



Photo Cordaid/Lisa Murray

STRONGER COORDINATION FOR BETTER HEALTH: ALIGNMENT AND COORDINATION OF THE 3GS IN THE DEMOCRATIC REPUBLIC OF CONGO

ABSTRACT

The '3Gs' are the three largest global health initiatives disbursing funds towards health system strengthening. These are the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the Global Alliance for Vaccines and Immunizations (Gavi), and the Global Financing Facility (GFF).

Effective coordination between global health initiatives and alignment with national plans is central to ensure positive impact on health system strengthening. In this policy brief, Cordaid presents the findings of the study on the coordination and alignment of the 3Gs in the Democratic Republic of Congo. This analysis focuses on four components of health system strengthening: health financing, supply chain management, health data and information systems, and gender.

Our findings indicate that strong initiatives have been taken, both by the 3Gs and the Congolese government, to coordinate and align contributions with national plans. However, Cordaid identifies key areas of attention leading to inefficiencies in the way external funds are being used and disbursed. These issues create barriers to strengthen the Congolese health system efficiently. Finally, Cordaid presents six recommendations based on the findings.

Photo cover: A nurse tends to a hospitalised woman living with HIV at Boyambi Health Centre in Kinshasa. Cordaid funds this health centre to treat HIV and tuberculosis patients.

1. INTRODUCTION

Global health initiatives (GHIs) have been powerful players to tackle some of the largest health threats globally. These initiatives raise and disburse funds towards (among other global health priorities) strengthening health services in low- and middle-income countries (LMICs). While the discussion on coordination among GHIs is far from being recent, the COVID-19 pandemic highlighted once more how central it is. Coordination is crucial to efficiently and equitably mobilise, distribute and utilise resources.

In March 2021, Cordaid and Wemos conducted a global-level study identifying ways to strengthen coordination around health system strengthening between the 3Gs ([Cordaid and Wemos 2021](#)). While studying commitments for coordination at global-level reveals the novel strategies used by the 3Gs to improve synergies, it does not inform on how this is achieved in practice at country-level.

Using the case study of the Democratic Republic of Congo (DRC), this policy brief analyses coordination among the 3Gs and their alignment with national priorities. The research was conducted in Autumn 2021 in Kinshasa and Goma, and findings draw on 46 key stakeholder interviews and desk research. Our findings and recommendations focus on four components of health system strengthening: health finance, supply chain management, health data and information systems, and gender.

2. FINANCING HEALTH SYSTEM STRENGTHENING IN THE DRC

There are certain circumstances in the DRC that present major barriers to health system strengthening. Our findings indicate that the country's geography, demography, and conflict are limiting factors in the 3Gs' capacity to coordinate at country level. These circumstances also place additional pressure onto the Congolese government and its ability to coordinate external donors.

Located in the centre of the African continent, the DRC extends across a vast area that is about the size of Europe. The DRC has a population of almost 90 million people, with many living in hard to access rural areas. In those circumstances, a health system that is accessible to all faces major challenges. Furthermore, conflicts have continually flared up, particularly in Eastern DRC, and its population has put up with violence, disease, hunger and mass displacement as a result. These factors place a lot of pressure on an already fragile health system. Financing military expenses has also drained government fundings for other policy areas, including health. On top of conflict, geographic and demographic challenges, 64% of the population live under the poverty line with very little resources to access healthcare ([World Bank 2022](#)).

This challenging situation has made it difficult for the government to make financial and other resources available to strengthen the country's health system ([Path 2016](#)). As a result, health financing in the DRC is largely donor dependent. Health expenditure in the DRC is mostly covered by out-of-pocket payments (43%) and external financing (40%), with government contributions covering only 13% of total expenditure ([UNICEF 2021](#)). Specifically for the national immunisation programme (PEV), most of the financing comes from Gavi (60%). Nonetheless, the Congolese government is committed to increase its public health budget, which has grown from 7.8% of the national budget to 11.5% between 2016 and 2021 ([UNICEF 2021](#)).

3. POLICY ENVIRONMENT FOR HEALTH SYSTEM STRENGTHENING

The Congolese government, with the support from external donors, has made important efforts towards strengthening a fragmented health system. In 2006, the Ministry of Health elaborated their Health System Strengthening Strategy (SRSS). It is implemented through successive 5-year plans called National Health Development Plan (PNDS). The PNDS is divided into specialised national programmes, including on immunisation, disease specific programmes, and procurement of essential medicines. For the most part, it is through these national programmes that the 3Gs intervene. To coordinate external donors in the health sector, including the 3Gs, the government installed the Inter Donor Group for the Health Sector (GIBS), and a Financial Management Support Unit (CAGF) was established to coordinate financial contributions of donors to the health sector.

Table 1 below provides an overview of relevant national health mechanisms, strategies, policies and programmes in the DRC.

TABLE 1 POLICY ENVIRONMENT FOR HEALTH SYSTEM STRENGTHENING IN THE DRC

Coordination mechanisms	
Inter Donor Group for the Health Sector (GIBS ; Groupe Inter Bailleurs du Secteur de la Santé)	The GIBS is a platform of coordination between the Ministry of Health and (external) donors in the health sector.
Financial Management Support Unit of the Ministry of Health (CAGF ; Cellule d'Appui et de Gestion Financière)	The CAGF is a structure set up within the Ministry of Health in 2009 to improve the coordination and implementation of external funding.
Strategies	
Health System Strengthening Strategy (SRSS ; Stratégie de renforcement du système de santé)	The SRSS published in 2006 (reviewed in 2010) by the Ministry of Health establishes the priorities and strategy to strengthen the health system. It is implemented through successive 5-year plans (PNDS).
Plans	
National Health Development Plan (PNDS ; Programme National de développement sanitaire)	The PNDS is the implementation plan of the Health System Strengthening Strategy. Since the publication of the Strategy, two plans have been elaborated for the period of 2010-2015 and 2015-2020. The PNDS 2015-2020 had identified shortcomings leading to a reviewed PNDS for the period 2019-2022.
Systems	
National Health Information System (SNIS ; Système National d'Information Sanitaire)	The SNIS centralises and analyses health data and information from all Health Zones across the country. The District Health Information System 2 (DHIS2) is the software employed by the SNIS.
National Essential Medicine Supply System (SNAME ; Système National d'Approvisionnement en Médicaments Essentiels)	The SNAME establishes the national framework for medicine procurement and stock management. It monitors the Federation of Essential Medicine Procurement Centres (FEDECAME), which supplies Regional Distribution Centres (CDR) across the country with essential medicines.
National health programmes	
National Programme for the procurement of medicines (PNAM ; Programme National d'Approvisionnement en Médicaments)	The PNAM supervises the implementation of the SNAME. It is in charge of the oversight and strengthening of the medicine distribution centres, and ensures the supply of essential medicines to the distribution centres.
National Aids Programme (PNLS ; Programme National de Lutte contre le SIDA)	The PNLS is the programme (and department) of the Ministry of Health responsible for the fight against HIV/AIDS.
National Tuberculosis Programme (PNLT ; Programme National de Lutte contre la Tuberculose)	The PNLT is the programme (and department) of the Ministry of Health responsible for the fight against tuberculosis.
National Vaccination Programme (PEV ; Programme Elargi de Vaccination)	The PEV is the programme (and department) of the Ministry of Health aiming to reduce morbidity and mortality from vaccine-preventable diseases.

4. THE 3GS IN DRC

The Global Fund and Gavi have been present in the DRC for over 20 years, with GFF joining only since 2019. Over these years, they aim to address the financial gap for health in the DRC, supporting national health programmes as well as health system strengthening (including to address COVID-19).

Gavi first started working in the DRC in 2002, focusing on routine immunisation (such as measles, rotavirus, yellow fever, etc.), civil society organisation support, Ebola recovery support, and health systems strengthening. As of 2019, Gavi had disbursed close to US\$900 million in the DRC.

The Global Fund's activities in the DRC started in 2003. As the DRC has some of the highest rates of HIV/AIDS, tuberculosis, and malaria, the Global Fund has a very large portfolio in the country. The key areas of focus of the Global Fund are HIV/AIDS, tuberculosis (including tuberculosis/HIV comorbidity), malaria and Resilient and Sustainable Systems for Health (RSSH). As of 2021, the Global Fund has disbursed over US\$2 billion in the DRC.

While the World Bank has a long history working in the DRC on health, the GFF's presence in the DRC is much more recent, with its first pilot grant disbursed for the period 2019-2022. The grant aims to support the 2019-2022 National Health Development Plan's framework for reproductive, maternal, neonatal, child and adolescent health (RMNCAH), and especially with the vision to achieve Universal Health Coverage. The GFF is supporting the DRC with a total of US\$60 million, disbursed at country-level through the World Bank's International Development Association.

5. FINDINGS

HEALTH FINANCING

In terms of health financing, our findings indicate that the 3Gs coordinate and align in various manners in the DRC.

A key platform that contributes to donor alignment with country priorities is the Financial Management and Support Unit of the Ministry of Health (CAGF). Established in 2009, the CAGF is responsible for improving the coordination and implementation of external financing, including from Gavi and the Global Fund. The CAGF enables the country to invest external funds for national priorities, which helps strengthen national programmes, and improves the transparency and efficiency of external financing. The CAGF monitors how financing is being allocated and can initiate modifications with donors in scenarios where funds from different donors are duplicating or otherwise used inefficiently.

The Global Fund's and Gavi's work throughout the COVID-19 pandemic are an example of such coordination and alignment with national priorities. Both jointly financed health system strengthening through the CAGF to prepare for Covid testing, immunisation against the virus and ensure continuity of primary healthcare services.

Not all funds are funnelled through the CAGF. Part of the Global Fund's contributions to the DRC are funnelled through and managed by (international and/or national) civil society organisations. For Gavi, part of the funds is managed via UNICEF. The GFF activities in the DRC are more recent and focusing on RMNCAH and funnelled through the World Bank's International Development Association.

In addition to the CAGF, the DRC has the Inter Donor Group for the Health Sector (GIBS), a coordination platform between the Ministry of Health and external donors for health. The GIBS represents a key platform for coordination of donors and alignment with national health priorities. The GIBS is, for instance, responsible for the harmonisation of per diems for health care workers from external donors.

Limitations related to financing

Our findings indicate that donor contributions are not always in alignment with the government's Health System Strengthening Strategy. In its Health System Strengthening Strategy, the Congolese government established Health Zones across the country as units of reference to strengthen healthcare. However, considering the challenging circumstances of the DRC that were previously explained, external donors cannot cover the entire country, both logistically and financially, and thus have to employ different financing strategies.

For instance, the 3Gs have recently employed a new funding practice called Direct Health Facility Financing (DHFF). Introduced by GFF, DHFF is a funding approach where funds go directly to health facilities to improve access to care and adaptability to health needs. Among other things, DHFF enables the 3Gs to finance health system strengthening in the DRC through Performance-Based Financing and strategic purchasing. This results in inequitable investments, leading to some health facilities, and even to some Health Zones, receiving more contributions than others. As a result, government officials have reported difficulties to allocate external funds in alignment with national strategies, which is in part due to some level of verticality in the way the 3Gs disburse and allocate their investments. With external donors employing funding strategies that are not always in alignment with government structures it creates a complex financing environment that is hard to manage. According to government officials, even with a platform such as the CAGF in place to coordinate external funds, donors continue to allocate investments according to their own financial procedures and programmatic priorities.

Funding practice like the DHFF requires attention, as financing health facilities directly may lead to increased complexity in the health financing of DRC and other inequities that require focus. Despite the fact that donors, including the 3Gs, align with national priorities, our findings show the 3Gs still follow their financial procedures, making overall oversight by the Ministry of Health of finances for health complex.

HEALTH DATA AND INFORMATION SYSTEMS

Since 2020, the Ministry of Health requires all actors, including the 3Gs, to employ a single data system in order to harmonise all health information. All services provided at all health facilities throughout the country are meant to be registered in the National Health Information System (SNIS). The District Health Information System 2 (DHIS2) is the software employed by the SNIS. It collects and contains the essential data on the services provided to the final recipients including routine immunisation, diagnostic and treatment of HIV/AIDS, tuberculosis and malaria, nutrition services and all other services provided at the health centre level.

In terms of strengthening national strategies, the Global Fund, through contributions disbursed to the CAGF, supports the Ministry of Health in the development and implementation of its SNIS.

Limitations

While in theory the SNIS is in place to harmonise data, in practice, several challenges were raised by participants in this study. According to the GFF, some data required for their reporting on reproductive, maternal, neonatal, child and adolescent health are missing in parts. The lack of complete data leads to the multiplication of parallel data registration systems by donors, including the 3Gs, in order to bypass shortcomings in the national system. Finally, concerns were raised about the quality of data collected by health zones, and the lack of gender-disaggregated data.

SUPPLY CHAIN MANAGEMENT

Since 2002, the Ministry of Health has created the National Essential Medicine Supply System (SNAME) with the support of external donors. The objective of this system is two-fold: to centralise purchasing through a central procurement structure; and to decentralise medicine distribution through sub-regional distribution centres (CDRs) at provincial level.

In order to implement the SNAME, the Ministry of Health created the National Essential Medicine Supply Programme (PNAM). There are joint efforts, including between Gavi, the Global Fund and the European Union, to strengthen the PNAM. The Global Fund, through its financing of national programmes on AIDS/HIV, tuberculosis and malaria, supplies the medicine distribution centres with medicine on the three diseases. In addition, Global Fund financing is employed to improve medicine distribution centres, hence contributing to strengthening the health system as a whole.

Regarding efforts to reach ‘the last mile’, there is no overarching coordination system between the 3Gs to ensure the delivery of all medical supplies to ‘the last mile’. Each donor, including the 3Gs, deploys their individual strategies to reach ‘the last mile’. However, specifically for vaccination, the Mapping for Health project (M4H) helps relevant stakeholders, including Gavi, address gender and social exclusion barriers to reach unvaccinated adults and children through a mapping exercise.

Limitations related to supply chain management

Despite recent efforts to align with the national programme for the procurement of medicines (PNAM), there remains little capacity on the government side to coordinate all donors under a single procurement policy. This coordination challenge leads to a situation where donors, including the 3Gs, rely on their own procurement channels to supply the programmes they support in medicines. This leads to inequity where specific medicines are made more available, and where certain health zones are better stocked than others in medicines.

GENDER

Gender is a priority for all of the 3Gs. According to Congolese government officials, there is evidence showing the 3Gs individually finance activities related to gender in the DRC, particularly in terms of improving access to health for women and girls. For instance, interventions on sexual and reproductive health and rights, as well as on mother-to-child transmission of HIV, gender and human rights are supported by both the GFF and the Global Fund. The Global Fund focuses its HIV and tuberculosis activities on reaching what is called “key populations”. These key populations often refer to population groups who face barriers to accessing healthcare based on their gender and/or sexual orientation (i.e. sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prisons). The Global Fund has supported several initiatives to address those gender and human rights barriers in collaboration with implementing partners. This is in alignment with the National Aids Programme and the National Tuberculosis Programme which both recognises issues of gender and human rights as a barrier to accessing healthcare.

Limitations related to gender

Each donor, including the 3Gs, has their own programmatic agenda regarding gender. There is no evidence that the 3Gs coordinate their approaches on gender, nor that they align with national strategies established by the Ministry of Gender, Family and children in the DRC.

6. RECOMMENDATIONS

Several recommendations can be drawn from this study. These recommendations acknowledge that the context of the DRC poses challenges to the coordination and alignment of the 3Gs and donors more generally. The recommendations presented below are addressed to the 3Gs, rather than to the Congolese government, in order to specifically address the matter of the coordination of GHIs.

1. Coordinate interventions linked to health system strengthening

Resources for health are scarce. It is important to avoid duplication of resources and to use resources efficiently, aligning with national priorities and its Health System Strengthening Strategy. The 3Gs should coordinate their support for health system strengthening. This has to be in line with national priorities and be achieved in close collaboration with the government and other donors.

2. Align and coordinate funding streams

The government and donors can improve the management of external funding for health. This includes commitment to following and strengthening government structures such as CAGF and GIBS, and transition away from separate financial procedures. The 3Gs should invest in strengthening the capacity of the government to integrate donor funding through a single basket-fund. This would support the DRC's Health Systems Strengthening Strategy. The Ministry of Health could then, for instance, be in charge of the allocation of funds under the oversight of an autonomous financial management unit.

3. Improve data collection and management

The 3Gs should support and invest in a platform for a joint review of health data between the health donors, led by the Ministry of Health. This includes strengthening the SNIS and coordination of key indicators at national level, with the long-term goal of reducing the burden of data collection and management.

4. Support the gender disaggregation of data

Having gender disaggregated data is important for planning and resource distribution that considers key and underserved populations. The 3Gs should coordinate with national systems to improve disaggregation of data, including gender-disaggregated, as part of efforts aiming to 'leave no-one behind'.

5. Strengthen and align with existing supply chain management structure

The 3Gs should further strengthen the capacities of the national structures that deal with inventory and stock management (PNAM, Centrales de Distribution Régionales - CDR) for pooled purchases. The 3Gs should coordinate their interventions at the level of SNAME through the PNAM, which should manage procurement and distribution of essential medicines at all levels of the health system.

6. Coordinate and align on gender

The 3Gs should develop a common gender approach to coordinate their interventions, for instance, through a forum on strengthening gender equity in the health system in cooperation with the Ministry of Health and in alignment with national policies and priorities.

CONTACT

Fenneke Hulshoff Pol
Programme Manager
fhp@cordaid.org

Cordaid
Grote Marktstraat 45
2511 BH Den Haag
+31(0)70-31 36 300
www.cordaid.org