Partner Institutions (HRPIs):
Modeling a sustained approach for strengthening health governance and stewardship in low-income countries

Synthesized Report
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Map showing the five countries:
- Uganda
- Kenya
- Tanzania
- Malawi
- Mali
The mapping studies are a follow up to the report and recommendation 3:

“countries should develop effective governmental and non governmental health resource partner institutions to support the health system stewardship and governance functions of the ministry of health”

of the study on supporting ministerial leadership “Strong Ministries for Strong Health Systems”

Every country needs to cultivate and grow a critical mass that interact regularly among themselves and with their governments to demand accountability, as well as provide support to their governments.
Background-cont’d

• ACHEST received a grant from the Government of Norway through NORAD to carry out this mapping activity

• Five African countries, (Uganda, Mali, Kenya, Malawi & Tanzania) were identified in a transparent way as appropriate and suitable for taking this work forward.
purpose

• To identify and characterize HRPIs available in countries in order to provide the necessary knowledge and understanding to involve them with the Ministry of Health (MoH) so as to advance health system governance in sub-Saharan Africa in particular.
objectives

• Identify and characterize the HRPIs;
• Gain better knowledge and understanding of HRPIs, their activities, strengths and weaknesses, needs, and their impact on health stewardship and governance;
• Identify different methods by which HRPIs can strengthen health governance and stewardship; and,
• Recommend a model by which HRPIs could be facilitated to strengthen health governance and stewardship in the 5 countries.
Limitations and Assumptions

• It must be assumed that all institutions identified are, or have the potential to be, HPRIs.
• Lack of defined criteria of HRPIs, and absence of a register/source of HRPIs meant the number identified may not have been exhaustive;
• it is assumed these represent close to 80% of HRPIs existing in the countries.
• The hand-delivery of the questionnaire to the targeted top executives in the institutions was not successful in some settings and its completion by the intended recipient was only possible in half the cases.
Commonalities in the 5 countries

• Many HRPIs in each of the countries
• Most HRPIs in all the 5 countries are strategically located in the capitals/ urban areas with a few having branches upcountry
• Most HRPIs have existed for over 10 years and have had time to build their capacities and structures.
• HRPIs interventions are within the boundaries of their countries
Commonalities in the 5 countries

• HRPIs account to their donors and not the individual ministries of health, making it hard to collate their activities.

• Most HRPIs are legally established majority being public institutions/ founded by government.

• While most of HRPIs are managed by a board of directors/ trustees, it is visibly at different strengths.

• Most institutions in individual countries as well as across countries are focused in similar areas it is however not clear if they network with each other.
Commonalities in the 5 countries

• In all countries there is minimal HRPI involvement in economic policy, trade and health.

• Economic policy trade and health seems to be the technical area least covered by the various HRPI in the different countries

• HRPIs are involved in almost all areas of governance
Model to Mainstream HRPIs

All models had one thing in common;

• having structured ways of dealing with the ministry of health as the one way to have impact and to play a support role to Ministry of health.
Challenges

• No formal mechanism for involvement of HRPIs and there is no seriousness in implementing the Public Private Partnership strategy.

• Information sharing between the Ministries of Health and HRPIs is not adequate

• Ministries of Health have at times been unresponsive

• Inadequate capacity

• The absence of motivation/ appreciation of HRPIs
Common Suggestions on Strengthening Stewardship and Governance

The suggestions that cut across included:

• The government should involve HRPIs in their activities

• Build the capacity of HRPIs to play a support role to the ministry

• MoH to develop clear structures within which to work with HRPIs
Recommendations

• Foster stronger formal partnership between HRPIs and MoH.

• Create greater understanding and recognition of the role HRPIs can, and do, play in the work of the MoH.

• Create a culture of locally driven research and evidence that is shared and used to inform policy.

• Improve management and leadership skills and build the capacity the MoH and HRPIs.

• Significantly increase funding and resource mobilization.
Recommendations

• Establish or identify MoH department that is devoted to defining the involvement of HRPIs in implementing health plans, namely the Health Sector Strategic Plan (HSSP).

• Develop clear input and output indicators and plans to strengthen identified areas of weakness among HRPIs and within MoH.

• Other recommendations resulting from the studies are to improve health sector coordination,
Recommendations

• Improve the research capacity of the health sector,
• Increase resources to the health sector by identifying additional sources of funding and developing mechanisms for improved resource mobilization.
• Building the leadership and governance capacity of the MoH, and increasing involvement of Civil Society Organizations (CSOs).
Way Forward

• Sourcing more funding to expand the study to other African countries
• Share the findings with Ministries of health to take into action the recommendations