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THE ROLE OF GLOBAL HEALTH INITIATIVES IN HEALTH SYSTEMS STRENGTHENING IN RWANDA

Policy brief on the alignment of the Global Fund, Gavi and Global Financing Facility with Rwanda's health priorities.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunizations (Gavi) and the Global Financing Facility (GFF), also called the “3Gs”, are three major global health initiatives that (among others) aim to strengthen health systems. In this policy brief we present the outcomes of our study on the alignment of the 3Gs with Rwanda’s national priorities regarding health and “leaving no one behind”. We examined the 3Gs influence on domestic resource mobilisation and human resources for health, both key elements of the health system, and also looked into the level of civil society and community participation in decision-making and the approach to gender equality.

Our findings indicate that Rwanda is a good example of coordination and alignment among the 3Gs with a strong drive by national leadership. Several interventions have contributed to leaving no one behind, such as social insurance schemes, poverty reduction strategies and multi-sectoral interventions.

Challenges remain though. In terms of inclusion, there is a challenge in understanding and taking into account all vulnerable groups and their needs. When it comes to sustainability, we see it might take considerable time and effort for the state to take over the financing and management of numerous health programmes from the 3Gs. We end this policy brief with recommendations, for both the government of Rwanda and the 3Gs, as well as for other development partners in the global community.

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BACKGROUND

Over the past two decades, global health initiatives have emerged. They have the bold goal of tackling the world's most important disease burden and, since 2015, to contribute to the attainment of global commitments such as the Sustainable Development Goals (SDGs), specifically the SDG3.8 target for Universal Health Coverage. Such initiatives have massively increased the volume of resources for health. However, despite good intentions, weak coordination and alignment with national governments continues to challenge national leadership and disrupt policy and implementation processes in recipient countries.

Efforts to improve coordination among global health initiatives and other external funders and their alignment with country policies are not new. They go a long way back, with the latest tool being the WHO's Global Action Plan for Healthy Lives and Well-being (GAP), which promotes a 'culture shift' in the global health architecture from complementarity to synergy. The first progress report on the GAP recognises that, although this kind of shift takes time and is challenging, it can be highly sustainable and leads to longer-lasting change. There has been a great deal of debate about this topic in global fora. The 3Gs are developing new global strategies and making global commitments for alignment. However, global level strategies do not reveal much about the actual alignment at country level with regards to setting the health priorities and funding, and coordinating implementation.

That is why we did this study. It is following-up a [global level study conducted in 2021](#) and aims to shed more light on the lessons to be learned from global health initiatives' alignment and coordination, domestic resource mobilisation, transparency and accountability, and adherence to the value of leaving no one behind.

Main question of our study:

To what extent do the 3Gs in Rwanda coordinate their policies and align with national strategies in order to strengthen the health system?

We focused on two elements of a health system: health financing and human resources for health, as well as on the cross-cutting themes of civil society and community engagement and gender equality.

What are the 3Gs?

The Global Fund, Gavi and GFF, or the '3Gs', are the three largest global health initiatives that raise and allocate funds for specific health goals, including strengthening health systems, in low- and middle-income countries. For more information on the 3Gs and the way they coordinate at global level, we kindly refer to our global level report "[Strengthening Health Systems Strengthening: An analysis of coordination among the Global Fund, the Global Financing Facility and Gavi \(3Gs\)](#)".

The 3Gs operate mainly in low-income countries affected by major disease burden. Despite having common goals of improving people's health and well-being, their financing models differ widely due to the design and set-up of the funds, and the varying contexts in recipient countries

and targeted populations. These differences significantly affect the alignment of the 3Gs with national health systems' priorities. This impacts the planning, which in turn affects many other aspects, such as coordination with other players, management and operations, transparency and accountability of resources used for various programmes, and supported interventions.

Methodology

This policy brief is based on a mixed methods case study, using literature review and key informant interviews (KII). Key informants were selected to represent stakeholders involved in the planning and implementation of programmes by the 3Gs: the Ministry of Finance and the Ministry of Health, the Rwanda Biomedical Centre, 3Gs' staff, and civil society. There are no major limitations that could invalidate the findings. Nonetheless, the study could have provided more input from the perspective of marginalised populations, those who the government and donors are working for.

The 3Gs in Rwanda

The Global Fund and Gavi have been in Rwanda for the past 10 years, while the GFF joined in 2017. The 3Gs have all invested resources in different health programmes to address financing gaps:

- » the Global Fund has invested approximately USD 1,56 billion in HIV/AIDS, malaria, tuberculosis, resilient and sustainable systems for health, and in multi-component grants;
- » Gavi has committed nearly USD 174 million;
- » the GFF has provided grants close to USD 18 million (10 million for health and 8 million for social protection), that came together with grants of USD 35 million from the Power of Nutrition, and USD 25 million from the International Development Association.

Over the years, the 3Gs have provided both on-budget and off-budget support to implement different health programmes that address various disease-specific interventions and contribute to strengthening the health system through capacity building, such as training of health workers.

FINDINGS

Health financing

What works well

"The alignment of the 3Gs and health plans is strong; all major external funds now go through government treasury due to greater alignment of resources and planned activities." [government KII quote]

The evidence from reports supports the quoted observation. They indicate that the presence of committed leadership was instrumental in shaping a strong policy environment in which all the actors operate. When the ministries of health and finance consistently monitored the alignment and coordination efforts for 3Gs activities, greater impact of donor funding was observed,

particularly for resources channelled through the national treasury in form of sector budget support.

A key policy that contributes to alignment and coordination of donors is the Rwanda Aid Policy 2006. Rwanda developed it along with its bilateral and multilateral development partners after signing the Paris Declaration on Aid Effectiveness whose aim is to foster donor resources' alignment with government plans, and mutual accountability for greater efficiency and effectiveness. Government, donors, civil society, and the private sector were all part of the development of the policy, guided by the Ministry of Finance. The Cabinet mandated an Aid Policy Implementation Committee to oversee the effective implementation of this policy, whose chair reports to the Cabinet on a regular basis. Various national platforms have been critical to operationalise the Aid Policy (see Box 1).

Box 1: Rwanda Aid Policy national platforms

- » **Development Partners Retreat:** This is a senior-level, two-day retreat bringing together stakeholders of Rwanda's development sector (government and donors) to review and discuss coordination, harmonisation and alignment of programmes to improve the effectiveness of development aid for Rwanda.
- » **Development Partners Meeting:** This is a high-level strategic forum for dialogue between the Government of Rwanda and its development partners. The Government of Rwanda openly engages with donors on major policy issues, the strategic orientation of the partnerships and the management of external aid.
- » **Sector Working Groups:** These are technical working forums through which the Government of Rwanda and stakeholders meet to discuss sector and cross-sector planning and prioritisation according to strategic plans and development programmes. The Sector Working Groups are co-chaired by the Permanent Secretary of the relevant line ministry and a representative from the lead donor agency.

In addition to these platforms, there are various tools that the Government of Rwanda and the 3Gs use to track transparency and accountability, despite the 3Gs' different financing models. For example: 1) Auditor General reports for Public Finances; 2) procurement guidelines; 3) expenditure and financial reporting manuals; and 4) activity procedures, including data management. The improved accountability and transparency increased donors' confidence in the country's leadership and led to more external funds being channelled through the government treasury in form of sector budget support.

What can improve

"Sustainability is challenging because most external funding is not regular, even though donors in general and the 3Gs in particular require that we design and manage the processes to establish programmes' sustainability. Their funding has been decreasing over time and it is difficult for us to increase resources to match the pace at which donor funding is decreasing." [government KII quote]

There is mixed evidence about the 3Gs' contribution towards increasing **domestic resource mobilisation** for the health sector. When asked whether the 3Gs contributed to an increase or decrease of domestic resources, the majority of the participants reported that big donor (including 3Gs) funding largely contributes to a reduction of domestic resources for health. They suggested that, generally, when there is more external funding, the government redirects resources to either health programmes that are not supported by donors or to other government projects. The data show that, over the past 10 years, external funding has decreased, while domestic funding has increased to narrow the gap. However, the increase in domestic resources is not keeping pace with the decrease in external funding.

Like all 3Gs recipient countries, Rwanda is required to develop clear sustainability plans to ensure the continuity of programme activities. But even though sustainability plans have been developed, participants argued that the details of how to operationalise them to generate revenues to cover the financial gaps left by donors remains elusive. Furthermore, a large part of the domestic funding increase consists of private out-of-pocket expenditure, which can be an obstacle to access to health for the poor.

Key informants also pointed out cases of misalignment of planning cycles between donors and the government, as well as a lack of coordination between donors at the local and programme level.

Human resources for health

What works well

"...I have some staff whose salaries come from the Global Fund. Gavi also provides support for salaries on a project-based model. Even those paid by the government, they get their performance-based financing (PBF) funds from Gavi; World Bank / GFF is not much into human resources salaries but can support capacity building activities including technical assistance once in a while." [development partner KII quote]

There are different ways that the 3Gs support human resources for health in Rwanda: Global Fund supports financial incentives (PBF) and health workers salaries through government payrolls, top-ups for health workers employed by the government, new infrastructure and rehabilitation of public facilities, staff capacity building through pre- and in-service training, and a wide range of operations such as monitoring and supervision of activities. In addition to staff salaries, Gavi funds cold chain supply systems and activity evaluation. The GFF provides technical assistance to support policy development and implementation guidelines. However, the government has the autonomy to use the GFF money in other capacities if considered necessary. In the case of Rwanda, the government preferred to pay financial incentives for community health workers.

What can improve

When Global Fund reduced its support, this significantly affected health workers because some of them were laid off, leaving the same workload for the remaining group of health workers. This raises questions about sustainability beyond the completion of a programme and the pace of phasing out.

Civil Society engagement in decision-making

What works well

The 3Gs funding of civil society organisations (CSOs) mainly focuses on advocacy work for inclusiveness and provision of services to vulnerable groups. Input from our respondents indicates that CSOs in Rwanda participate in the 3Gs' planning meetings, where strategic direction and priorities are discussed. Most respondents from the government and development partners said that CSOs are involved in high-level decision making with the Ministry of Health.

What can improve

"You know, in the past we were always invited to give ideas on activities necessary to implement. But when it came to operationalising the plans we contributed to, and deciding on how much money we give to specific activities, we were not invited. This time around, we pushed and pushed, and we have been invited for the first time. We can say that we are involved in all the processes now." [CSO KII quote]

Despite the 3Gs' support to interventions aimed at leaving no one behind, the involvement of CSOs representing vulnerable groups in mainstream activities still presents challenges. For example, there are limited organisations that focus on issues related to key populations and whenever there is a big meeting, these organisations are excluded, while other CSOs speak for them.

Gender equality

What works well

"Rwanda's and the 3Gs' approach to gender is complementary; indeed, Rwanda made a strategic decision to promote gender equality." [CSO KII quote]

All respondents reported that gender equality objectives can be found across all programmes that the 3Gs fund. They also pointed out the strong complementarity between the 3Gs' and government's approaches to gender policy and activities. The GFF has been involved with the Rwandan government to support gender equality and empowerment of women, children and adolescents. They strengthen activities and investments related to gender equality complementary to Rwandan policies. Like the GFF, Global Fund has supported the Rwandan government to advance joint missions on human rights and gender equality, including major commitments to key populations and vulnerable members of the society.

What can improve

"We need to address people's understanding of gender equality and address barriers that still exist." [CSO KII quote]

The concept of gender equality, understood as *"men and women's equality"*, is perceived by respondents to be broadly accepted in Rwanda. They also state that groups in society confuse gender with feminism, with feminism being seen to promote a view that *"societies have over time prioritised men while women were and are still treated unjustly"* and instilling a *"rebellion of women from men"*. Such confusion and perceptions risk undermining efforts to implement a gender policy and associated interventions by the 3Gs and the government. As suggested by a key informant, relevant stakeholders, such as government, donors and CSOs, need to address people's understanding of gender equality.

Leaving no one behind

What works well

The majority of participants in our case study (mainly government and development partners) reported that the 3Gs support several programmes and interventions that directly or indirectly address the concept of “leaving no one behind” as defined by the World Health Organization and UNDP. For example, vulnerable groups, such as poor people, child headed households, women in the reproductive age group, female sex workers and men who have sex with men are supported through 3Gs funding.

What can improve

Despite the efforts, there are policy and legislative gaps, especially on disability mainstreaming in policies such as reproductive, maternal, newborn, child and adolescent health policies, and Human Reproductive Health Law. It is still a challenge to translate the concept of “leaving no one behind” into actions. Even though the government policy on social inclusion for vulnerable population groups is clear, there is limited data on the demographics of key populations, particularly the female sex workers, men having sex with men, LGBTQI+ persons, persons with diverse types of disability and drug users. Moreover, there is still widespread stigma. Since specific elements of vulnerable people’s identity often remain hidden, it is more difficult to understand the barriers these groups face.

RECOMMENDATIONS

We draw a few recommendations from this study, to both the 3Gs and the Government of Rwanda:

1. Ensure effective alignment and coordination

It is important that donors make their funding predictable and that they pledge this ahead of the fiscal year to ensure the government can plan accordingly. Donors working at district and programme level should plan jointly to safeguard effective and efficient implementation and synergies.

2. Improve documentation

The government and donors should improve documentation to make relevant data available at the right time. For example, obtaining financing data at disaggregated level enhances better analysis of trends and sustainability.

3. Increase domestic resource mobilisation

The government needs to improve domestic resource mobilisation to ensure the continuity of successful programmes after development partners pull out. External funders should avoid pulling out too fast, but rather gradually decrease their funding, after vigorous planning and agreement with the government. The government should make a list of key programmes and plan key resources to avoid any future interruptions.

4. Invest in human resources for health

3Gs’ funding has benefited human resources for health. It is worrisome imagining development partners pulling out completely. An assessment is needed to understand real workforce needs based on demand. This would inform the government about the required workforce to maximise efficiency in human resources

for health reforms. Furthermore, Rwanda should heavily invest in human resources for health including regular evaluations to inform policy-makers on progress since the country aspires to attain Universal Health Coverage. Task shifting could be another option to gain efficiency.

5. Recognise the role of civil society organisations

The government needs to improve its recognition of the role of the CSOs in Rwanda through a budget line to support their activities. As donor funding shrinks, CSOs should not disappear. They should instead benefit from taxpayers' money to continue advocating for leaving no one behind alongside the government. A list of marginalised groups, or population groups that need special attention, needs to be studied by the government and the donors: by availing data on those groups, it becomes easier to ensure they access the intended services and to evaluate the effectiveness and efficiency in service delivery.

6. Stimulate debate on and improve understanding of gender equality

Finally, the confusion and misunderstanding around gender, feminism and cultural values needs to be well studied by all stakeholders (government, donors, civil society) because they have the potential to undermine a healthy gender equality development. A mix of experts such as sociologists, gender experts and historians is important to support a healthy debate on these issues.

This document is based on a full research report: 'Alignment and Coordination of the Three Major Global Health Initiatives in Strengthening Health Systems: The Case of Rwanda', available upon request at myria.koutsoumpa@wemos.nl.