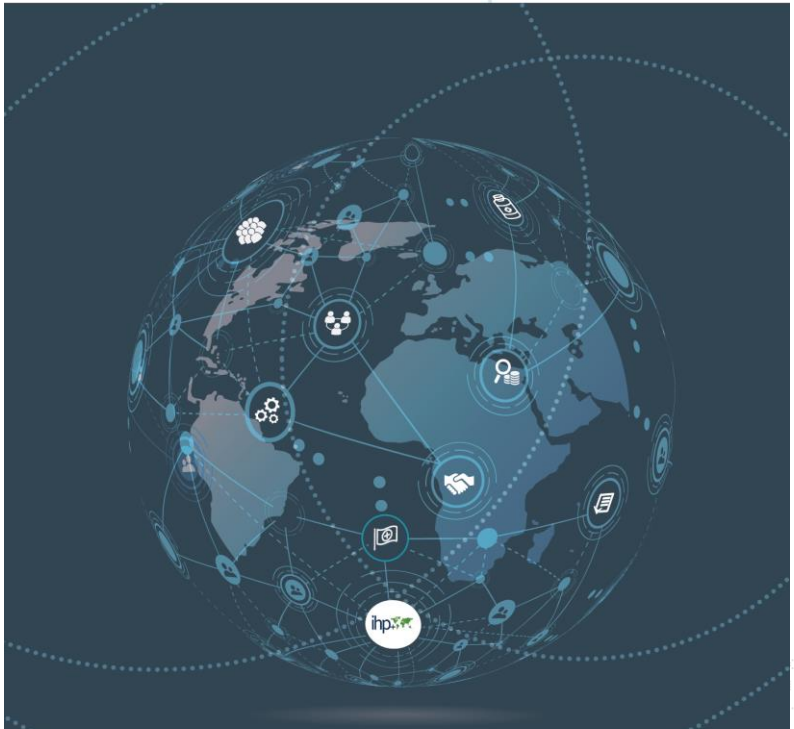
2016 IHP+ Monitoring Round 5

Presentation of findings, conclusions and recommendations



OBJECTIVE OF PRESENTATION

I. Present the findings of the 5th IHP+ monitoring round on the status of effective development cooperation in health in 30 countries and findings from the separate EDC review of 14 development agencies

II. Present the conclusions and recommendations to facilitate a discussion on the way forward

KEY FINDINGS

2016 IHP+ MONITORING ROUND

The way performance was monitored

- Voluntary participation & based at country level
- New aspects in 2016:
  - 8 EDC practices
  - Qualitative and quantitative information
  - Engagement of CSO and private sector
  - Contracting of national expert to support process
  - Documenting data on humanitarian assistance
  - **Promoting a discussion of findings & action plan**
  - Piloting institutionalisation (up to 5 countries)
- 30 countries, 35 DPs, 400+ CSO & 176 Private sector
- 18 DPs participated in 4 or more countries
- Trend analysis for up to 14 DPs and 14 countries participating in 3 rounds
- 14 DPs participated in separate DP policy, procedures & practices review

8 EDC PRACTICES		4 COMMITMENTS
 EDC 1	Partners support a single national health strategy	1 Commitment to establish strong health sector strategies which are jointly assessed, and strengthen accountability
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 Commitment to improve the financing, predictability and financial management of the health sector
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 Commitment to establish, strengthen and use country systems
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 Commitment to create an enabling environment for CSO and PS participation in the health sector
 EDC 8	Private sector is engaged	

KEY RESULTS - COMMITMENT 1

ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY

	Government	DP
Health sector strategies and mutual accountability		
Proportion of countries with a national health sector strategy in place and proportion of development partners that align their programmes with national priorities	**100%**	**100%**
Proportion of countries with a comprehensive monitoring and evaluation frameworks in place and proportion of development partners that exclusively use the national monitoring framework	**80%**	**47%**
Mutual accountability mechanisms are in place and used by development partners	**80%**	**73%**

Legend:

Progress (at least 3% increase over 2014 monitoring round)	**Not comparable with 4th monitoring round**

Performance of governments

- All countries have a jointly developed HSSP, but participation sometimes limited
- 22/30 conducted joint assessment, with CSO participating in 75% and PS in 50% of joint assessments, however participation not inclusive and often more pro-forma
- 20/30 confirm sub-sector reviews are still necessary
- 24/30 have health sector M&E frameworks but poorly used by DPs
- DPs more likely to use the monitoring framework when involved in development of HSSP

Performance of development partners (1)

- DP priorities are aligned
- 74% participate in joint sector or sub-sector assessments
- Almost 50% still require separate assessment
- Findings confirmed by DP review

Figure 1.(a) Participation in joint sector or sub-sector strategy assessments

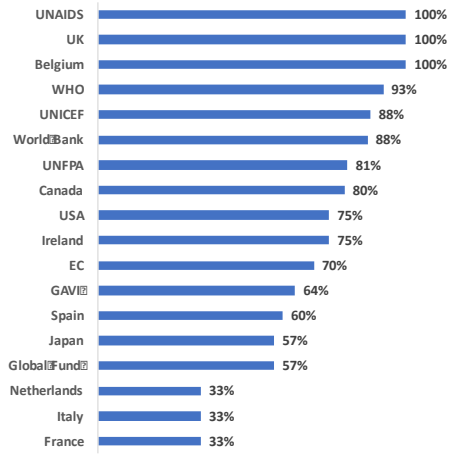
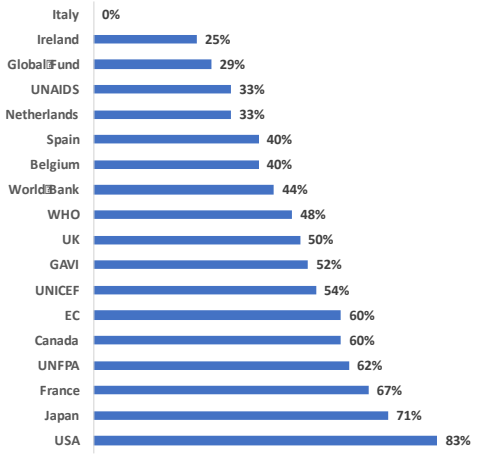


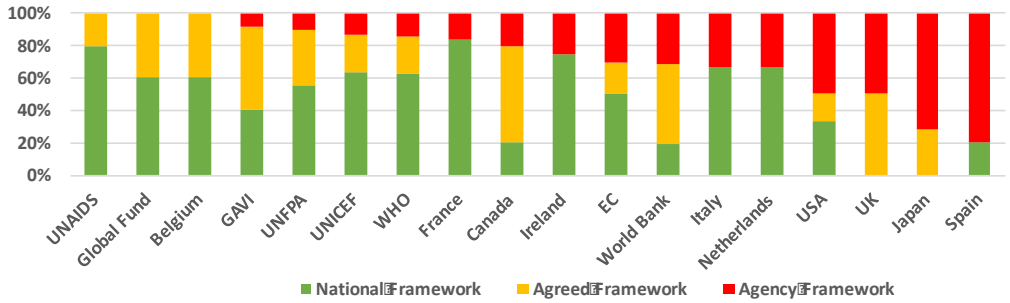
Figure 2.(b) Requirement of separate sector or sub-sector strategy assessment



Performance of development partners (2)

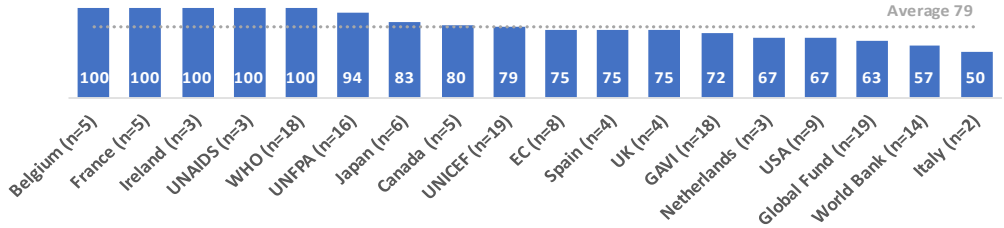
- 50% of DPs only use national M&E framework
- Majority willing to align but have concerns about quality of M&E frameworks

Figure 1. Use of national, agreed and agency-specific performance monitoring frameworks[1,2]



- 78% of DPs participated in JAR, increase compared to 2014 (60%)

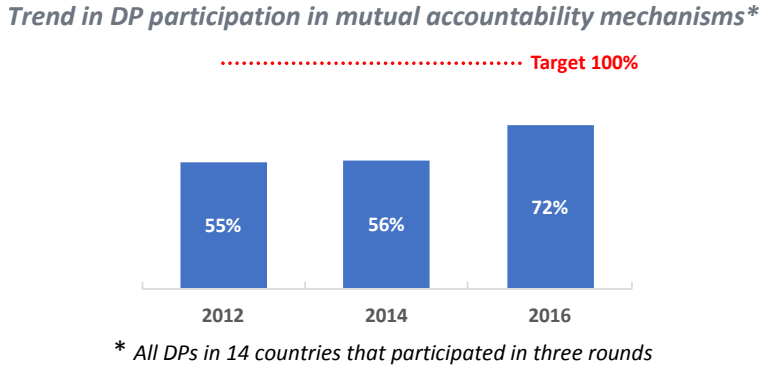
Participation in joint annual reviews or similar exercises within the last two years (%)



n = number of countries in which the development partner submitted a response to the question

Trends in meeting the commitment

- DP participation in MA mechanisms increased,
- Linked to increased availability of MA mechanisms in more countries (9-11-14).



* *All DPs in 14 countries that participated in three rounds*

Constraints and opportunities

CONSTRAINTS

Alignment & MA:

- **Lack of CSO & PS representative bodies**
- Limited DP representation at country level
- Separate assessment needed because of agency-specific evaluation cycles or specific support to sub-sectors

Use M&E framework:

- Limited quality, not results-oriented, not specific enough for sub-sector, fragmented
- Limited capacity to collect & analyse

OPPORTUNITIES

Alignment & MA

- MoH responsibility to increase participation of CSO and PS
- Country specific events/suggestions for improving accountability
- DPs suggest to strengthen UN joint programming and health partners fora and **learn from CCM**

Use M&E framework:

- Improving M&E frameworks, greater alignment with global indicators, **HDC**
- Strengthening NHIS, national platform for joint decision-making

KEY RESULTS - COMMITMENT 2

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

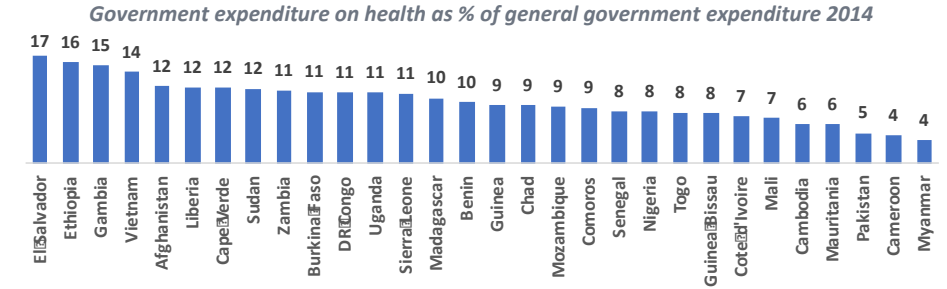
	Government	DP
Health sector financing commitments		
Proportion of government health sector budget execution and proportion of development partner health sector support budget execution	**86%**	**71%**
Proportion of governments that have a 3-year rolling budget or MTEF in place and proportion of development partners of which the government has information about their next 3 years forward looking expenditure plans	**66%**	**35%+**
Proportion of countries where the contributions of development partners are (at least partly) reflected in the national budget and proportion of development partner support to government registered in national health budget	**77%**	**53%**

+ As reported by government

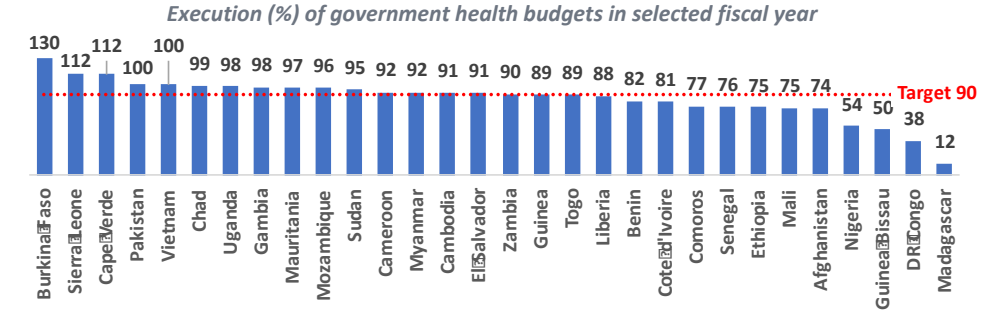
Legend:	**Progress** (at least 3% increase over 2014 monitoring round)	**Stagnation** (within +/- 3% of results in the 4th round)	**Decline** (at least 3% decrease from 2014 monitoring round)	**Not comparable with 4th monitoring round**

Performance of governments

- Health expenditure ranges 4 to 17% of GGE
- 86% average execution rate
- 16/30 reached target
- 20/30 3-year rolling budget or MTEF
- 23/30 record DP funds on budget, and 4 document it otherwise

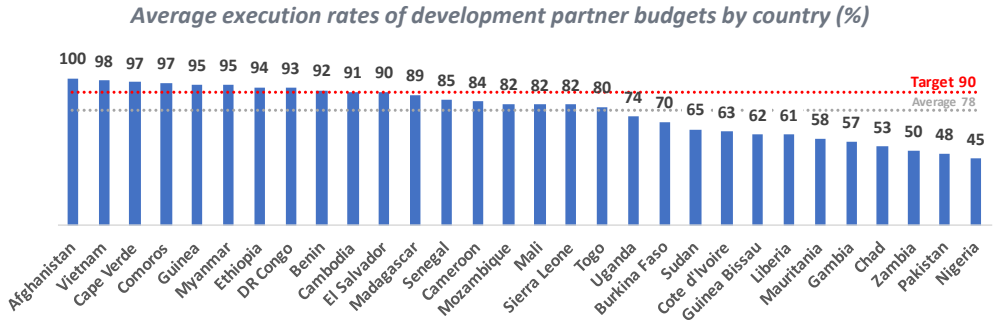


Source: www.who.int/health-accounts/ghed/en/ (accessed 11/05/2017)

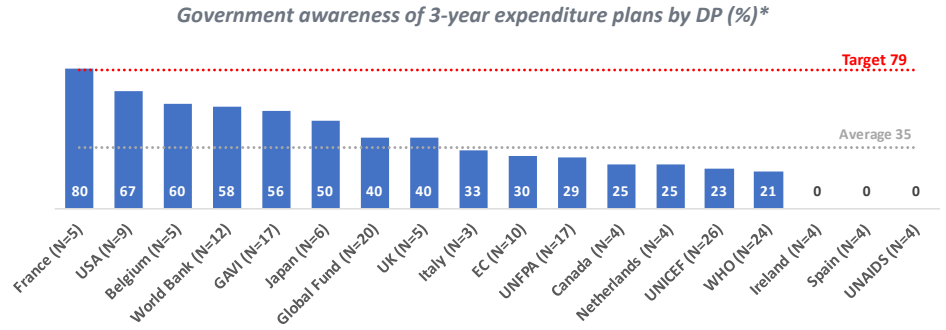


Performance of development partners (1)

- 78% average execution rate (11 countries target reached)
- 73% for DPs in 4+ countries
- Different reasons for over- & under-disbursements



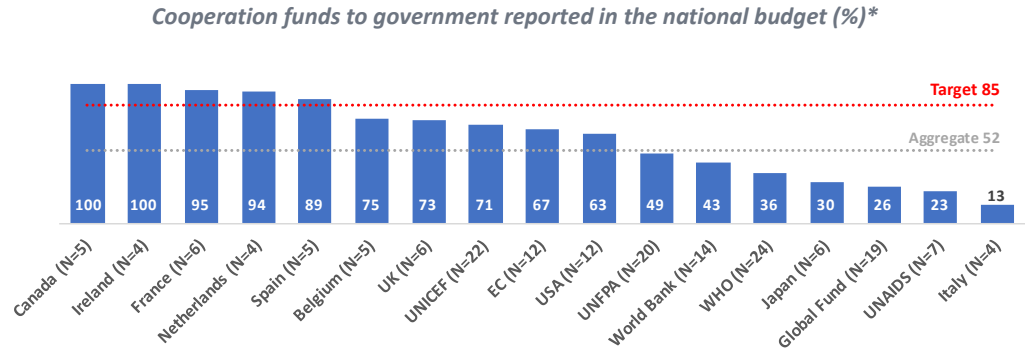
- Governments aware of 35% of DPs 3-year expenditure plans.
- Majority of DPs provide 2-year expenditure plans
- 8/14 ODA agencies have strict requirement to inform Gov.



*N = number of countries in which governments provided a response. Only development partners who participated in four or more countries are included.

Performance of development partners (2)

- All DPs report budget is known to government
- Only 53% is registered in national budget (excluding countries where this is not practice)
- Not all DPs are aware whether funds are registered on budget (eg. GAVI)

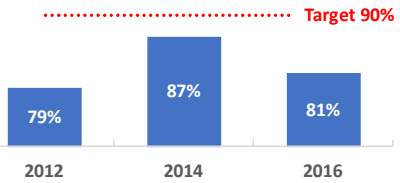


N = number of DP responses that included both the numerator and the denominator value. Only development partners who participated in four or more countries are included.

Trends in meeting the commitment (1)

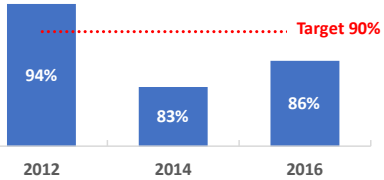
- National budget execution for health decreased compared to 2014 (about same level as in 2012)
- DP disbursement rates increased compared to 2014 but are still substantially lower than in 2012

*1.(a) Trend in national health budget execution**



*12 countries

*Trend in development cooperation budget execution**



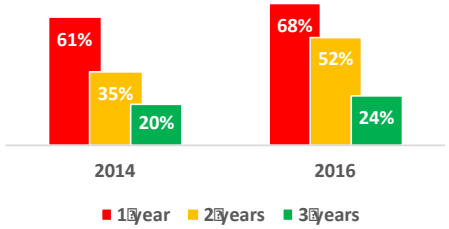
*13 development partners

Trends in meeting the commitment (2)

- Govt awareness of DP expenditure plans increased compared to 2014.
- But data are unstable, and does not establish a robust trend.

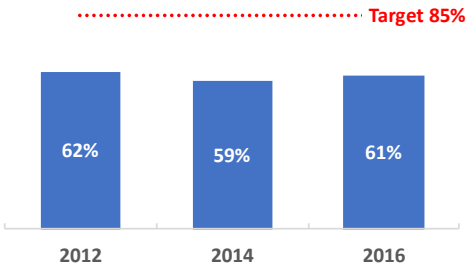
- On-budget registration has changed little and remains well below the target of 85%

*Trend in forward expenditure estimates of development funds**



* *Funds of 14 DPs in 21 countries as reported by governments*

*Trend in the registration of DP funds in national budgets**



**For 14 DPs in 11 countries as reported by DPs*

Constraints and opportunities

CONSTRAINTS

Budget execution

- Domestic: constrained fiscal space, lack of national health financing strategy, weak capacity, emergency situations, late release of funds by treasury
- DPs: weak joint planning, unreliable or earmarked financing, complex procedures, delayed release of funds

Predictability and funds on budget

- Budgeting cycles often don't coincide
- Government budgeting procedures not transparent
- **Lack of understanding of benefits of on-budget registration**

OPPORTUNITIES

Budget execution

- Domestic: more transparent financial management, budget decentralisation, better use of aid management platform and improved communication with ministry of finance
- DPs: **Regular portfolio reviews, strengthening mid-year and annual reporting**

Predictability and funds on budget:

- **Strengthening national budgetary processes**, biannual reviews of forecasts, better use of aid management platforms
- **Joint financing arrangements** (eg. Ethiopia)

KEY RESULTS - COMMITMENT 3

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

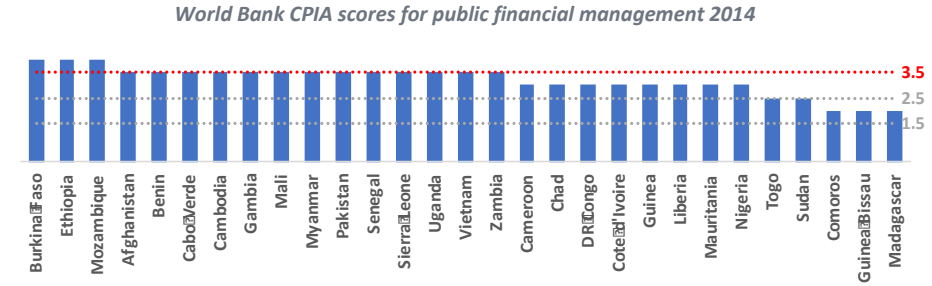
LEGEND
Progress (at least 3% increase over 2014 monitoring round)
Stagnation (within +/- 3% of results in the 4th round)
Not comparable with 4th monitoring round
Not applicable

	Government	DP
Use of national management systems		
Proportion of countries where the public financial management system adheres to good practices (CPIA) and the proportion of support using national financial management procedures (development partners)	**55%**	**53%**
Proportion of countries with sufficient DP support for strengthening public financial management system	**NA**	**50%***
Proportion of countries with a government-led plan for procurement and supply systems and proportion of development partners that use national procurement and supply systems at least for some procurement	**93%**	**41%**
Proportion of countries with sufficient DP support for strengthening public procurement and supply systems	**NA**	**100%***
Proportion of countries with an agreed national TA plan and the proportion of development partners that provide TA in accordance with this plan	**21%**	**Not assessed**
Recipient institutions are involved in developing the TOR and in the selection of TA	**79%+**	**96% / 85%***
The proportion of countries where the ministry of health benefits from south-south or triangular cooperation and the proportion of development partners that supports this type of cooperation	**67%****	**79%#**

+ As reported by government
* As reported by development partners
** 20/30 countries reported they either benefit greatly, most of the time or sometimes from SSC or triangular cooperation
# Not all development partners had the same understanding of SSC or triangular cooperation

Performance of governments

- 16 countries have a robust **PFM** system (CPIA >=3.5); Initiatives to strengthen PFM in place
- 27 countries have national **PSM** plan, used by some DPs in 66% countries; Support to PSM is not sufficient according to gvnt (50%)
- Only 6 countries have a national **TA** plan for health; MoH not consistently involved in development TOR; modest participation in SSC



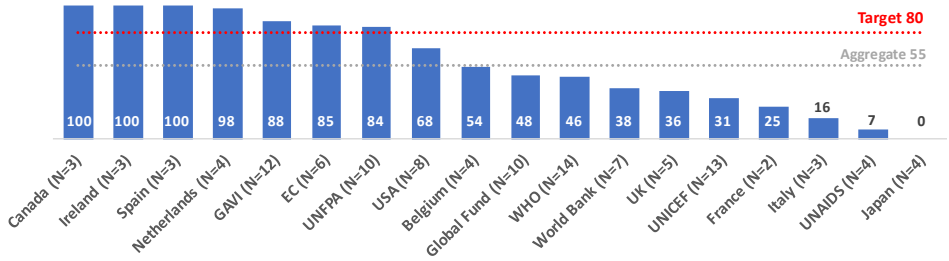
Source: http://data.worldbank.org/data-catalog/CPIA (accessed 17/02/2016)

Performance of development partners (1)

- 55% DP funds use national budget execution procedures
- 53% consider sufficient support is available for PFM;
- For 7/14 ODA agencies is PFM support an explicit objective
- Using national PFM systems is a default option for 9/14 agencies

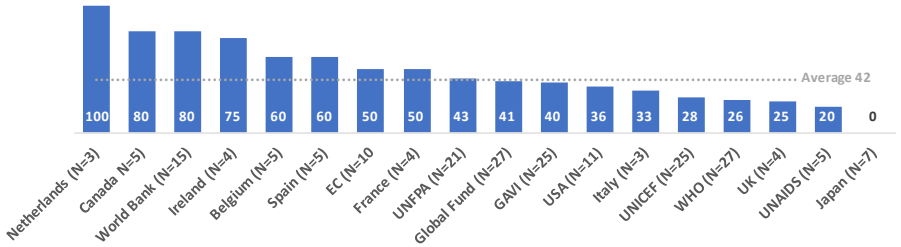
- 42% use PSM system
- All DPs confirm sufficient support is available (*in contrast with Gov opinion*)
- 5/14 ODA agencies PSM support is explicit objective

*Disbursements to government using national budget execution procedures (%)**



** N = number of countries for which data for disbursements and for use of the PFM system were reported. Only development partners who participated in four or more countries are included.*

*DP use of national PSM systems for at least some procurement (%)**



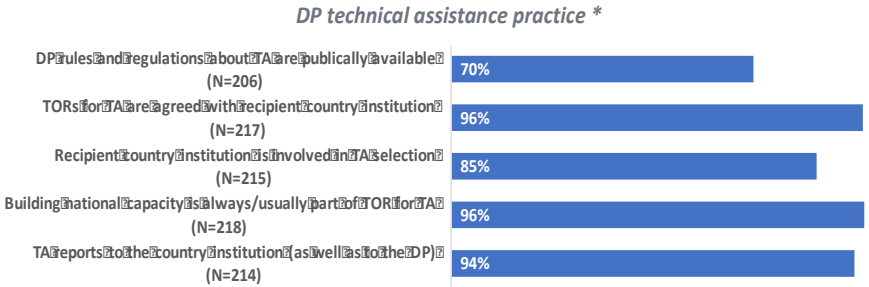
**N = number of countries for which DPs provided a response. Only development partners who participated in four or more*

Performance of development partners (2)

- Agreement that TA needs to be well-coordinated through either sector, sub-sector or programme TA plan
- 3/14 ODA agencies have policy to provide TA under sector-wide TA framework

- Most DPs provide TA as agreed with national authorities
- Recipient institutions almost always involved in TOR development (*in contrast with Gov opinion*)

- 79% provide some form of support for SSC or TrC (support regional institution, cross-border initiatives, etc.)

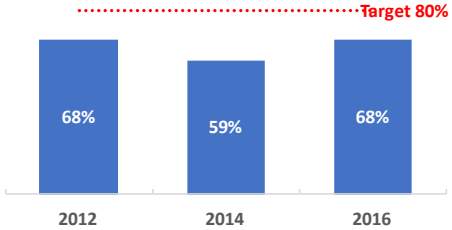


*N = number of DP respondents who answered the questions out of 255 submitted qualitative questionnaires

Trends in meeting the commitment

- Trend data only on use of PFM
- Only 7 countries had CPIA above 3.5 between 2012 and 2016
- Performance of 14 DPs has remained unchanged compared to 2012, but increased compared to 2014
- However, data are not very stable

*Trend in DP use of national PFM systems for disbursements to government sector**



** 14 DPs in seven countries with CPIA score of 3.5 or higher*

Constraints and opportunities (1)

CONSTRAINTS

Use and strengthening of PFM:

- Gov: insufficient resources and technical capacity, limited political will, insufficient support from DPs
- DPs: PFM system not reliable, agency regulations do not allow, political instability, non-transparent budget allocations

Use and strengthening of PSM:

- Slow and cumbersome procedures, inefficient or unreliable systems, lack of transparency, preference for harmonised or third-party procurement systems

OPPORTUNITIES

Use and strengthening of PFM:

- Gov: increase capacity development and systems' strengthening
- DPs: **increase planning and financial mgt capacity at central and decentralised levels, increased use of national or global pooled funds, JFA, global initiatives, use of multi-donor sector agreements** (eg. HACT, UNDAF)

Use and strengthening of PSM:

- Gov: **increase capacity development and systems' strengthening**
- DPs: **review PSM needs at launch of new HSSP and promote increased use by all partners**

Constraints and opportunities (2)

CONSTRAINTS

Alignment of TA:

- Differences of opinion on TA coordination and alignment among Gov and DP

Use of SSC and TrC:

- Low financial support, insufficient capitalisation of lessons learnt, insufficient knowledge about experience in other countries, limited scope for MoH to participate
- SSC often not a priority or not included in cooperation framework

OPPORTUNITIES

Alignment of TA:

- Gov: **make better use of sector coordination fora, agree on TA needs based on HSSP**
- DPs: closer collaboration with gov, better identification and sharing of TA needs, **annual reassessments and updates of TA needs, regular joint evaluations of TA performance**

Use and strengthening of SSC and TrC:

- Gov: **increase role and participation of regional institutions**
- DPs: **joint development of SSC plans, joint selection of partner countries, regional institutions, networks and pools of experts that can be used for defining and developing SSC**

KEY RESULTS - COMMITMENT 4

TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

LEGEND
Progress (at least 3% increase over 2014 monitoring round)
Not comparable with 4th monitoring round
Not applicable

	Government	DP
Support for engagement of CSO and private sector in health policy dialogue		
Proportion of countries where CSOs participate in health policy dialogue and proportion of development partners that have institutional mechanisms to involve CSOs in programme development and oversight; and use them	**93%**	**80% / 70%**
Proportion of governments that have feedback mechanisms in place to CSOs	**77%**	**NA**
Proportion of governments and development partners that provide either financial resources, training or technical support to CSOs	**83%**	**66%**
Proportion of countries where the private sector participates in health policy dialogue and proportion of development partners that provide support for private sector participation in national health policy dialogue	**63%**	**70%**
Proportion of development partners that provide financial or technical support to the private sector	**NA**	**49%**
Proportion of governments that have feedback mechanisms in place to the private sector	**63%**	**NA**
Proportion of development partners that include private sector organisations in stakeholder consultations and other participatory structures for their programme	**NA**	**70%**

Performance of governments

Engagement with CSO

- CSO participate in development, implementation & monitoring of health policies in 28 countries
- Degree of participation varies & quality can be improved
- Feedback mechanisms exist in 23 countries but not always well defined
- Governments provide financial resources (60%), training (83%) and TA (63%)

Engagement with PS

- Private sector participated in 19 countries but participation described as very limited
- Feedback mechanism exist in 16 countries
- Private sector health services are fully captured in NHIS in 6 countries and partially in 15 countries

Performance of development partners

Engagement with CSO

- 80% have mechanisms to involve CSO in programme development and oversight
- 66% support CSOs in national fora for decision making (10% examples)
- 66% provide financial resources, 55% provide TA and 54% training
- Support to CSOs may have weakened since 2014, but was still above the level in 2012.
- Overlap with programmatic and geographic interests is important
- 13/14 ODA agencies support CSOs in health policy processes
- There is scope for DPs to enhance voice of CSO in national policy decisions

Engagement with PS

- 70% of DPs include PS in stakeholder consultations
- 70% promote participation of PS in national health policy dialogue
- 49% provide financial or technical support to strengthen PS role
- 11/14 ODA agencies promote PS involvement in health policy dialogue; 8 have explicit statements on promoting PS involvement in health sector

Views of CSO: problem of inclusion

Legal and regulatory environment

- 30% consider freedom of association, assembly and expression effectively recognised
- 39% can access resources without restrictions

Coordination & accountability mechanisms

- Over 50% are member of network that participates in health policy dialogue
- Mechanisms relatively effective

Engagement by government

- 78% report to government
- 30% consulted on health policy or programme decisions
- Access to information is too late
- Financial, technical and training support is not inclusive

Engagement by DPs

- Few DPs involve CSO in development of programmes
- Limited support for participation in health sector policy fora
- Existing DP mechanisms are selective

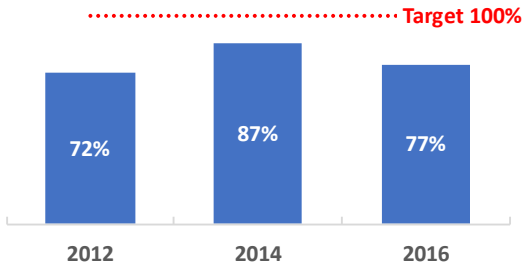
Views of private sector

- Limited involvement in health sector policy development
- Lack of a representative body or umbrella organisation to represent the sector
- Legal frameworks not sufficiently strong to ensure quality of care in the private sector.
- Accreditation not in all countries; NHIS cover partly PS
- Technical and financial support by government and development partners very limited or absent.

Trends in meeting the commitment

- Trend data only available for DP support to CSO
- Trend suggests an increase compared to 2012 but a significant decrease from 2014 levels

*Trend in DP support of civil society organisations**



**14 countries, 14 development partners*

Constraints and opportunities

CONSTRAINTS

CSOs

- Large diversity and number of actors
- **Lack of representative platforms or coalitions**
- **DPs constrained to engage if not trusted by Govt**
- **Need for more transparent governance and accountability mechanisms**
- **Selectivity of support** and engagement by Govt and DPs

Private sector

- **Lack of representative platforms or coalitions**
- **Competition** of private sector with public sector service providers
- **Need for more transparent governance and accountability mechanisms**
- **Weak legal frameworks** for private sector
- **Participation** in health sector policy not systematic enough

OPPORTUNITIES

CSOs

- Establishment of **CSO platform or liaison office** in MoH
- Broaden **scope** of CSOs invited to participate
- **Increase integration of CSO in existing coordination fora**
- Strengthen **capacity** of CSO and networks
- Make CSO participation conditional for grant approval

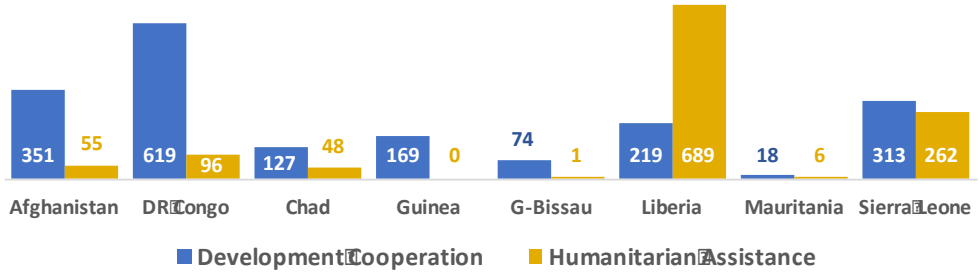
Private sector

- Appointment of **body / platform to represent** PS interests in health policy
- Integration of PS activities in **NHIS**
- **Increase integration of private sector in existing coordination fora**
- Support **public-private partnerships** or social marketing programmes
- Invest in **regulatory framework** for private sector

THE INTERFACE OF DEVELOPMENT COOPERATION & HUMANITARIAN ASSISTANCE IN HEALTH

- Health sector disbursement through humanitarian channels in 8 countries made up 38% of total disbursements for health (although under-estimated)
- DP staff at country level not always informed about volume of disbursements
- Ministries of Health rarely informed about levels of HA for health sector
- Humanitarian assistance has own principles and systems of coordination but need to develop consensus about the interface between DC and HA in health and about the application of EDC principles

*Disbursements for development cooperation and humanitarian assistance in health**



**In million US Dollars*

POLICIES AND PRACTICES OF EDC IN HEALTH

Issues identified by DP review

- Delegation of control and mutualisation of risks and accountability
- Devolution of authority for development programming
- Capacity of development partners at country level
- Domestic agendas and restructuring ODA at national level
- Demand to generate and document attributable results
- Multilateral funding and earmarked contributions
- Increased focus on fragile states and shift to humanitarian assistance channels
- Development cooperation with middle-income countries
- Changes in global political economy for ODA and EDC

WAY FORWARD (1)

LESSONS LEARNED, RECOMMENDATIONS AND DISCUSSION

RECOMMENDATIONS for **Governments**

- Enhance quality of JANS and JARs for planning purposes
- Strengthen national M&E frameworks and data collection
- Strengthen process of preparing forward expenditures
- Review budgeting procedures to allow registration of DP funds
- Ensure strengthening of PFM and PSM remains priority in HSSP
- Identify needs and tasks for TA to build capacity in health sector as part of multi-year sector or sub-sector strategy; update needs & supply annually
- Explore opportunities for SSC as part of regular TA reviews
- Consistently involve CSO in mutual accountability processes
- Invite PS to participate in national heath policy dialogue; support establishment of PS platform or representative body; include PS in NHIS
- Improve inclusiveness in policy fora, TWGs, JAR, JANS, compact (eg. learn from CCM, ICCs, etc.)
- Integrate CCM & ICC in overall health sector governance structure

RECOMMENDATIONS for **DPs**

- Support and engage in JANS & JARs for priority setting and monitoring
- Strengthen national M&E frameworks and data collection (HDC)
- Increase reliance on national health information and evaluation data
- Adopt and implement policy of providing 3-year expenditure estimates
- Adopt and implement policy to register support to public sector on budget
- Adopt policy that use of PFM and PSM is the default option; strengthen these systems as a priority for country support in health
- Support MoH to develop sector or sub-sector TA framework & annual updates at JAR
- Support MoH to develop plans for SSC as part of TA framework
- Advocate with government for meaningful participation of CSO; provide technical and financial support to CSO
- Advocate with government for meaningful participation of PS & inclusion in NHIS
- Ensure all institutions that deliver ODA support / programmes are aware of national commitments to EDC and apply the associated practices

WAY FORWARD (2)

LESSONS LEARNED, RECOMMENDATIONS AND DISCUSSION

RECOMMENDATIONS for **UHC2030 partnership**

- Review EDC framework with middle-income and emerging countries (WG?)
- Identify flexibility required in application of EDC principles with fragile states (WG?)
- Review EDC framework and application of support through humanitarian channels (WG?)
- Improve coordination efforts with GPEDC, esp. at country level
- Ensure continued commitment of development partners
- Develop actions to overcome other constraints identified by DP review (WG?)
- Continue to conduct future monitoring at country level under leadership of MoH; include support for discussion of findings and action plan development
- Review monitoring tools and indicators and apply lessons learnt

LESSONS LEARNED FROM MONITORING PROCESS

- Qualitative information improves analysis but increases transaction costs
- Participation of CSO and PS useful to cross-check information & may contribute to increased participation in future policy dialogue
- Use of national expert key success factor but also reduced ownership of MoH in some countries
- Discussion of findings and development of action plans are added value
- DP review allows contextualising EDC implementation with agencies' policies and procedures & provides insight into political economies that may constrain implementation, but methodology to be revised

Options for future monitoring (1)

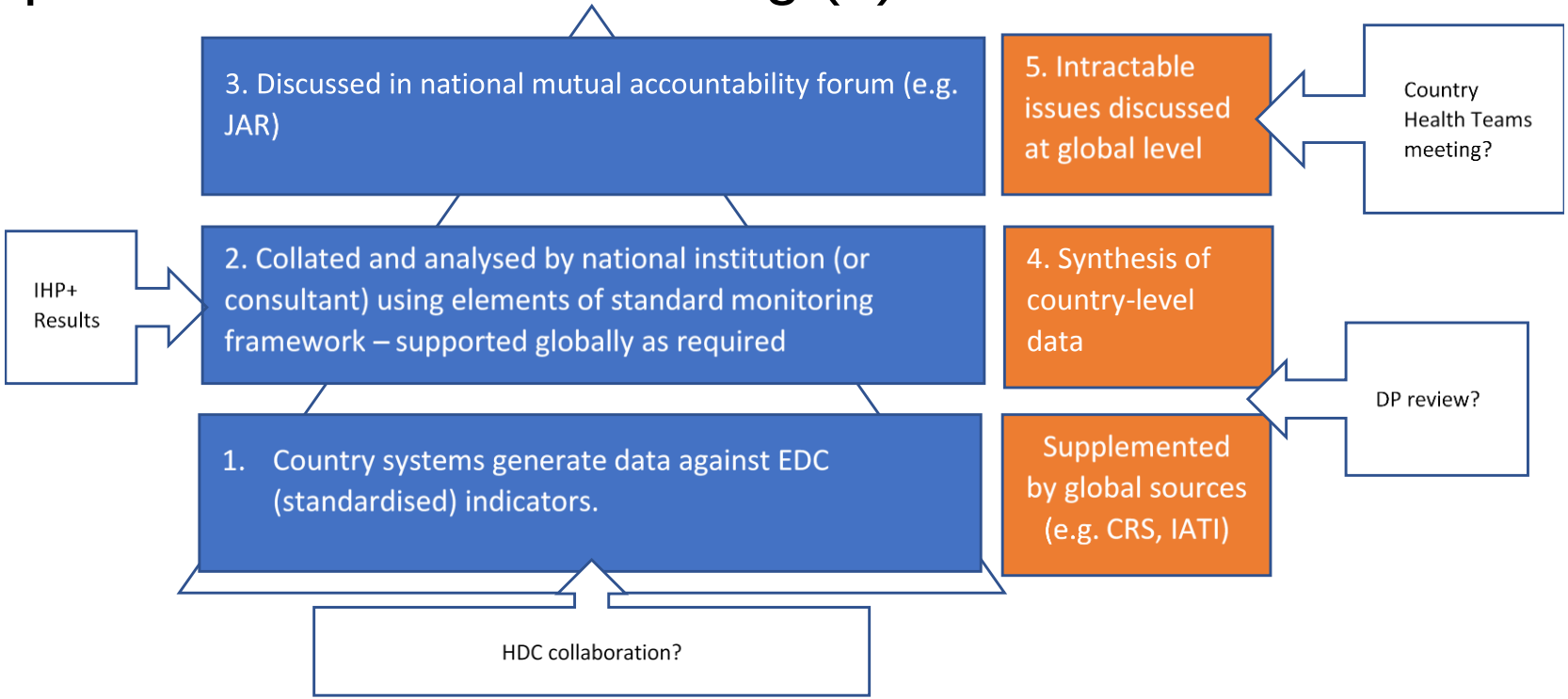


Figure 1: potential vision for structuring EDC monitoring at country and global level

Options for future monitoring (2)

- Country systems do not routinely generate data against EDC indicators. => institutionalise / HSSP – M&E Framework / HDC
- National consultant or institution adds value ⇔ risk of ownership
- National-level dialogue on EDC performance is more likely to happen through a facilitated process.
- A forum for global-level dialogue on intractable issues has always been a distinguishing feature of IHP+ monitoring and has provided ‘teeth’ (of sorts) to the monitoring and accountability exercise over four rounds up to 2014, and an important forum for cross-country learning.

Options for future monitoring (3)

Tentative recommendations for any future country-level monitoring of EDC performance:

- primarily focused at the **country-level**
- participation should continue to be **voluntary** (on an opt-in basis), but expectations of the **number** of participants should be revised
- **national consultants/institutions** should be made available in each participating country
- support for **institutionalizing** EDC monitoring to be provided
- ongoing need for **global-level support** to country analysis and the production of a **global-level analysis**

DISCUSSION

ihp results

Questions?

- How can we promote/ensure joint efforts to strengthen and use country systems?
- What concrete actions can UHC2030 signatories take to improve the performance of partners, primarily partner countries and DPs; but also CSOs/NGOs & private sector?
- What concrete action can UHC2030 Core Team take to improve the performance of partners?
- What should a future EDC monitoring round look like?

Thank You

Any questions?

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CONCLUSIONS (1)

- Progress compared to 2014
- Evidence of action, no comparison
- Decline compared to 2014
- Stagnation compared to 2014

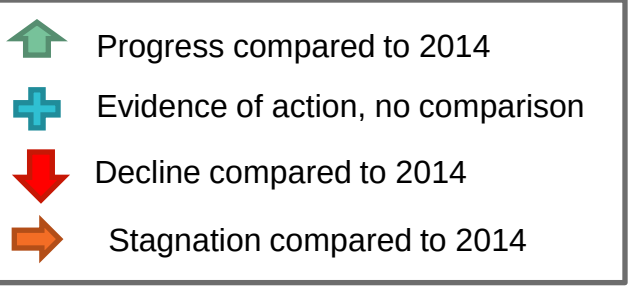
COMMITMENT 1: Establish strong health sector strategies that are jointly assessed and strengthen accountability

- **All** countries have HSS in place and **all** DPs are aligned
- DPs **increasingly** use MA mechanisms
- Sole reliance on national M&E frameworks **still limited**
- MA mechanisms **not sufficiently inclusive**

COMMITMENT 2: Improve the financing, predictability and financial management of the health sector

- Execution of DP budgets for public sector support has **declined**
- Information on 3-year forward looking expenditure **remains at a low level**.
- On-budget registration of DP funds is **stagnant**

CONCLUSIONS (2)



COMMITMENT 3: Establish, strengthen and use country systems

- DPs make **better use** of national PFM systems than in 2014
- **Only half** use national PSM systems.
- **Most DPs** provide TA in agreement with recipient institutions.
- **Few governments** have sector-wide TA plans and **fewer DPs use them**

COMMITMENT 4: Create enabling environment for CSO and PS in health sector

- Governments and DPs continue to increase support for CSOs to engage, but support is not inclusive
- Engagement with and support for the PS exists but it is weak
- In majority of countries, private sector health services are not captured in NHIS