

# HEALTH POLICY PLUS

## *Catalyzing Localization in Policy, Advocacy, Financing, and Governance*

Janet Fleischman, HP+ consultant

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“Lasting solutions to development challenges require local organizations that have the insights to develop tailored solutions and the credibility to implement them. Yet in FY 2020, USAID obligated approximately 5.6 percent to local partners around the world. To engage authentically with local partners and to move toward a more locally led development approach is staff, time, and resource intensive—but it is also vital to our long-term success to sustainable development.”

—USAID Administrator Samantha Power, 2021

### Introduction

This is a pivotal moment for the U.S. Agency for International Development’s vision of global health and development, with the USAID Administrator, Samantha Power, championing locally led and inclusive development, referred to as localization. This approach focuses on making U.S. foreign assistance more accessible, equitable, and responsive by shifting leadership, decision making, and funding to local actors—government, civil society, and the private sector. While previous U.S. administrations promoted greater country ownership, the current discussion has taken on far greater urgency; it is happening amidst a global reckoning around structural racism and social determinants of health, decolonization of global aid, and the power imbalances inherent in donor-driven development. These debates have been accentuated by the COVID-19 pandemic,

which has exacerbated inequities while shifting more responsibilities to local actors. Despite challenges ahead in operationalizing localization in compliance with USAID requirements, this vision holds the promise of advancing partner countries' needs and priorities and transforming the global health landscape through a more inclusive, equitable, collaborative, and sustainable approach.

Most discussion around localization has centered on transitioning health service delivery and procurement to local partners, which is generally standardized and thus easier to measure than localization in the area of health policy. A gap exists in translating the localization agenda to the policy, advocacy, financing, and governance (PAFG) sphere of USAID's global health programs. This foundational dimension cannot be overlooked: to strengthen health systems, to address health challenges at scale, and to sustain an equitable and inclusive response depends on a strong enabling environment, which reflects the interrelated social, economic, policy, and governance factors that influence the health system. PAFG activities aim to improve the enabling environment for health by strengthening the capacity of governmental bodies (parliaments, ministries, and regulatory agencies), as well as civil society advocacy organizations and the private sector in their stewardship of the health sector (Hardee et al., 2012). Taken together, these components form the foundation for health policy development, advocacy, decision making, civil society engagement, and domestic financing. Indeed, progress in localization will be demonstrated by the extent to which PAFG capacities, skills, and decision making are strengthened and transitioned to local actors. Strong and effective leadership by local actors in health is essential for USAID's partner countries and local communities to steer toward a healthier future.

As USAID and its partners move forward in implementing localization, the Health Policy Plus (HP+) project seeks to support these efforts by building on its extensive global experience. Specifically, HP+ has partnered with local actors to plan, fund, and implement policy, advocacy, financing, and governance solutions to health challenges aimed at improving health outcomes. These programs have

shown the importance of elevating local voices for policy and advocacy, including for marginalized groups and those focused on improving gender equity. HP+ has also shown the value of embedding aspects of localization into the development and implementation of government policies. Informed by HP+ lessons learned at the country level, this brief provides a set of recommendations and illustrative program examples for USAID, its implementing partners, and the global health community to collaborate, implement, and innovate in new ways with local partners to advance localization in the PAFG realm.

By promoting a vision for the way forward, HP+ seeks to further catalyze localization in PAFG and support local partners to achieve sustainable success, aligned with USAID's commitments and goals. Ambassador Donald Steinberg, expert advisor on localization to Administrator Power, reiterated a guiding principle, often used by HIV advocates, for shifting responsibility to local actors: "Nothing about us without us."

## Definition and Recent History of Localization

Localization is generally understood to involve a set of interconnected actions: strengthening the capacity of local institutions; increasing the opportunities for local actors to be implementing partners receiving direct funding from USAID and others; and advancing locally led global health and development (Cooley et al., 2021). Localization thus encompasses changing policies, processes, staffing, and funding decisions to support partnerships and programs that equitably empower local actors, strengthen local systems, and facilitate local leadership. The goal of localization, in the long term, is to make global health and development assistance more effective and sustainable by putting local actors in the driver's seat to determine policies and programs, while progressively reducing reliance on external partners. This means that local actors and governments would increasingly drive the health agenda by advocating for and enacting appropriate policies, identifying funding (domestically and externally), and implementing and coordinating governance and service delivery.

The impetus to increase localization, often referred to in the past as country ownership, is not new. Since its

inception, USAID has supported partner governments and local institutions. More recently, the importance of country ownership was rooted in principles from the Monterrey Consensus on Financing for Development from 2002, which articulated that country ownership required good governance, accountability, and engagement of all sectors (United Nations, 2003; Dybul, 2009). These principles were further elaborated in the Paris Declaration in 2005 and the Accra Agenda for Action in 2008, and in discussions about how to achieve the Millennium Development Goals (OECD, n.d.; Ghebreyesus, 2010). Similarly, at the World Humanitarian Summit in May 2016, then UN Secretary-General, Ban Ki-moon, raised the importance of localization for broader resilience, which he noted also required the full participation of women, young people, and other groups in society. He emphasized the rule, “as local as possible; as international as needed” (United Nations, 2016).

To varying degrees, USAID, the President’s Emergency Plan for AIDS Relief (PEPFAR), and the Millennium Challenge Corporation (MCC) have emphasized the importance of strengthening country ownership to accelerate progress in global health and development. Under the Obama administration, USAID Administrator Rajiv Shah introduced USAID Forward, which focused on promoting sustainable development through high-impact partnerships and local solutions. Administrator Shah also called for 30 percent of USAID funds to be

directed to host country governments and institutions, but he ultimately backed away from that goal (Igoe, 2015; Saldinger, 2021). This was followed under the Trump administration, with Administrator Mark Green announcing a strategy called the Journey to Self-Reliance, through which USAID would work with countries and partners to achieve locally sustained results and strengthen local capacity and financing. PEPFAR, for its part, is attempting to shift from an emergency response toward a more sustainable, country-owned response. In 2018, PEPFAR’s Local Partner Transition called for 70 percent of PEPFAR funding to go to local partners, and continuing progress toward this transition to local partners for service delivery remains a PEPFAR priority (PEPFAR, 2021). PEPFAR also provides direct funding to civil society organizations for community-led monitoring, aimed at getting routine and systematic input from recipients of HIV services. For MCC, country ownership is one of its core principles; partner countries are supposed to take the lead in conducting the economic and social analysis to identify their priorities for the five-year compact (Ingram and Pipa, 2022).

Despite these efforts, the U.S. approach to localization has tended to focus narrowly on service delivery and procurement strategies through local institutions and preparing more local organizations to be direct recipients of U.S. government funding. Yet it has become increasingly evident that simply switching



Policy and advocacy training in Malawi to amplify the voices of young adults working on issues related to youth-friendly health services.

to local organizations to implement U.S.-funded programs is not a surrogate for a commitment to localization. Moreover, embedding localization in policy, advocacy, financing, and governance necessitates a different kind of engagement with national and subnational governments and local actors—prior to and during implementation, as well as for monitoring and evaluation. Such engagement should be focused on fostering an enabling environment where governments and local actors truly lead, and where civil society is involved in ensuring accountability, identifying needs, and defining priorities. Local actors include government, think tanks, universities, community-based organizations, and media, among others.

This moment of unprecedented attention to fundamentally altering the way global health is designed, governed, and sustained calls for a new approach to catalyze localization in policy, advocacy, financing, and governance. With Administrator Power's target for 25 percent of USAID funding to go to local actors within the next four years and for 50 percent of USAID programming to place local communities in the lead to co-design, implement, and evaluate programs (Saldinger, 2021), the potential now exists to execute an ambitious agenda to transform how PAFG programming is designed, delivered, and monitored to measure the impact on health outcomes. To accomplish this vision will require USAID and its implementing partners to be more open and intentional about listening to and elevating local perspectives, more flexible in co-developing and implementing projects, and more adaptable in timeframes for results in health outcomes.

## **Key Components for Catalyzing Localization**

### ***Ensure that PAFG Technical Assistance for Capacity Strengthening is Responsive and Demand Driven: Co-develop Project Aims, Workplans, and Terms of Engagement***

Strengthening the capacity of countries to steward and coordinate donor investments and project designs requires a change in the vision and implementation of technical assistance. A critical step toward making technical assistance responsive to local needs is establishing a meaningful process of jointly assessing,

defining, and co-creating project aims, workplans, leadership, and terms of engagement. To further local ownership and accountability, such a process requires upfront joint planning to determine the roles and responsibilities for each party, agreement on which responsibilities will shift to local actors during the course of the project, and benchmarks for transition, accompanied by accountability for those contributions. This new vision for technical assistance requires building mutual trust and respect between USAID implementing partners and local actors, so that the latter occupy leadership roles with significant responsibility in the areas of co-designing the workplan, implementation, financing, and monitoring. It also means addressing sensitive questions about the terms of engagement to ensure that the partnership is valued by the parties involved and not merely seen as transactional. For example, there should be clear expectations around inclusiveness and equity, per diems, commitments to keep key personnel in their positions rather than re-assigning them, qualifications linked to job descriptions, and memorandums of understanding.

Implicit in this approach is changing the way technical assistance is identified and delivered. To advance the localization agenda will mean new collaborations to develop country-specific sustainability plans with clearly defined roles and responsibilities (for local actors, for USAID, and for implementing partners) and associated timelines for transition of responsibilities. In addition, it will be important to create learning platforms, increase transparency and data-driven approaches, and advance technologies to support localization in PAFG, including at the subnational level. USAID missions will have an active role to play in this new approach to co-design with the implementing partners, which means moving beyond simply telling implementers what the workplans will include, and instead enabling implementers to negotiate directly with the Ministry of Health and other local actors to co-design workplans. USAID missions will need to have strong, diplomatic relationships to negotiate the overarching design of and inputs into the country's health strategy, while embracing both the risk and flexibility to allow implementers the room to be responsive to country contexts and needs.



## Joint Planning through Costed Implementation Plans for Family Planning

An example of how HP+ has engaged in new ways of working jointly with governments and civil society to assess, define, and co-create strategies and workplans can be seen in its support of costed implementation plans (CIPs) for family planning in francophone West Africa and Madagascar. The CIPs are designed to assist countries in developing family planning roadmaps that align their goals, strategies, and activities with credible, costed budgets. This then allows the country's partners to come together around the same strategy to map donor and domestic financing, and importantly, to identify financing gaps. First introduced through the Ouagadougou Partnership and FP2020 (now FP2030), the CIP begins under the government's leadership, with the Ministry of Health appointing operational and technical teams to launch the CIP process. With HP+ support, the Ministry of Health develops an action plan, based on an analysis of the family planning context, strategic objectives, and country priorities. The plan is then presented to a larger, inclusive group of stakeholders, including civil society, development partners, and the private sector, which help refine the priority actions and identify obstacles to be addressed in order to achieve the family planning goals. HP+ also supports the Ministry of Health and civil society actors to review the plan's implementation and progress toward achieving its objectives through performance monitoring and evaluation tools, such as the CIP dashboard, both midway and at the end. In this way, the CIPs have become critical tools for both government and civil society, as well as international donors, to plan, advocate, and align around national priorities to scale up access to family planning and to increase local accountability for commitments made (Fleischman, 2020).

» [Read more about HP+'s CIP toolkit and technical assistance.](#)

## *Strengthen and Diversify the Local Marketplace for PAFG Expertise by Supporting Local Professionals and Local Organizations*

A foundational element for accessibility and sustainability centers on strengthening the local marketplace for local experts and organizations to provide technical assistance and capacity strengthening around PAFG in partner countries and regionally. Accordingly, technical assistance should intentionally be targeted to strengthen the skills and expertise of local actors working on policy, advocacy, financing, and governance. These should include governments, domestic nongovernmental as well as regional organizations, universities, and think tanks, aimed at creating a repository of individuals, consultants, and organizations with capacity around PAFG in health and management of USAID contracting arrangements. In many cases, in addition to strengthening technical capacity, this assistance should aim to strengthen skills in areas such as organizational capacity, financial management, personnel management, and accountability. The goal would be to strengthen their organizational infrastructure so they are able to provide technical assistance and receive financial support from development partners, and in turn are able to support other organizations to do the same thing.

Such an approach would serve to strengthen the effectiveness and efficiency of technical assistance, including through faster response times and greater familiarity with local health systems, power dynamics, communities, cultures, and languages. Third-party implementers from the private sector and universities would contribute to building a more competitive, local, and professional marketplace.

This work has implications for how secondments should function, what kinds of additional technical assistance related to organizational and management development should be provided, and how to leverage projects like HP+ as outside convenors and facilitators. These considerations serve to strengthen government and civil society processes for making policy and regulatory



## Strengthening Local Expertise in Health Information Systems Through the West Africa Health Informatics Team

The 2013–2015 Ebola crisis in West Africa starkly exposed the weakness of the health information systems in the region, which are critical for gathering timely and accurate information to inform routine health services and respond to health emergencies. The West African countries recognized that their lack of technical capacity and reliance on external support for maintaining health information systems and adapting digital health platforms contributed to their challenges in addressing the Ebola emergency (HP+, 2017b). In response to this acute gap, HP+ supported the West African Health Organization (WAHO) to create the West Africa Health Informatics Team (WAHIT). This team is composed of local health informatics experts to provide technical support to the West African ministries of health to improve their health information systems, build local capacity, and provide direct support in the event of another health crisis. This work included supporting technical improvements in national and regional digital health information systems, strengthening local software developers' capacity to support health information systems, and helping establish a regional health information center of excellence, which has been embedded within WAHO. In so doing, WAHIT is strengthening both health systems and local capacity to detect and prevent future health crises. Notably, the WAHIT team built the Economic Community of West African States (ECOWAS) COVID-19 dashboard used by WAHO and others in the region, and continues to be a model for retaining local technical expertise (USAID, 2021).

» [Read more about HP+'s support to WAHIT.](#)

Damola Olajide conducting a WAHIT server training.



decisions, knowledge about whom to engage and where to look for information and data, and analytic capacities to assess the policy environment related to the country's political and health system to make informed decisions and effect change. Underlying these processes is the need to strengthen the governments' confidence in their own domestic suppliers of technical assistance, dispelling the perception that outsiders are more valuable.

### *Ensure Equity through Participation and Leadership from Women and Girls, Indigenous and Rural Communities, Persons with Disabilities, LGBTQI+ People, Youth, and Ethnic or Religious Minorities*

A core aim of localization is to listen to and help support local communities and actors with the tools and capacities to participate in PAFG decision making, processes, and implementation. This, in turn, requires that representatives from marginalized groups, including women and girls, are at the table. With Administrator Power's announcement that USAID missions will have a dedicated foreign service officer for gender equality and inclusive development, new opportunities should be identified to strengthen both gender-responsive PAFG programming and to ensure that the health and development needs of women and girls, LGBTQI+ people, under-represented groups, and other marginalized communities are addressed. This means thinking outside the usual scope of actors, adopting a multisectoral approach to include government ministries beyond health—including education, finance, gender, justice, labor, and youth—that contribute to health outcomes, and engaging a wider range of community-based organizations that focus on women's and girls' health, gender equity, and the health and rights of other marginalized groups. HP+ can further expand its successes in this area, including on women's representation and engagement of people living with HIV, to extend to other marginalized communities.

## Leadership by Indigenous Women Tackling Health Inequities in Guatemala

In Guatemala, gaps in health outcomes between Indigenous and non-Indigenous women are stark. For example, Indigenous women are more likely to experience maternal mortality and morbidity than non-Indigenous women, reflecting disparities in availability, accessibility, and quality of health services for Indigenous women. Health and Education Policy Plus (HEP+)—HP+'s program in Guatemala—provided technical support to the National Alliance of Indigenous Women's Organizations for Reproductive Health, Nutrition, and Education (ALIANMISAR) in their efforts to tackle these issues for poor, Indigenous women. A network led by Indigenous women themselves, ALIANMISAR works to improve the quality and cultural acceptability of healthcare services for their communities, ensuring services are non-discriminatory and provided in both Spanish and the local Mayan language, and that providers are trained to communicate and engage respectfully with Indigenous communities. This includes collaborating with other community-based organizations, local authorities, and national government agencies (primarily the Ministry of Health and the Human Rights Ombudsman) to monitor health services at the national, departmental, and municipal levels to ensure and advocate for the needs of Indigenous women. Notably, the Human Rights Ombudsman has adopted two systems established by ALIANMISAR, with HEP+ support, for health service monitoring. HEP+ also conducted trainings to strengthen ALIANMISAR's capacity in areas such as financial and project management, fundraising and proposal development, community engagement and advocacy, and conducting social audits (Velásquez et al., 2018).

- » Read more in a [2018 BMJ article](#), co-authored by HEP+ staff, or watch HP+'s video on "[Why Policy Matters](#)" for Guatemala's Indigenous people.



Members of the National Alliance of Indigenous Women's Organizations for Reproductive Health, Nutrition, and Education (ALIANMISAR). Photo credit: ALIANMISAR.

## Improve Use of Data and Measurement to Propel Performance and Equity

The localization agenda highlights both the need to translate policy processes into health outcomes and the need to better use data to measure impact. This means going beyond measuring service delivery and procurement to address longer-term data and measurement issues around access to and uptake of quality services. It also means developing guidelines and policies that advance improved outcomes and impact. Localization requires strengthening the capacity of local actors not only to develop meaningful measurement metrics and gather evidence around health, but to interpret and use the data to guide

decision making, planning, and the development of concrete recommendations. This includes strengthening local capacity to identify data and evidence related to barriers to healthcare access and utilization, such as gender inequities and discrimination against marginalized groups. To measure and evaluate a country's stewardship of its health policies and strategies will require the development of appropriate indicators and monitoring systems in the PAFG realm, as well as ensuring the interoperability of data systems.

Importantly, such measurement should include process and governance indicators to capture the way localization is being implemented in the policy space, as opposed to focusing only on measuring health



outcomes. Ultimately, an important measure of policy and political commitment to health issues will be through fulfillment of financial commitments, which in turn are supported and propelled by locally led policy and advocacy strategies.

### ***Expand Mobilization of Domestic Resources and Engagement of the Private Sector to Support Localization***

Due to COVID-19, governments are likely to face significant decreases in donor funding for other

health and development priorities, underscoring the importance of supporting national and subnational actors to be more strategic in how they distribute limited resources and optimize their use. While a key indication of political will and local commitment for health involves mobilization of domestic resources, local actors also need support to secure funding for health from both government and the private sector, and to pool risk, diversify their funding baskets, and ensure financial protection. This includes optimizing available health financing through progressive health

### **Using Data to Develop Policy for Free Maternal Healthcare: Linda Mama in Kenya**

The Linda Mama program in Kenya shows how generating, analyzing, and applying evidence-based data to inform advocacy can drive policy development and financing to address health challenges, focused on addressing maternal mortality. HP+ supported the Ministry of Health in its efforts to improve equity and maternal health outcomes in Kenya by using data to estimate the expected number of deliveries per year, disaggregated by health service type (e.g., health centers and hospitals), by cost, and by how many women were covered. The data, generated with HP+ assistance, showed that free maternity services would save the lives of 18 women per day at a cost of \$50 million per year. The Ministry of Health then requested resources to implement a policy to remove all maternity user fees at health centers, which led to a presidential directive in 2013 that provided free maternity services at all public facilities covering antenatal care, delivery and postnatal care, complications during pregnancy, and outpatient care for the infant for the first year. In 2016, the Ministry of Health, with HP+ support, conducted an evaluation of the program, which found that maternal deaths had decreased by 7.9 percent, while deliveries in public facilities increased by 44 percent. These data led the government to transition the program to the National Health Insurance Fund to expand access and improve sustainability. The Ministry of Health and the National Health Insurance Fund, working with HP+, analyzed the data on resources required to implement the policy under the insurance fund. To offer women more choices, the service was expanded to cover private and faith-based providers. The program—named “Linda Mama,” which means “Protect Mama” in Swahili—covers pregnant, uninsured Kenyan women and their newborns for one year.



Nursery officer Kahate Augustine (right) shows Catherine Musyoka how to clean her baby's navel at the maternity ward at the Port Reitz Hospital in Mombasa, Kenya. Photo credit: Arete/Albert Gonzalez Farran for HP+.

» Read more in [HP+'s 2017 policy brief](#) or watch the video on "[Why Policy Matters](#)" to save lives in Kenya.

insurance and financial protection models. Such domestic and private sector investments would contribute to the localization agenda. An important element of this involves increasing advocacy by civil society actors and government for health financing, which includes advocacy at the district and national levels, as well as training for Ministry of Health officials to better advocate for resources with the Ministry of Finance. Where appropriate, such advocacy should also target other sources of domestic resources, including local philanthropy and diaspora

organizations. The process for transforming country ownership of financing needs to be transparent, predictable (but flexible), and include safeguards for vulnerable and marginalized populations.

An important avenue for domestic resource mobilization and for sustainable and resilient health systems involves private sector engagement to achieve country health goals and to support meeting country health needs. Such approaches include supporting local actors to generate evidence around health market dynamics, expanding private sector health services,

## Public-Private Partnerships and Policy for Health Services in Indonesia

Although Indonesia has established public-private partnerships (PPPs) in infrastructure, such efforts are new to the health sector. To create an enabling environment for such partnerships in health, HP+ worked both at the central and local levels. At the central level, HP+ worked with the Ministry of Health and other public and private stakeholders to develop technical guidance, a policy framework, and institutional capacity to expand access to healthcare and domestic financing for health services. HP+ assisted the Ministry of Health and the Law Bureau with finalizing a ministerial regulation for non-infrastructure PPPs, which led to the Public-Private Partnership Policy for Health Services. HP+ also worked with public and private stakeholders to develop opportunities for PPPs in such areas as childhood immunization, health technology, and maternity waiting homes. These efforts to leverage the private sector in Indonesia and to increase private sector engagement in health have relied upon greater alignment between business goals and national priorities in health and co-creation of partnerships. If pursued, such PPPs could provide greater program sustainability, access to services, and equity in care. PPPs also allow both the private and the public sectors to learn and leverage resources from each other to address specific problems that hinder the effectiveness of the delivery of public health services. HP+ played a key role as a catalyst and facilitator for both parties, rather than attempting to be a problem solver. This process resulted in improved program governance, stewardship, and accountability for service delivery, which should also attract private investors to deploy capital in health markets. The first pilot PPP to support a maternity waiting home in the district of Gowa in South Sulawesi was launched in November 2021, with pooled resources from a private partner, a national nongovernmental organization, and two local organizations, and facilitated by the Gowa district government and HP+.

» [Read more in HP+'s 2022 news story.](#)



Partners, including HP+, participate in a ribbon cutting event for Gowa district's new maternity waiting home.

exploring innovative financing opportunities, increasing strategic purchasing, and strengthening stewardship and government capacity for private sector engagement. Such processes often benefit from expert and unbiased facilitation, target setting, and co-creation to align stakeholders (HP+, 2021).

### ***Build on Joint Accountability for Inclusive and Sustainable Results***

Strengthening accountability mechanisms at all levels and across sectors is a lynchpin of localization, as is strengthening relationships between government and civil society to improve the stewardship of health resources. While governments can easily make health commitments, a shift is underway so that civil society actors are able to hold decisionmakers accountable, and further shifts are necessary so that these accountability and advocacy efforts are not solely dependent on external funding. This means engaging with citizens and civil society organizations on priorities and commitments, accountability mechanisms, and what needs to happen to achieve those commitments. By its nature, joint accountability in PAFG should include a wide range of local actors and resources, including civil society, government, the private sector, the media, private philanthropy, and domestic sources of funding for nongovernmental actors to engage in advocacy and the policy process. Taken together, such joint accountability is aimed at creating local networks representing different parts of the health, community, and governance systems.

Joint accountability should build on and expand upon [past investments in strengthening women's leadership](#), skills, and advocacy, and moving toward greater accountability through multisectoral representation and country champions on specific health issues. It involves strengthening local capacity to map political, financial, and programmatic linkages in the health sector to ensure that government commitments are being fulfilled.

### **Motion Tracker for Joint Accountability**

HP+ worked with the Samasha Medical Foundation in Uganda to scale up the [Motion Tracker tool](#) in Tanzania, Uganda, and Zambia. The civil society-led tool to strengthen accountability, drive action, and monitor governments' progress toward achieving their FP2020 commitments around family planning has now been replicated, with support from other organizations, in 16 countries. The Motion Tracker involves a six-step process of identifying the commitments made by government and working with local civil society organizations to: collect data through policy reviews and interviews, validate the data and build consensus on indicators, and monitor progress (and roadblocks) toward achievement of the FP2020 commitments. By bringing together civil society and other stakeholders to build joint accountability for the government's family planning commitments, the Motion Tracker demonstrates the importance of locally led civil society engagement with governments as well as the value of "south-to-south" learning opportunities.

» [Read more in HP+'s 2019 policy brief.](#)

Training attendees participate in a hands-on session using the Motion Tracker.



## Conclusion and Next Steps

Supportive policy, advocacy, financing, and governance creates an enabling environment that is pivotal to strengthening the health system. Localization in PAFG presents a historic opportunity for USAID, its implementing partners, and the global health community to forge new partnerships with local actors and establish a new paradigm for an equitable, inclusive, and sustainable approach to global health and foreign assistance. A successful strategy will build upon lessons learned from around the world, including from HP+ programs that were designed to strengthen the capacity of local actors—governments, civil society, and the private sector—in the PAFG realm.

However, implementation of localization will face many challenges. One is the inherent tension between asserting that local actors should drive the agenda and the reality that USAID—and the U.S. Congress—are unlikely to hand all the reins to local actors. Another area involves the tension between equity and localization, especially where local biases,

norms, and attitudes may conflict with equity and gender-transformative approaches. In addition, USAID itself can be a barrier to localization, given onerous compliance and reporting requirements with highly prescriptive designs, which make direct funding to local actors difficult and complicated. This underscores that USAID's risk tolerance for failure will have to increase, given the inevitable challenges of changing USAID's terms of engagement with local actors and instituting new ways to support and respond to local voices and leadership.

Failure to pursue new, innovative localization strategies is no longer an option; strengthening the enabling environment for health is a foundational pillar for achieving sustainable health outcomes through more effective, inclusive, and locally driven systems. This unprecedented moment of global reckoning demands concerted action to revamp the way USAID and its implementing partners operate, geared toward joining with local partners to design, collaborate, and innovate new approaches to drive health improvements.



In May 2019, Osun State became the first state in Nigeria to begin enrollment of clients into the Basic Health Care Provision Fund (BHCPF), known as huwe. The BHCPF is an effort to expand access to affordable healthcare for all Nigerians, particularly the most vulnerable.

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## To work with us, contact:

### USAID

Veena Menon  
AOR, USAID/Washington  
vmenon@usaid.gov  
Tel: +1 (571) 241-9572

### Palladium

Suneeta Sharma, PhD  
Director, Health Policy Plus  
suneeta.sharma@thepalladiumgroup.com  
Tel: +1 (202) 775-9680

### Health Policy Plus

1331 Pennsylvania Ave NW, Suite 600  
Washington, DC 20004  
www.healthpolicyplus.com  
policyinfo@thepalladiumgroup.com

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