Development cooperation as learning in progress?

Can we deal with the urge
for the fast an easy?

A reaction to the book edited by Paul Bossyns & Paul Verle
by Cornelius Oepen

Complexity of development aid

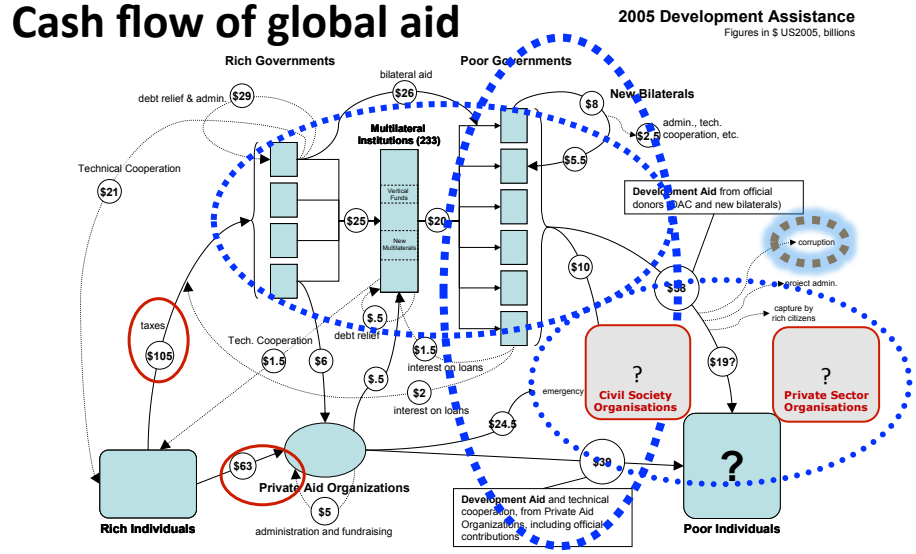
Accountability: to whom do I have to report?

(Harry van Baelen, my guide in CIPS 88/89)

- *To the patient?*
- *To the community?*
- *To the government?*
- *To the donor country?*
- *To the Global Organisation or Initiative?*

giz

Cash flow of global aid



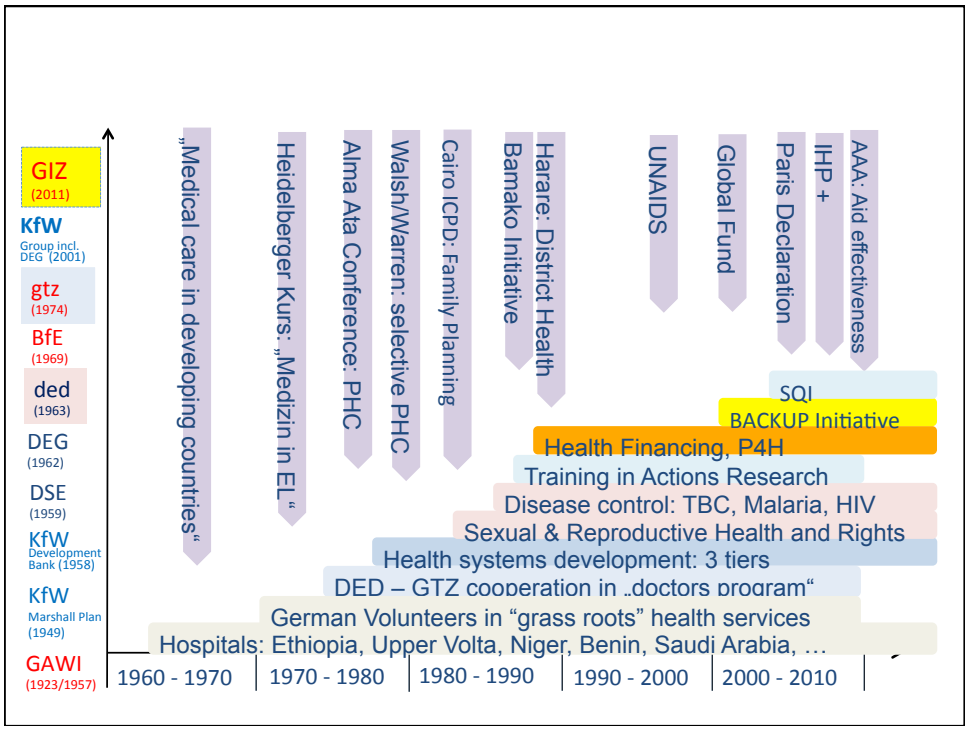
Source: Homi Kharas: The New Reality of Aid; The Brookings Blum Roundtable, 2007 August 1

Relevance for development

Develoment often happens without evolution

(Pangu Kaza Asila, my role model)

- *Technology transfer (1960 - 80ies): Hardware*
- *Help to selfhelp (1980 – 90): Technical Assistance; Regional Development projects*
- *Sector Investment, SWAps (1990 – 2000)*
- *Global Health Initiatives (until now)*



Problem: deadlines, enemy of quality

- Pressure to save lives
- Pressure to spend money
- Pressure to real time reporting

But no time for

- Explanation to patients or communities –actions research
- Participation – consultative committees
- Dialogue on options – round tables
- Testing of alternatives – operational research

Partnership in development

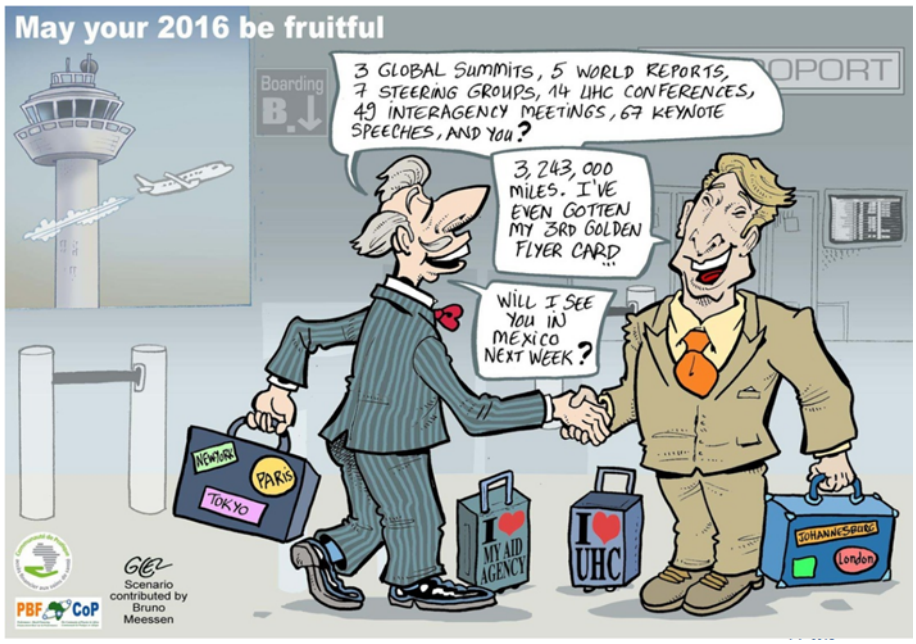
The upper hand that gives is better than the lower hand that receives; and when the upper hand has given, it is free to hit!

(Amadou Hampate Bâ, my inspiration)

- *Power relationship, paternalism, respect?*
- *Donors give what they can offer – not necessarily what the partner needs*
- *Counterfactual reflection: option ZERO?*
- *…and do we capitalise what we learn from our partners?*

Looking back: historic examples

- Penicillin as "a miracle drug" nourished the belief of "**miracle solutions**" in health: mass campaigns (1950s)
- Vaccination for disease eradication: smallpox (1977)
- Alma Ata Declaration (1978): PHC with broad focus on social equity and health systems development.
  But it was given **no time**:
  - Interventionism started "selective" PHC as an "interim strategy" (1979) to improve health by disease control
  - Fragmentation of health system: MCH, EPI, ORT etc. culminating in **GOBI-FFF** (growth monitoring, oral rehydration, breast feeding, immunization, female education, family spacing, food supplement)
- The Global Health Initiatives in charge of fragments of the health system: disease system strengthening


May your 2016 be fruitful
3 GLOBAL SUMMITS, 5 WORLD REPORTS, 7 STEERING GROUPS, 14 UHC CONFERENCES, 49 INTERAGENCY MEETINGS, 67 KEYNOTE SPEECHES, AND YOU?
3,243,000 MILES. I'VE EVEN GOTTEN MY 3RD GOLDEN FLYER CARD
WILL I SEE YOU IN MEXICO NEXT WEEK?
Boarding
NEW YORK
PARIS
TOKYO
I MY AID AGENCY
I UHC
JOHANNESBURG
London
PBF CoP
Scenario contributed by Bruno Meessen


May 2016 be a productive year for all of us
ALREADY 3 NATIONAL HEALTH FINANCING STRATEGIES, 5 MINISTERS OF HEALTH, 7 NATIONAL CONFERENCES ON UHC, 14 STUDIES, 49 CONSULTANT VISITS, 67 WORKSHOPS...
Universal Health Coverage
January 2019
IS ANYONE THERE PLEASE? I NEED A DOCTOR FOR MY DAUGHTER
Action Plan n°1
Action Plan n°2
Action Plan n°3
Action Plan n°4
Action Plan n°5
Action Plan n°6
Plan n°8
PBF CoP
Scenario contributed by Bruno Meessen

Technical Assistance

"We should ask: is it the 'right' TA, the TA the country needs? Then we may look to:

- **national capacities first**, then regional capacities
- TA **methods**: coaching, mentoring, peer to peer support
- TA **modes**: like intermittent missions, adhoc 'standby' advice
- **Networks**: south–south or triangular support."

Cornelius Oepen, IHP+ Steering Committee 12/2014

IT and blended TA modes are available

National TA has to be protected

Expatriate TA role as „**Paravent**" against political pressure (Burkina Faso)

Sticking to what was agreed: „**Pression amicale**" (Togo)

Governance in development

As power corrupts, absolute power corrupts absolutely; **BUT**: Charity also corrupts – and absolute charity corrupts absolutely!

(Halfdan Mahler, my reference)

- *Alma Ata: full participation of the population*
- *Aid or development effectiveness*
- *Capacity Building or Capacity Development*
- *Ownership: country, government, society?*

Instead of process orientation and full participation of the population: Looking for the easiest way

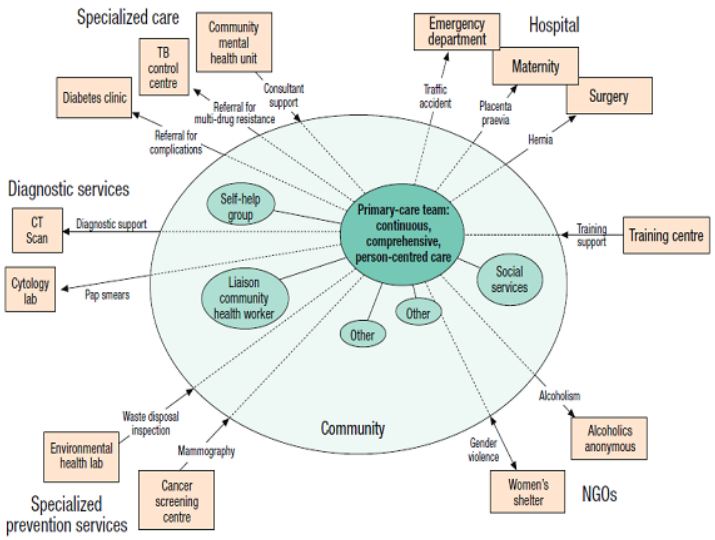
- Do we need „Procrustes“ solutions? Instead of „one size fits all“ we should opt for tailored improvements.
- Do we need „campaigns“ and strategies or dialogue, participation and informed decision making?

And what about change?

LIL (Learning and Innovation Loan), a shy and short example from the Worldbank in the late 1990ies: Error is allowed **IF lessons learned are shared with partner country and international community**

„Offene Orientierungsphase“: time for **dialogue** with stakeholders incl. Private sector; **test of hypothesises** (action and operations research)

Figure 3.5 Primary care as a hub of coordination: networking within the community served and with outside partners[173,174]

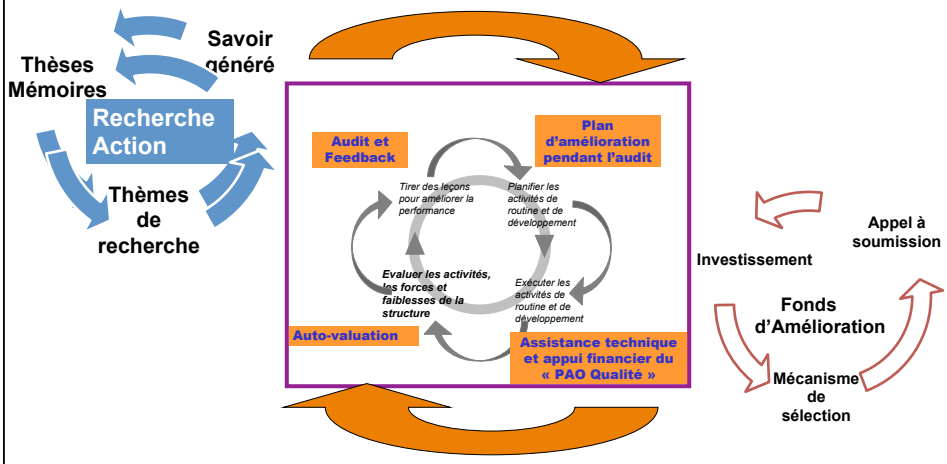


From WHO

Example Guinea: Linking Quality Improvement to Health Systems Strengthening

- „Concours Qualité“ was introduced in 2003 on demand of the Minister of Health
- Participation was voluntary: Health Centers, Hospitals, District management
- Each of the 5 rounds registered growing participation with some astonishing results:
  - Self assessment was more self-critical than external audit (teams found easy to improve issues): this created pride and respect
  - Adherence to rules and regulations was improved (WHO, SCIH, CESAG 2005)

Systemic Quality Improvement:
«Concours qualité» – Action Research – Improvement Fund



Wir irren vorwärts (Robert Musil)

With a fragmented view on "pat**END**solutions" the "solutions may become the problem". (Paul Watzlawik)

We have to learn again to apply systemic views and understanding; to oppose advocacy for isolated solutions driven by specific interest and to challenge them against the concrete needs and hopes of patients through a constructive dialogue (Bruno Dujardin).

Can we deal with the urge for the fast an easy?

Yes, we can!

Doing it better.
„Muddling“ through complexity.

The SDGs / UHC present a new chance