Improving regional health governance: An analysis of the situation in the Pacific

Across the Pacific, as in much of the developing world, regional health networks, committees and forums dedicated to improving public health have proliferated in recent years. But the anticipated benefits of these regional bodies and forums have often been overshadowed by the inefficiencies and workloads associated with such mechanisms—workloads that have involved some senior health officials spending up to 50 per cent of their time travelling abroad. In 2010, the Health Policy and Health Finance Hub appointed a team led by the University of Sydney to examine critically the effectiveness and impacts of Pacific regional health mechanisms. The resulting report attracted broad interest from governments and development partners, and some—including AusAID and the Secretariat of the Pacific Community (SPC)—re-evaluated their focus on regional health bodies and forums. There are indications that the SPC and other regional organisations are now allocating more resources to country-level programs, while some donors are rescheduling regional events to reduce travel demands on their participants.

The challenge

In recent years, many senior health professionals in the Pacific islands have noted a rapid expansion in the number of regional coordination and governance mechanisms and a corresponding increase in the number of regional forums and meetings. Indeed, around the world, both global and regional health governance have become more complex, a DfID report calculating that, by 2007, global health policy development and implementation involved 40 bilateral donors, 26 UN agencies, 20 global and regional funds and 90 global health initiatives.

In their 2007 paper The Aid Effectiveness Agenda, Rebecca Dodd and Peter Hill argued that ‘health aid is increasingly characterised by diversity, complexity and innovation’, causing ‘growing uneasiness, a sense that things are getting out of control’, as well as inevitable duplication and spiralling transaction costs. In order to better govern and coordinate this diversity, the Paris Declaration of 2005 and the Accra Agenda for Action in 2008 led efforts for greater harmonisation and alignment among all donors involved in global health. Yet despite these efforts, the global health community continues to struggle to identify how best to coordinate and govern its various funding streams, organisations and mechanisms.

In the Pacific health sector, the quintilateral group of development partners—the World Health Organization (WHO), the Secretariat of the Pacific Community, the World Bank, NZAID and AusAID—acknowledged that the complexity of the aid picture was compounded by a lack of information and analysis regarding regional mechanisms. As a result, the SPC in early 2010 prepared an initial paper that called for further study based upon the recognised need for greater harmonisation, alignment and aid effectiveness in line with the Pacific Aid Effectiveness Principles. At around the same time, the Health Policy and Health Finance Hub subcontracted a team led by the University of Sydney to examine critically the number of regional health mechanisms, their effectiveness, their costs and any adverse impacts.

The response

The team produced a first report detailing its findings in June 2010 and a second version with additional findings in January 2011. The study was the first step in a broader effort to improve the effectiveness of Pacific regional health mechanisms, to reduce their costs and adverse impacts and to improve ownership of the health response.

To provide a basis for advancing these goals, the Hub’s report had three principal objectives: to map rapidly the number and variety of regional health mechanisms; to collate the views of key informants on their effectiveness,
functioning and any adverse impacts; and to draw preliminary conclusions for future research and discussion.

The report—Regional Health Meetings in the Pacific and their Impact on Health Governance—identified 64 regional health mechanisms with a wide variety of technical emphases, geographic focuses, mandates and purposes. There was general agreement among informants that the proliferation of these mechanisms and meetings had added to workloads and raised significant questions regarding the quality of governance and the mechanisms’ ultimate effectiveness. However, there was also broad consensus on potential solutions, including opportunities for condensing some mechanisms around common themes or purposes, and the need for more effective, legitimate and accountable health governance—with a more even balance of power between actors.

The report’s other key findings included:

- Many health mechanisms operate in the region with inefficient planning, and many have overlapping areas of technical focus, particularly those addressing HIV and NCDs.
- Some mechanisms have a clear mandate, including networking, technical exchanges or grant management, but many have ‘mixed mandates’ that are unclear to participants and may lead to inappropriate attendance.
- There are substantial time and cost impacts on health ministry officials, with some officers spending more than 25 per cent—or even 50 per cent—of their time out of the office.
- There is a pressing need for greater ownership of the agendas, functioning and outcomes of regional mechanisms by Pacific island leaders, and a need for more consultative processes (for example, greater ministerial ownership of the biennial Pacific ministers of health meetings).
- There are ongoing tensions between regional and country approaches to technical assistance and funding mechanisms. Some agencies have moved to a more country-focused approach, while others continue to rely on regional models.

The impact

The Hub’s study broke new ground in addressing some of the major challenges facing the disparate, often poorly coordinated regional health mechanisms. The study, which was strongly supported by the quintilateral group, attracted considerable interest from development partners, regional organisations and Pacific ministries of health. Its analysis of regional governance mechanisms served to elevate the issue on Pacific health agendas, as demonstrated by discussions at both the 2011 Pacific ministers of health meeting and quintilateral group meetings.

The report’s findings have been raised at a number of other donor meetings looking at regional health governance. During 2012-13, AusAID has been revising its Pacific regional health strategy, and the Hub report is cited in the agency’s draft Pacific Health Development Agenda. The AusAID draft paper notes: ‘[C]urrent regional governance arrangements in health encompass a variety of committees, networks and meetings. They have evolved on a largely ad hoc basis, are unwieldy, poorly coordinated, and can generate very high transaction costs (including staff absences) for countries.’ A subsequent Concept Note for a Delivery Strategy for AusAID’s Pacific Regional Health Program includes a specific recommendation to ‘reduce the number of regional trainings and meetings’.

The concept note also refers to a blog posting by Hub researcher Joel Negin on regional health meetings in the Pacific: ‘There is also good evidence that the current regional/multi-country business model [through which] AusAID’s regional health program is delivered … is inefficient … For example, a study of health regional meetings/trainings in the Pacific identified 52 regional health mechanisms, and 14 one-off meetings in a 12 month period. This resulted in many senior Pacific health officials spending more than 50% of their time out of the office attending meetings.’

Since the release of the Hub report, some positive steps have been taken to reduce the volume of regional meetings. In 2011, the Global Fund and the AusAID-funded Pacific Regional Strategy Implementation Plan (PRSIP) scheduled their regional HIV meetings back to back in Nadi, Fiji, to reduce travel demands on participants attending both meetings.

The report has also been raised in the ongoing review of the SPC’s Pacific Regional Strategy on HIV and Other STIs and in discussions on the appropriate role of the SPC in the context of increased regional meetings and funding streams. The Secretariat’s draft regional strategy paper used language derived from the Hub report.

One of the main focuses of the report’s analysis was the biennial Pacific ministers of health meetings, which had been criticised for failing to meet the needs of Pacific
governments. Subsequent to the report, by all accounts, the ministers’ meeting in the Solomon Islands in June 2011 was conducted in a more transparent, inclusive and country-oriented manner than previous meetings. While there is no suggestion that the Hub report was the main driver of this change, it certainly contributed to dialogue and provided evidence to support a greater country focus.

Several health officials have since expressed confidence that the next ministers of health meeting—in July 2013 in Samoa—will continue these positive trends. Such moves towards more practical, country-based development support provide hope for increased efficiency, greater time availability and reduced costs for both Pacific governments and their development partners.

The future

With the current phase of funding for regional non-communicable disease programs from AusAID and NZAID coming to an end, and the completion of current HIV funding from AusAID, the Global Fund and others, the present moment offers a potential turning point in the way that bilateral and multilateral partners engage with Pacific governments in the health sector.

The era of ‘vertical’ disease financing accompanied by complex and divergent governance and accounting mechanisms for individual programs is likely to end, as partners devise more country-based, more efficient and less burdensome models to support health development. Already there are indications that the SPC and other regional organisations are committing more resources to country-level support, with both the Secretariat and WHO allocating more personnel to their country programs.

The will of the Global Fund, PRSIP and others to reschedule events to minimise their impacts on overstretched health officials points to a growing awareness of the need to adjust the balance away from time-consuming regional forums to more efficient means of collaboration. Strategies to reduce or combine meetings, and to align future events with a ‘regional meeting calendar’, are all on the table for donors keen to optimise the impact and effectiveness of their health support in the Pacific.

The Hub report has contributed meaningfully to many of these discussions and continues to serve as an important reference point for AusAID and other partners in the region.
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