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Do health sector reviews deliver results?

Lessons from two Asian countries

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Sector reviews have a huge potential to improve national health systems by fostering rigorous analysis, use of evidence and constructive dialogue among health partners. However, emerging evidence from Bangladesh and Cambodia – two countries with a long-established tradition of sector reviews – suggests that there may be growing fatigue with the process.

This paper calls for greater attention to what limits the effectiveness of sector reviews, and makes recommendations on how the sector review process might be improved to be more useful to both countries and partners.

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Introduction

Sector reviews have been established in a number of low- and middle-income countries by governments and development agencies to jointly assess progress towards agreed health sector goals. Their benefits are understood to be i) allowing key stakeholders to take stock of health sector progress at key points in the planning cycle and ii) helping to foster agreement on what is working well and what the challenges are, thus allowing an informed discussion on the way forward.

The aim of this paper is to reflect on whether sector review processes are fulfilling their expected function. It is based on the experience of the authors both as members of sector review teams and as users of their findings, and on extensive document review from two countries with established sector review processes – Bangladesh and Cambodia.

The paper focuses exclusively on mid-term (MTR) and end-of-cycle reviews (EoCR), whose primary purpose is to inform the next sector programme or strategic plan, and does not cover annual reviews. This is deliberate (as will be explained later) but many of the issues raised may also be applicable to annual reviews.

The choice of two Asian countries is also deliberate. Although there are many similarities in the aid environment of low-income countries in Africa and Asia, important differences in the Asian context suggest that the role of donors and their methods of engagement are changing. These differences include: rapid economic development in much of Asia, which contributes to decreasing levels of donor dependence (though it remains moderately high in a few countries, including Cambodia)[1,2]; the declining number of donors engaged in the health sector, visible in Cambodia; and the emergence of regional donors (such as China) challenging accepted Western notions of what aid is for and how it should be provided. As Bangladesh and Cambodia both have long-standing sector review processes – often cited as examples of good practice – they represent good places to investigate whether review processes are working as intended, and what could strengthen them.

This paper is structured in three parts. Part 1 provides background information on the sector reviews in Bangladesh and Cambodia. Part 2 asks questions on the function of sector reviews, and explores how well these functions are being fulfilled based on experiences from the two countries. Part 3 offers tentative recommendations on how the sector review process might be improved to be more useful to both countries and partners.

1. Background

1.1 What are sector reviews?

The authors could not find an agreed or standard definition of a sector review common to the major development partners or the OECD/DAC.[3] This is perhaps surprising given that they are recognised as an important aid management tool, particularly where donors are seeking to work at sector level – for example through sector wide approach (SWAp)-type arrangements. However, the following provides a useful overview:

> *"A health sector review helps to assess the sector's organisation and performance. It can be used by governments to identify areas for improvement or by development agencies to assess sector performance with a view to engage in sector support or sector wide approaches. A health sector review can be a one-off exercise, for example in the context of developing a multi-year strategic health sector plan, or a regular annual exercise to monitor sector performance in the context of a SWAp. It can be used for comprehensive reviews, covering all important aspects of the sector, or for specific sub-sectors ... but also for cross-sector strategies such as human resources, sector financing, public private partnerships or even for cross-sector issues such as HIV/AIDS, good governance and gender."*[4]

[1] Glennie and Prizzon (2012).
[2] Official development aid to Cambodia was 6.5% of national income in 2011 (down from 11.0% in 2001) versus 1.2% for Bangladesh (down from 2.1% in 2001). Source: World Bank, World Development Indicators.
[3] Based on a search of the OECD/DAC website.
[4] Quote from Hera website: http://www.hera.eu/en/health-sector-review-or-diagnosis-41.htm

The mid-term reviews and end-of-cycle reviews considered in this paper are commonly understood as processes that seek to assess progress (or lack thereof) in the health sector over a multi-year timeframe. They typically attempt to understand the current situation in the context of underlying trends, reasons for or barriers to change, and to identify strategic issues and priorities, both looking back and forward over periods of (usually) four to five years. Sector reviews are also expected to contribute to reducing both transactions costs and duplication of efforts through a streamlined approach which allows donors to forgo their separate review processes.

Sector reviews are usually commissioned by ministries of health and/or development partners, and their findings are intended to inform subsequent planning and programming. As such, they should have a more strategic focus than annual reviews, which are designed to look at whether agreed plans and programmes are on-track and being implemented as expected. The distinction between annual and multi-year reviews can also be understood in terms of monitoring versus evaluation: annual reviews focus on *monitoring*, sometimes linked to annual funding arrangements, and based on this may recommend adjustments in programme implementation. Sector reviews are more concerned with *evaluation* and may result in new policy directions and budget reallocations. Nevertheless, the authors recognise that many issues raised in this paper are common to all types of sector reviews – annual, mid-term and end-of-cycle alike.

1.2 The sector review process in Cambodia

Cambodia has implemented two health strategic plans (HSP) to date. The first HSP (2003-2007) was meant to include a mid-term review but due to a delay in scheduling it was transformed into a full health sector review, held in 2007. The objectives of the review were to measure progress against goals and objectives, derive lessons, and inform and contribute to the new HSP due to start in 2008.[5] The second HSP (2008-2015) underwent a mid-term review in 2011, as planned, with the same objectives of the previous health sector review and an additional objective to provide recommendations to the Ministry of Health (MOH) on policy options and strategies for the remaining five years of the HSP2.[6] Cambodia has also undertaken annual health reviews every year.

The MTR and end of cycle health sector review processes engage the services of an external review team made up of national and international consultants.[7] The review team usually spends two-three weeks gathering evidence in country and engaging with members of the main working groups responsible for overseeing health sector strategy implementation, which in the second HSP are: maternal and child health; communicable diseases; non-communicable diseases; and health systems groups. Typically, the mid-term and end of cycle reviews in Cambodia are preceded by, and build on sub-sectoral reviews conducted in the months prior to the main review by external, independent reviewers (discussed later).

There is limited participation of civil society and NGOs in the review process, with the exception of MEDICAM (an umbrella organisation for some health NGOs) and NGO representatives who are part of the four working groups. Sub-national representatives of the MOH do not usually participate in the MTR or EoCR though they are engaged in the annual reviews conducted by the MOH.

The draft report prepared by the consultants is discussed with main stakeholders, i.e. the MOH, health and aid agencies, and some NGO representatives, in ‘validation workshops’. At the workshop the leader of the review team presents the main findings and recommendations, which are then jointly and openly discussed by members of the four working groups. A final review report is then prepared and recommendations taken up by the working groups.

The mid-term and end-of-cycle reviews of 2007 and 2011 were funded by development partners and final reports are in the public domain.

[5] Örtendahl, Donoghue, Pearson, Taylor & Lau (2007).
[6] Martinez et al. (2011).
[7] In contrast, annual reviews involve only members of the four working groups without an external review team.

1.3 The sector review process in Bangladesh

The Bangladesh health SWAp, launched in 1998, takes the form of a sector programme. There have been three sector programmes since then, each lasting for a period of approximately five years (with some extensions). The health sector programmes typically undergo an Annual Programme Review (APR). An APR has been conducted every year except for 2005, together with MTRs (the last one in 2008) and end of cycle reviews (the last one in 2010). Typically all reviews follow a similar structure: an independent external team made up of national and international consultants undertakes a review structured along the main components of the health sector programme, although this structure changes from year to year and may incorporate sub-sectoral reviews on a specific theme (e.g. aid coordination, implementation arrangements, programme financing) carried out by members of the review team.

The reviews involve some participation by civil society, although the membership and composition of civil entities or NGOs tends to change from year to year and engagement between these groups and the review teams is not ensured. Further, there is no formal participation in the review processes by districts or upazilas, although two or three districts are visited by the review teams, so there is a small window for local health officer to share views and concerns.

Reviews are funded by donor agencies participating in the health SWAp and carried out under the oversight and facilitation provided by a review steering committee comprising members of the Ministry of Health and Family Welfare (MOHFW) and representatives from donor and technical agencies (such as United Nations agencies) participating in the health SWAp.

The review team delivers a draft report that is presented by the team leader and discussed at a one day workshop, usually referred to as the 'policy dialogue' workshop. This workshop involves a large number of participants (typically more than 100) as it incorporates representatives from MOHFW departments (including Health Secretariat; Planning Wing; Directorates of Health and of Family Planning; about 30 line directors responsible for implementation of an equal number of annual operational plans) and representatives from all donor and technical agencies in the health SWAp. There is a limited presence of civil society in the form of professional associations (e.g. Bangladesh Medical or Nursing Associations) and some national or international NGOs, although the right to participation of the latter is not clear.

Following the policy dialogue event an Aide Memoire of the review is prepared, typically drafted between the MOHFW and a few donor and technical agencies, with the World Bank assuming a key role (as a leading health partner and financial manager of the pooled health fund that supports the health sector programme). The Aide Memoires and review reports are considered to be public documents, although there is no dedicated website where all of them can be found. Most are available on the World Bank Bangladesh website and some on the websites of other development agencies.

2. What are the lessons emerging from sector reviews?

2.1 What aspects of sector reviews will be covered in this paper?

This section focuses on the extent to which MTRs and EoCRs are useful and influential instruments to strengthen the policy and planning cycle and to advance aid effectiveness objectives, such as joint analytic work at the sector level. It is structured around the following questions:

- How strong is the evidence base for sector reviews?
- Do sector reviews provide a good basis for policy dialogue and feed into planning processes?
- Do sector reviews improve accountability and mutual accountability?
- Do sector reviews reduce parallel review processes and lessen transaction costs?

These questions are drawn from an analysis of annual health sector reviews commissioned in 2011 by the WHO on behalf of the International Health Partnership+[8], which the authors acknowledge as an important reference that has helped shape this review.

[8] IHP+ (2012).

We do not seek to assess the 'impact' of sector reviews, that is, to understand whether they lead to better health policies that in turn result in improved health outcomes. While the theoretical link between aid effectiveness and improved development outcomes is strong[9], it is extremely difficult to draw causal links between (any) aid management process and development outcomes. Nevertheless, we believe that this analysis provides pertinent insights for both donors and governments engaged in sector review processes.

2.2 How strong is the evidence base for sector reviews?

A key purpose of the sector review is to inform dialogue between the government and development partners on key strategic issues affecting the health sector. Once a shared understanding of issues and challenges has been established, policy options can then be considered and agreed. Indeed, 'evidence-based policies' has become something of a catch-phrase, and is commonly cited by development partners as a central principle of their health support. Yet in practice there is often little agreement on what constitutes 'evidence'.

Annual sector reviews typically focus on data collected through the agreed monitoring framework, relating to indicators that can be measured on an annual basis: e.g. cases detected, services delivered, changes in morbidity or mortality reported. The availability of data has improved over time as a result of the needs of the annual review process. However the timeliness and quality of data remains a constraint in conducting such reviews.[10] The findings from annual reviews and the monitoring data they use are also a useful input to sector reviews. However, end-of-cycle and forward looking sector reviews, which typically focus on more intangible aspects of sector development such as the impact of new policy directions or reform efforts, require a wider range of evidence that can be difficult to define and collect.[11]

Another constraint in relation to gathering evidence for sector reviews is the limited time frame of the review exercise. Typically, reviewers are asked to put together and analyse all available evidence within a couple of weeks, which in practice means that the reviews are limited to desk analyses and key informant interviews, and cannot incorporate new primary research. Several countries (including Bangladesh and Cambodia) have addressed this issue by commissioning analyses *before* the sector review gets under way. In Cambodia, for instance, the 2011 MTR of the Health Strategic Plan 2008-2015 was preceded by analyses of: the human resource situation[12], supply and demand side initiatives in service provision[13], and the working arrangements around the health Sector-wide Management Approach.[14] Thus the MTR reviewers had access to a considerable amount of detailed analysis which they were expected to integrate in the overall sector analysis. Bangladesh used a similar approach in preparation of the Health, Population and Nutrition Sector Development Programme project that begun in 2011 by commissioning an independent health systems analysis during 2010.

A related issue in terms of effective use of available information is that much experience generated in-country is either not available to, or not used by the review team, even though it constitutes relevant 'evidence'. For example, there are typically many experimental and pilot projects, successful and unsuccessful, taking place in the country under review. In Bangladesh there are at least four large innovative projects supporting maternal and child health interventions. These projects combine different operational strategies[15], are funded by different health donors and are reviewed annually.[16] Thus they generate a considerable amount of valuable information on a yearly basis, yet evidence from these

[9] Killen (2011).
[10] Decosas et al (2013).
[11] There are many references to limited data availability, access and reliability in all review reports used for this article. See for example the sections on limitations in the Cambodia 2007 and 2011 MTR reports, in the Bangladesh 2008 MTR report.
[12] Dewdney and Rotem (2011).
[13] Hawkins (2011).
[14] Vaillancourt Land and Shuey (2011).
[15] Examples of such combinations include: the use of supply-side, demand-side or both types of incentives for increased utilisation of maternal and child health services; joint work of public providers (government) with UN technical agencies and NGOs; the combination of facility-based with community-based interventions; the establishment of referral links between communities and service providers for emergency obstetric care.
[16] The projects include: Improving Maternal, Neonatal & Child Survival implemented by Government of Bangladesh (GoB), UNICEF, BRAC; Maternal & Neonatal Health Initiative, implemented by GoB and the UN; Health Services; Maternal, Neonatal & Child Survival project, implemented by UNICEF; and the Safe Motherhood Project, implemented by GoB with support from JICA. These projects have been regularly reviewed, in most cases annually.

projects has *never* been jointly or systematically appraised by health partners in annual or sector reviews or through a separate policy dialogue process. This represents a lost opportunity to use country-relevant, context-specific evidence, as commented by the reviewers of one of these projects:

> *'MNHI [the project] remains largely invisible to the sector programme. There is a lot of potential yet to be tapped, and there are no formal links between MNHI and the sector policy dialogue ... There should be more active links between project reviews and the HPNSDP [the sector programme], where specific recommendations might be put for consideration by senior [Government] policy makers on areas where the MNHI and other projects are beginning to gather evidence'.*[17]

A final issue relates to the use of international evidence. While sector reviews are expected to draw on international best practice, both to benchmark progress in the country and to inform recommendations, this is remarkably difficult to do in practice. This is because the outcome of health interventions depends heavily on the context and quality of implementation. For example, a reduction in maternal mortality linked to an increase in institutional deliveries reported in one country may not be replicable in countries where the quality of institutional deliveries is too low or where emergency obstetric referral does not work. This context may not be fully understood by health partners seeking to replicate a pilot project from one country in another. Thus, those conducting the sector review need to consider whether standard evidence-based approaches are likely to work or why they have not worked, and encourage further analysis of the relevance of different evidence to the country under review.

In summary, sector reviews processes could improve the way that they access and use available evidence, including contextualising evidence to national experience. This will help ensure the relevance of lessons to influence the next sector strategy or programme.

2.3 Do sector reviews provide a good basis for policy dialogue?

The purpose of MTRs and EoCRs is usually two-fold: to assess progress over the recent plan period, and to identify implications for future policy and plans. It is therefore important to consider how the findings from the reviews are used and whether they influence subsequent policy and planning. In both Bangladesh and Cambodia, there is a process at the end of the sector review, when government and health partners listen to the issues and recommendations raised by independent reviewers, followed by discussion on how to transform these into specific decisions on the way forward.

In Bangladesh, the policy dialogue process established for end-of-cycle sector reviews is very similar to the one for annual reviews. In essence, a large number of issues raised by the independent technical review team are discussed by a large number of sector stakeholders (e.g. MOH, bilateral donors, multi-lateral agencies, some NGOs, some professional associations, lobby groups) in four to six thematic groups over a one-day period.[18] There are many limitations to this process. For example, there are typically too many issues and recommendations to be addressed within the short time available, and they are poorly or inconsistently prioritised. Many participants have not read the sector review report prior to the meeting, constraining their understanding of key issues. The technical knowledge of participants varies greatly and often prevents a sound discussion of issues using evidence-based, public health principles. Furthermore, stewardship and facilitation of the process is often weak, leading to numerous views being expressed on many matters, which makes it difficult to select which deserve more attention or should influence the overall conclusions and recommendations. The Bangladeshi government has complained that their 'failures' receive much more attention than those of development partners.[19] All these factors result in a poor quality of discussion and few agreed outcomes or firm decision points. This, in turn, considerably weakens the scope for influencing policy.

The process for discussing sector review findings in Cambodia is similar to the Bangladesh one, but has an additional process to consider recommendations emerging from reviews, in the form of 'validation workshops'. Prior to the workshops, recommendations from the consultants' review report are synthesised and summarised by the MOH's Department of Planning and Health Information. Sector stakeholders are organised into thematic groups (currently on maternal and child health; communicable

[17] Martinez, Faiz and Venghaus (2012).
[18] There are variations to these patterns depending on the type of review and from year to year.
[19] Martin & Reza (2007).

diseases; non-communicable diseases; and health systems strengthening) to analyse and discuss findings and recommendations from the main report and devise a list of recommendations for action.

Despite this additional step in the process, and similarly to Bangladesh, there may not be inclusive and informed discussion on the review findings. In 2011, for example, the validation workshop for the mid-term review of the health strategic plan was scheduled to last a whole day, but all government officers left after two hours to attend another meeting.

Common to both countries is a notable shortage and/or uneven distribution of technical skills in public health. This is apparent not just within government departments, but also among bilateral donors, many of whom have few technical staff or advisers in post, and technical agencies such as the UN agencies, also affected by staffing shortages and budget pressures. Limited technical skills result in limited capacity to analyse and absorb sector review findings and recommendations.

These constraints undermine effective policy dialogue and often cause friction among health partners, which further compromises the possibility of the government and its partners engaging in constructive dialogue. This may reflect unrealistic expectations of what can and should be achieved from post-sector review presentations and dialogue/workshops. Establishing a common understanding of the purpose and expected outcomes of policy dialogue following a sector review would help to address these challenges.

While a one-day meeting cannot be expected to act as a stand-alone policy making body, the policy dialogue process immediately following a sector review should enable sector partners to highlight the main review results and recommendations; appraise and discuss the implications for the current or future sector programme, and agree how the major issues identified should be followed up. It should be followed by further policy dialogue and related work within appropriate technical groups to identify the most promising policies, strategies and responses to the issues. This has happened *to some degree* in both Bangladesh (through established Task Groups) and in Cambodia (through Technical Working Groups), but there has been some inconsistency in the extent to which these groups have addressed the issues and come up with responses, and insufficient monitoring to check that they have done so.

This process of focussing on major issues and defining a process for follow up should help to address two criticisms raised in relation to sector reviews: conflicting interpretation of sector review results by different parties, and linked to this, the limited impact that sector reviews have on revising and realigning the direction of the strategic plan.

Cambodia's 2007 review focussed on the period of the previous Health Sector Plan (2003-2007), and was designed to inform the next health plan. Similarly, the 2011 MTR was designed to inform the transition between the 3-year consolidation phase and the 5-year scaling up phase in the 2008-2015 plan. There is limited evidence that either review significantly influenced sector development. Indeed, many of the issues raised in the 2008 review appear again in the 2011 paper – notably the unregulated private sector; lack of transparency in medicines procurement; the high level of out-of-pocket costs and the lack of a strategic financing framework. These issues remain peripheral to the current health sector strategy.

In Bangladesh the relationship between priorities defined in sector reviews and those reflected in subsequent sector plans is also very unclear, partly due to the limitations of policy dialogue and partly because the organisation and management of the government health system is so fragmented and the sub-sector plans so numerous that it is extremely difficult to track whether planning decisions are reflected in expenditure frameworks and budgets. [20] Poor transparency and weak accountability of the health budget has been recognised as an issue since the early days of the Bangladesh SWAp, reflecting the overall poor state of the public financial management system, although there has been progress in the accounting systems, which should help with tracking expenditures. Development partners must shoulder some responsibility for this, as some have chosen to bypass the negotiation inherent to a sector-wide priority setting exercise, and instead established their own targets and policy directions

[20] Until 2011 the health sector programme in Bangladesh comprised 35 Annual Operational Plans, all of which used input-type budgeting (an improvement over the pre-1997 situation, with over 100 project plans). However, 35 plans still make it virtually impossible to assess whether resource allocation reflects agreed expenditure priorities between government and donors. Since 2011 fewer annual operational plans are in place (around 28), but this has not changed the fundamental problem of understanding how health budget allocation decisions are made, by whom and on what basis. The high turnover of senior government officers (affecting particularly line directors responsible for overseeing those annual budgets) makes accountability even less clear.

through bilateral, parallel projects. This leads to a vicious cycle in which the influence of policy dialogue processes and the sector reviews that inform them are reduced, in turn leading to less engagement in these processes.

Another limitation is the fact that the Ministry of Finance or other relevant ministries do not always actively participate in the sector review process and its aftermath, with the result that policy recommendations that are supported by the MOH may not be accepted by the other ministries that need to support its implementation.[21]

In summary, country experience suggests that sector reviews may not be effective processes for helping the government or its partners establish a strategic direction for the health sector. Experience from Bangladesh and Cambodia suggests that in practice the policy dialogue resulting from the review is often short and lacking in depth. The process for moving from diagnosis (provided by the sector reviews) to the adoption of policy changes (or incorporation of updated strategies in the next sector plan and budget) is unclear. Ensuring that the findings of sector reviews are taken into account would require an explicit process to follow up whether the issues have been addressed by the officials or working groups delegated to do so, involving the relevant agencies and technical skills, a process to review the conclusions and build them into the planning process.

A further issue may be the disconnect between the open discussion required to make sector reviews useful for policy and planning, and the nature of political processes in Bangladesh and Cambodia, where decision-making is typically hierarchical and non-transparent. This suggests that one of the basic assumptions of the sector review process – that a shared and independent analysis of progress and issues will provide a basis for amending policies and shaping plans – is naive. This does not undermine the value of the process for accountability, but it is likely to limit its influence on policy and plans.

2.4 Do sector reviews improve accountability?

Sector reviews are an important element of the accountability cycle, which involves: identifying strategies and setting targets (through strategic and annual planning processes); reviewing progress towards those targets (through joint annual reviews and routine monitoring); seeking to understand the reasons for lack of progress and whether strategies have had the intended results (through sector reviews); and holding those responsible to account (through policy dialogue). Experience suggests that in practice this cycle is hard to establish, for technical and political reasons.

At the technical level there may simply be too many results to monitor, at too many different levels. In addition to the indicators set out in the sector strategic plan, there are also likely to be programme-specific indicators, for example in maternal health, child health and so on. The 2011 review in Cambodia notes that health sector monitoring is irrational: there are too many indicators and little strategic use of the information they provide. It also reports that targets set in the health sector plan often lack a rationale, as well as a baseline, and that parallel monitoring for disease programmes continues. Where accountability mechanisms are already weak and monitoring processes poor, it may be unrealistic to expect a sector review to address these shortcomings.

Further, sector reviews require an in-depth qualitative analysis to look at whether policies or reforms are working as intended and if not, why not. In Cambodia, for example, the 2011 review looked at efforts to improve financial management of health resources at district level, and to strengthen the MOH's stewardship function. In addition to being hard to measure, such areas may be politically sensitive and thus difficult to report on candidly. Equally, failure to reach targets may be the result of a poorly-conceived or unrealistic plan, or an unachievable target, rather than lack of progress in the sector *per se*. However, the review process is often not detailed or in-depth enough to take this into account. Finally, in an effort to look broadly across such a wide range of issues, sector reviews may end up being superficial.

In Bangladesh, the annual reviews seem to be becoming increasingly extensive and analytical, leading to a paradoxical situation in which too much monitoring may be undermining accountability. The 2012

[21] The 2007 review in Cambodia stated in the limitations section that "interviews with respective representatives of the Council of Ministers and the Ministry of Economy and Finance would have contributed to the comprehensiveness of this review", yet "although efforts were made, it was not possible to meet within the available timeframe" (Örtendahl et al, p.12).

annual review comprised nine different review teams, each led by an international staff member and looking in depth at a particular area (such as human resources). Local stakeholders comment that government ownership of, and engagement in the review process is diminishing year on year, with the number of parallel processes diluting their meaning. Further, while in principle annual reviews can affect the details within annual operational plans, the plans and budgets had already been set at the time of the annual review, leaving very little scope for recommendations on resource allocation to be implemented, or verified. "*There is a lot in the thematic reports that's good, but there's no scope for findings to be taken forward in the annual plans*," commented one bilateral representative.[22] Although this comment relates to annual rather than end-of-cycle reviews, it is indicative of the disconnect between monitoring and planning which undermines accountability. Findings of MTRs are expected to be used to influence the allocation between operational plans, but again it is difficult to achieve this because of the timing of the different processes.

Another politically sensitive issue, which many sector reviews deal with either superficially or not at all, is the role of development partners. For example, neither the Cambodia nor the Bangladesh reviews discussed in depth the degree of donor alignment or use of country systems. In Cambodia, a separate review on this topic[23] had been carried out prior to the 2011 MTR, but attempts by the review team to include detailed discussion of donor behaviour in the validation workshop were blocked. The MTR in Bangladesh did assess whether donors had delivered the funding they promised, however it did not examine in detail the quality of financial support, such as whether funds were released on time and the consequences of later disbursement for programmes.[24]

Sector reviews in Bangladesh and Cambodia were established as part of the accountability process between governments and international development partners, linked to the introduction of sector level support where donors agree to support the sector strategic plan, often with less control over the use of funding (compared to project modalities). As such the sector reviews are usually commissioned by governments with development partners, following agreement on the purpose and scope of work.

Their use as a tool for accountability to domestic stakeholders has been very limited. There has been some engagement of non-government stakeholders in each country, in the planning of reviews and/or in the dialogue following them. As mentioned earlier, the Bangladesh Medical Association is involved in the sector review discussions, while in Cambodia the coordinating body for health NGOs, MEDICAM, is involved in discussions around the review and in the validation workshop.[25] A wider range of stakeholders is involved in the technical working groups in Cambodia, including NGOs with particular interest and expertise in technical issues, who have an opportunity to be involved in the review follow-up. The sector review reports are made available on the internet in both countries, so that a wider audience, including civil society organisations, the media or politicians could have access to the findings. But beyond this the sector reviews themselves have not been seen as a key tool for accountability to national stakeholders.

The sector reviews are intended as a technical exercise which reviews and validates the progress made and raises issues to be addressed in subsequent policies and plans. The sector reviews can be used to look at what mechanisms are in place for downwards/domestic accountability, for example, in Bangladesh, the Gender, Voice and Accountability Task Group is making monitoring and measuring of domestic accountability – a recurrent agenda for the annual review. The reports are written for a technical audience rather than for the general public. They are written in English in both countries, and the content and purpose of the reports are probably not best suited to a highly accessible version in the local language.

Some elements of civil society could be seen as an important domestic audience – for example, the parliamentary health committee, think tanks, public health institutes, lobbyists, academics and professional groups. Sometimes these entities may provide members or contribute to discussions by the

[22] Personal communication to author from Dhaka-based bilateral representative, November 2012.
[23] Vaillancourt (2011) cit.
[24] In Nepal, the consultants' report to inform the 2007 MTR addressed the performance of external development partners (EDP) in providing funding and concluded that EDPs share responsibility for low budget execution, which in part reflect delays in approval of funds and difficulties complying with donor procedures. EDPs were also criticised for providing information on funding late in the budget cycle and for only one year at a time.
[25] There have also been efforts to capture views from civil society in the sector review processes, such as the one day consultation with NGOs organised by the Bangladesh Government, the outputs of which were given to the review team.

review team, but the process on including them is not mandated or systematic. Ensuring their access to consultative meetings around the sector review and to the reports is worth further attention.

Sector reviews thus facilitate some level of accountability for results, however there are typically too many indicators and targets being monitored and insufficient time to understand why a particular result has or has not been achieved. Further, results are often linked to government rather than donor performance, and the role of donors is rarely explored in sufficient detail (although there are a few examples of this occurring). The reports are available online, but more could be done to involve domestic partners able and interested in contributing to them.

2.5 Do sector reviews reduce parallel review processes and transaction costs?

A key rationale for carrying out an end-of-cycle or mid-term sector review is that it allows donors to forgo their separate review processes, leading to a more streamlined approach and reducing transaction costs for government and for themselves. However, country experience suggests that some donors involved in sector reviews continue to commission their own reviews.

In Bangladesh, AusAID, DFID, the EC, the Global Fund, GAVI, JICA and World Bank all undertake their own reviews of the initiatives/projects that they support, in addition to being part of the sector review. For example, AusAID, DFID, the EC and JICA each carry out annual reviews of the maternal, neonatal and child health projects they fund. In addition, in 2010 the World Bank commissioned a Health Sector Analysis to inform its next sector support programme. For diplomatic reasons the government may not express public dissatisfaction with these multiple review processes, however it has indicated privately that it considers some reviews unnecessary and donor driven.[26] Each review requires busy government officers to provide information to, and engage in dialogue with different teams of consultants, often on similar issues – the very problem that having a joint sector review is designed to avoid.

Some of these additional project or programme reviews are useful in that they allow a degree of focus and in-depth quality of analysis that would be impossible in a time-constrained and wide ranging sector review. However, as mentioned earlier in relation to Bangladesh, little use is made of the evidence generated by these project reviews in broader sector reviews. In Cambodia, there are strong incentives to continue with programme or sub-sector reviews in addition to sector reviews in order to keep both attention and resources to these programmes and areas. As in Bangladesh, diplomacy may restrain open discussion of this issue. The numerous pieces of analytical work that donors undertake in the periphery of the sector review, and the fragmentation they cause, can become what a member of a UN agency in Cambodia referred to during the 2011 MTR as ‘the elephant in the room’ - recognised by all sector review participants, but rarely mentioned.

In summary, experience from Bangladesh and Cambodia suggests that sector reviews have become an addition to, rather than a replacement for, the review exercises led by individual development partners. It is questionable whether so many separate reviews are needed in the health sector, and whether weak, under-resourced Ministries of Health can afford the associated transaction costs.[27] So many parallel exercises are likely to fragment government engagement in sector monitoring, reducing capacity to make a comprehensive, sector-wide analysis of challenges and areas of progress.

[26] Personal communication from a member of the Planning Wing, Ministry of Health and Family Welfare, May 2012.
[27] The problem is not confined to the health sector: Monitoring of the Paris Declaration on aid effectiveness indicated that in both countries the proportion of missions and analytic work were well below targets, particularly in Cambodia. The OECD target was for 66% of analytic work to be joint by 2010, but only 35% of analyses in Cambodia were joint and 47% in Bangladesh (Source: 2011 Survey on Monitoring the Paris Declaration).

3. Conclusions and recommendations

Sector reviews have a huge potential to improve national health systems by fostering rigorous analysis, use of evidence and constructive dialogue among health partners. However, emerging evidence from Bangladesh and Cambodia, which have a long-established tradition of sector reviews, suggests that there may be growing fatigue with the process. Recent reviews have been criticised for being formulaic, resulting in many or vague recommendations, and for having a limited impact on policy and planning processes. Nevertheless, the basic rationale for sector reviews remains valid, relevant and necessary. Thus, the issues raised in this paper should be seen as a call for greater attention to what limits the effectiveness of sector reviews, rather than a critique. The following recommendations are provided in the spirit of improving the scope for sector reviews to generate evidence to inform health policy, and to improve transparency and accountability for results:

1. **Prepare the sector review process well in advance and ensure that essential analytic work is conducted prior to the review.** Make sure that such analytic work incorporates evidence from international experience as well as experience originating from the country concerned, and that this is done taking into account contextual differences and making judicious use of international experience. In countries where donors support projects and interventions in parallel to the sector plan, make sure that evidence on their effectiveness (generated for example from project-specific reviews) is made available to the sector review team. Incorporate the performance of external development partners in the review, including the quality of partnerships, their aid effectiveness performance as well as their delivery of funding as a key component of mutual accountability, and an explanatory factor for service delivery performance.

2. **Consider the benefits of moving from a one-off sector review process which aims to cover all issues in a limited period, to an on-going process of analysis and debate.** There is a temptation in many countries to concentrate in two weeks all the analytic work and debate that should have taken place during the previous year(s). Sector reviews may be more useful if they focus on one or two policy issues while also maintaining an overview of the sector, and there is no reason why such analysis should only be done at the end of a planning cycle.

3. **In preparing sector reports, reviewers should highlight a limited number of strategic recommendations as priorities for discussion and follow up.** This approach would help to better link the results of the review with the programme of work to be prioritised within the sector programme, and to make the whole review process more transparent and accountable.

4. **Separate the sector review and policy dialogue and allow sufficient time for the latter.** Complex issues cannot be analysed *and* resolved in the limited time available at the end of a sector review, and the expectations of such a discussion/dialogue need to be realistic. By the end of the sector review discussions there should be agreement on which issues are priorities for follow up, who is responsible for follow up and how progress towards agreed actions will be monitored. The policy dialogue and follow up work, through mechanisms such as technical working groups and planning teams, can then focus on reaching agreement on the appropriate response and how these will be reflected in appropriate policy and planning frameworks.

5. **To help facilitate and focus the policy dialogue process, recognise the nature of the policy making processes in the country and identify the areas and fora where policy dialogue has most potential.** In particular, take note of cultural norms that might affect public or open discussion of policy and public sector issues.

6. **Consider the scope for using sector reviews to strengthen domestic accountability as well as accountability between governments and development partners.**

7. **Describe with sufficient detail in sector policy documents or joint partnership arrangements and compacts how the annual, mid-term and end of cycle reviews of a sector plan will be conducted, how these reviews relate to one another and how the findings are to feed into subsequent plans and targets.** This should include means for dealing with controversial and/or politically sensitive issues in a sensible and constructive manner. The process should help to ensure that there is a clear mechanism for following up recommendations and decisions to which all health partners are held accountable.

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