coverage of services, with the associated impact on health.
- Donor alignment behind country strategies and plans, and use of country procurement and public financial management systems will promote more effective use of aid and further the achievement of health results by ensuring that aid supports national priorities, and builds country capacity to lead and manage their own development.
- Well functioning systems for results and performance information are essential for results-focused debate and mutual accountability. A stronger results-focus, combined with the right incentives for donors and government to fulfil their obligations, will help ensure resources are used more effectively for national health policies, priorities and systems.

This paper uses the framework to undertake a rapid synthesis of the evidence (mainly from selected studies and evaluations of sector wide management approaches) to try and determine whether aid effective processes really are improving results at the operational level in the health sector.[1]

[1] This framework has already been adapted and used to analyse other areas of the aid effectiveness agenda in health, for example, how Country Coordinating Mechanisms (established for developing and overseeing global Fund proposals) are integrating with HIV and health sector coordination mechanisms, and how these trends support adherence to the Paris principles (Dickinson and Druce, 2010). It could also be adapted to assess, for example, how the IHP+ Joint Assessment of National Plans process can contribute to better health outcomes. A similar framework has been developed by Groupe de Recherche en Appui à la Politique sur la mise en oeuvre de l'agenda pour l'efficacité de l'aide/GRAP-PA Santé (2011).

A framework of analysis to assess the contribution of Paris principles and process to health results



Notes: PFM: public financial management; PIU: project implementation units.

4. Aid effectiveness in the health sector: evidence and impact

Processes

Harmonisation and alignment

OECD studies assessing progress in implementing the Paris Declaration in 2008 and of the health sector specifically in 2009 and 2011 found uneven progress in harmonisation and alignment, with a substantial gap between commitments and practice on the ground. Most measurable progress is at the level of globally agreed frameworks for delivering on commitments, new forms of co-operation and dialogue, and global initiatives designed to address the complexities of aid architecture. Overall, progress is more visible in developing *processes* than in impact, and more has been achieved at global level than in countries. Considerable efforts have been made by countries, with donor support, to strengthen procurement and public financial management systems. However getting donors to actually use country systems is still a challenge, with some donors unwilling to recognise where systems have improved, and that using the systems will help strengthen them. A core challenge for the health sector is how to bring about fundamental and sustained changes in patterns of behaviour of the many influential players (OECD, 2009).

Various countries are working towards, or are in a SWAp. In many countries, SWAps are being used successfully to coordinate stakeholders and strengthen sector plans and monitoring procedures. A World Bank review of SWAps in Bangladesh, Ghana, Kyrgyz Republic, Malawi, Nepal and Tanzania found that the tools required for improved sector management and coordination were in place (although with varying quality) (Vaillancourt, 2009).

Most countries also showed substantial achievements in developing country-led partnerships with development partners. Some of the benefits were stronger and more coherent sector wide policies, strengthened management capacity, more regular and structured communication, improved coordination and collaboration among development partners, who were more organised and consolidated as a partnership group. In most of the countries reviewed, the use of national systems and capacities for implementation were identified as being substantially achieved (Vaillancourt, 2009). These findings are supported by reviews in other countries including Mozambique, Tanzania, Uganda and Zambia (Williamson, 2008; COWI, 2007; Walford, 2007).

The amount of overall aid being delivered through programme based approaches appears to be increasing, though SWAp-type arrangements remain uncommon in many countries, especially in fragile and post conflict states. There also continues to be a rising number of free standing projects and programmes in many countries, partly reflecting the programming of funds for specific themes (e.g. PEPFAR). A report on Uganda for example, pointed to the proliferation of vertical and off budget funds ($190 million of USAID support to the health sector is through off budget and project aid programmes) which risks undermining core SWAp principles (Koenig, 2010).

The Global Fund, the GAVI Alliance (GAVI) and the World Bank are taking steps to strengthen the implementation of common arrangements and align better with national strategies through the Health Systems Funding Platform, although the benefits are yet to be demonstrated. The Global Fund is also developing a new funding modality using national disease strategies as the basis for National Strategy Applications (Box 2).

Box 2. Recent initiatives to support better aid effectiveness in the health sector

The Health Systems Funding Platform
Established in 2008, the Platform involves the Global Fund, the GAVI Alliance and the World Bank (with WHO facilitation). It aims to improve harmonisation and alignment of funding for health systems and is intended to operate within the framework of one national health strategy (that is, jointly assessed using the JANS tool), one fiduciary framework, and one monitoring and evaluation framework. Its partners also aim to mobilise additional funding for health systems strengthening that can be channelled through the Platform.

The Platform has developed a two-track approach: 1) Harmonisation and alignment of *existing* health systems funding from the three partners; 2) Access to new health systems funding via a joint GAVI-Global Fund application *or* through jointly assessed national health strategies.

In Cambodia, a country already receiving Global Fund and GAVI support, the Platform has agreed to explore participation in joint reviews, strengthen the Health Management Information System and align indicators already collected by the Ministry of Health.

Global Fund National Strategy Applications (NSAs)
In 2011 the Global Fund approved eleven 'second wave' NSAs. This modality is intended to improve alignment of Global Fund financing with country priorities, national programmatic and budgetary timetables. NSAs hope to reduce transaction costs and paperwork for countries, and improve coordination with other donors that have agreed to use the same criteria for reviewing national strategies. The potential benefits of the approach include enhanced quality of national strategies and greater partner confidence in those strategies, thereby securing more predictable and better aligned funding. Experience from a review of 'first learning wave countries' suggests that the process has enhanced consultation, ownership and strengthened strategies (Godwin, 2009) but fundamental concerns remain over NSAs being disease-specific rather than based on sector strategies, and on whether the process adds to the burden of recipient governments. For example, significant transaction costs of developing an NSA have been reported at country level, and it is still unclear whether the Global Fund will accept existing monitoring and reporting frameworks associated with the strategy, or require its own.

Outputs

Ownership

Evaluations suggest that country ownership and Ministry of Health leadership have been strengthened by programme based approaches such as SWAPs. SWAps have helped to put in place agreed policies, plans and programmes of work, with costing and expenditure frameworks to guide resource allocation and use. Development of the plans has often been a participatory process, increasingly involving donors and domestic constituencies such as civil society and the private sector. In IHP+ countries surveyed, civil society representatives were engaging more in processes to develop national health plans. In most countries however, there is scope for further government engagement of their civil society and donor support to enable civil society to become more meaningfully involved in broader health policy processes (IHP+Results, 2011).

Many countries are demonstrating strong ownership over the health agenda and lead the planning and review process (Vaillancourt, 2009). For example, reports from Tanzania acknowledge that the SWAp has 'strengthened country leadership of health reform processes, the development agenda (particularly the leadership of the development of the second-generation Poverty Reduction Strategy which was clearer and more consultative than in the past), and the management of aid relationships with the Ministry of Finance being more assertive in asking donors to commit to national development priorities' (Zinnen, 2011).

The Joint Assessment of National Strategies (JANS), a developmental process and tool which is being tested under the IHP+, appears to be strengthening country ownership through its underlying principles (demand-driven, country led process that builds on existing country processes and timetables and encourage broader consultation on the national health plan) and through the assessment process itself. In Vietnam, country demand and ownership is evident in the decision to hold a JANS, the selection of consultants and the support to the assessment process (IHP+, 2010b). In addition, in each of the JANS countries[2], the tool was used in a way that fitted with country timetables and processes for plan development; for example in Ethiopia and Vietnam, it was used as a process for consulting and collecting feedback from stakeholders on the draft plan (IHP+, 2010a).

Quality of national plans

The quality of national plans has been criticised in a number of ways, with concerns over technical quality, overly ambitious goals and targets compared to available resources, and weak translation of plans into budgets due to separate planning and budgeting processes (Vaillancourt, 2009). Such issues are being addressed, to some extent, through the JANS which is expected to improve the quality of and confidence in national health plans, bringing potentially greater funding and alignment of health sector resources and use of country systems. There is some early evidence of progress, for example, in Nepal, where following the JANS a Joint Funding Agreement has been signed by six leading donors including USAID and GAVI, who have agreed to support the health plan and to use one reporting mechanism and one shared audit (Evidence to Policy Initiative, 2011). In addition, the World Bank and EU are committed to using the JANS as basis for their funding decisions (IHP+, 2010a).

Efficiency of resources

Improving efficiency in resource management, mainly through reducing transaction costs as a result of better harmonisation and alignment has been a major goal of programme based approaches. To date however, there has been limited monitoring in this area or attempts to quantify efficiencies.

A joint evaluation of budget support states that while the start-up and monitoring costs are high, government's transaction costs at implementation stage are significantly reduced. Donor costs may also be reduced although the effort required to build common systems is often underestimated (IDD, 2006). It has also been found that reduction in transaction costs and economies of scale are greater for budget support than for sector programmes, reflecting an increased use of existing financial and procurement systems in implementation (Carlsson, 2008). A review of sector budget support found that it had facilitated improvements in planning, budgeting, and financial management and

[2] Countries that have used the JANS tool include Ethiopia, Ghana, Nepal, Rwanda, Uganda, and Vietnam.

accountability, therefore supporting greater efficiency in the use of public resources (Williamson and Dom, 2010).

From SWAp reviews, countries have welcomed the reduction of individual donor meetings, missions, projects, and project implementation units but high transaction costs, particularly in the early phases of a SWAp are still reported (Vaillancourt, 2009). Even in later phases, co-ordination burdens may be high. SWAps are complex and dialogue-heavy. For example, in Mozambique the number of meetings and sheer number of donors in the group proved untenable for many and contributed to a loss of policy focus. In Tanzania not only are time and resources absorbed by large numbers of SWAp-related meetings, but a focus on sub-sectors has negatively affected overall sectoral planning (Williamson, 2008).

Other issues such as lengthy negotiation time between agreement to proceed to a SWAp and first disbursement, donor monitoring missions which are less frequent but larger and more intensive, and 'dual systems' with some SWAp donors using common processes and frameworks and others continuing to follow their own grant/project reporting systems makes it difficult to determine whether transaction costs have fallen for SWAp countries. These points do not mean that SWAps and common funding arrangements do not have positive effects. Ownership, operational transparency, strategy formulation and donor harmonisation have improved in many cases. It is also probable that economies of scale are higher than those of project aid activities.

While there are examples of donors working to harmonise and align aid, some significant donors continue to provide aid off budget, with separate budgeting, financial reporting and audit procedures, creating additional burdens for recipient governments and potentially weakening mutual and domestic accountability. In Mali, for example, some bilateral donors are using national procedures and accounts to manage funds and a common matrix for monitoring progress in implementation of the PRODESS (the national plan for health and social development). This has improved alignment and use of national M&E systems. However, other donors continue to develop parallel financing systems with their own specific procedures. Despite annual audits of the PRODESS, with terms of reference developed and agreed by donors, five separate donor audits were conducted in 2010, adding pressure to the Ministry of Health finance department (Samake, 2011).

There is limited evidence for the health sector of the extent to which donors are coordinating funding for technical assistance (TA). Evidence from countries implementing SWAps suggests mixed progress in improving the efficiency of TA through greater harmonisation. Reasons for this include a lack of TA plans in many countries, a preference by some officials for project approaches and donor concerns about fiduciary weakness. Some countries using pool funding however are benefiting from increased harmonisation of TA, with governments able to exercise greater control over defining their needs and selecting TA. In Zambia and Tanzania for example, Ministries of Health have identified their countries' technical needs and utilised the SWAP coordination processes to formalise terms of reference and identify consultants.

Results focus

All SWAp countries reviewed have made considerable progress in developing agreed indicators for sector performance, particularly compared to earlier systems of multiple reporting and indicator frameworks. Investing in M&E capacity and systems from the beginning can improve the results focus, as reported in the Kyrgyz Republic (Vaillancourt, 2009). This is in contrast to countries where capacity building has focused on areas such as financial management and procurement, where the emphasis is on processes over results.

The incentives to demonstrate results are partly financial – for example where a proportion of budget support is linked to achieving certain results, as in the case of EC budget support and some DFID funding. Experience of using results based funding within sector support highlights the importance of setting relevant and measurable targets that are likely to stimulate improvements that are key to achieving the plan, and that can be influenced, especially where the level of funding is linked to achieving those targets. Having a clear and transparent approach to deciding on the results based amount of funding (e.g. a scoring mechanism) and stronger M&E systems to enable monitoring against agreed indicators are important (Pearson, 2010a). Donors are using results based financing with the aim of improving results but these approaches remain unproven and evidence of their impact is limited.

Outcomes

Coverage and quality of services

Evidence indicates that programme based approaches and aid instruments such as budget and sector support can result in increased donor and domestic allocations and expenditures for the health sector, which can in turn help to support the expansion and access to basic health services.

There are clear links between budget support and expansion of services through additional funding and through the commitment of donors and government to shared service delivery targets (IDD, 2006). Sector budget support has supported the expansion of basic essential healthcare in Tanzania and introduced free basic healthcare in Zambia. Programme based approaches have also financed major investments in service delivery infrastructure in Tanzania and Uganda and the expansion of primary education in Uganda, Rwanda and Mali (Williamson and Dom, 2010). In Malawi, the SWAp seems to have leveraged increased funding, with commitments for health and population accounting for 15% of ODA before the SWAp, and 25% after the SWAp. The resources have enabled two major systems issues to be addressed: a prioritised essential health care package and an emergency human resources programme, both of which would almost certainly not have been possible under earlier vertical approaches (Pearson, 2010b). Vaillancourt (2009) found that for most of the SWAps reviewed there was an increased capacity to spend budgets as well as increases in the share of resources allocated to primary care. In Tanzania, in 2005, 95% of the budget was spent, an improvement from 80% in 2000.

One factor constraining service delivery has been unreliable funding flows – critical for health services where so much expenditure is recurrent, and disruption of expenditure flows has a clear and immediate impact on efficiency and quality. There is some evidence that pooled funds for district level service delivery can counter this problem, for example in Zambia and Tanzania (Williamson and Dom, 2010; COWI, 2007).

Most countries with SWAps, as well as those receiving budget and sector budget support have seen improved service coverage. A review of six African SWAps found that all appear to have made progress on some health indicators. For example, Zambia made progress on several key indicators such as drug availability, immunisation coverage and supervised deliveries (Walford, 2007). Uganda showed major improvements in the level of immunisation rates and outpatient utilisation which increased by 125% in the five years to 2005 (HLSP, 2010). Ghana showed some increase in skilled birth attendance and TB cure rates, with limited improvement in use of outpatient services, while maintaining good levels of drug supplies. Improvements in service delivery of one completed health sector programme have been rated as substantial (Tanzania), with four programmes making modest progress (Vaillancourt, 2009).

While services have expanded under sector budget support, progress in improving the quality and equity of those services is more limited; greater attention needs to be paid to implementation and tackling barriers to improving quality and equity in service delivery. This may require a scale up of suitably experienced technical assistance and agency staff. It has been noted however that the quality of services is better than it would have been in the absence of sector budget support, especially where a policy of free basic healthcare has been introduced, as in Zambia (Williamson and Dom, 2010).

Impact

There are some documented examples of programme based approaches contributing to improved health outcomes.

A recent study of the Tanzania SWAp and service delivery, reports that the adoption of a health sector SWAp stimulated and made possible health sector reforms which contributed to stronger health systems and some improvements in health outcomes, such as a 31% decline in infant mortality rates between 1999-2005, and a 24% decline in under-five mortality rates in the same period (Zinnen, 2011). The same study highlights improvements in health service delivery that could be linked with health sector reform processes, supported by a SWAp. However, despite a long history of a SWAp and strong evidence of policy implementation, and some improvements in term of planning, supervision, finance, training, salary, and infrastructures, overall results were modest.

The SWAp in Malawi has supported the implementation of key health reforms for procurement systems, human resource management, and service level agreements with public-private partnerships to expand service delivery. Although progress has been patchy and links to health outcomes are difficult to make, predictable recurrent funding is linked to improved services, particularly in the area of maternal services and transport for outreach clinics, which have sustained higher levels of service delivery as a result. The Maternal Health Analysis of Malawi suggests that 'previous worsening trends for maternal mortality have been reversed and indications are that improvements in health services are accelerating'. It also states that 'the availability of maternal health services has increased significantly as a result of the SWAp and the decentralisation process; more emergency obstetric care facilities are available and they are better resourced' (Pearson, 2010a).

Ethiopia has registered significant progress in the health sector. Between 1990 and 2008 the under the five mortality rate declined from 204 to 101; the maternal mortality ratio declined from 1068 to 580. While it is difficult to attribute better health outcomes to more effective aid, the Ministry of Health 2010 MDG report suggests there is a strong correlation. Since 2006, the government, with support from development partners has prioritised harmonisation, alignment and coordination. Strong political leadership for aid effectiveness and health systems strengthening, and pragmatic use of global funds for system-wide interventions are key in helping to improve health outcomes. The influx of external resources in Ethiopia 'has played a major role in strengthening government's ability to improve coordination across policies and priorities" (Banteyerga, 2010). Mali and Rwanda also report positively on the correlations between the delivery of more efficient aid and improved health outcomes (Williamson and Dom, 2010).

5. Conclusions

Our analysis of the limited evidence suggests that aid effectiveness is contributing to development through creating conditions for sustainable impact. There is evidence that aid effectiveness is improving sector planning, budgeting, strengthening national systems and increasing resource allocations. More efficient funding of the health sector, through programme based approaches including SWAps is helping implement health sector reforms, which are contributing to better health results.

As aid budgets come under pressure and the need to demonstrate results of aid increases, the Paris principles remain more relevant than ever. But maintaining a sense of urgency and keeping the Paris Declaration alive in the face of patchy and often slow progress is challenging. Having a more coherent, country-focused evidence base that demonstrates the linkages between more effective aid and better health results is required. Our framework represents a first step in trying to understand and report on the contribution of aid effectiveness to better health results.

About the author

Clare Dickinson is the Lead Specialist for HIV/AIDS with the HLSP Institute and contributed to the final synthesis report for OECD Task Team on Health As a Tracer Sector (TT HATS).

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