

Summary Report: National Priorities Implementation & Partner Alignment Forum: Financing Alignment and Resource Mapping

Co-convened by Seed Global Health with the Ministries of Health of Malawi, Sierra Leone, Uganda and Zambia.

Partner input from WHO, Global Fund, World Bank, Gavi, European Commission.

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Key messages

- **The mechanisms already exist.** national plans, National Health Compacts (NHC) and coordination platforms. The unresolved challenge is *institutionalizing* them so that financing, accountability and partner behavior run *through* them rather than around them.
- **“One plan” is progressing; “one budget” is still a weak pillar.** Large shares of external finance remain off-budget, or on a different calendar from national planning (Uganda reports over half its sector funding off-budget; the Global Fund about 58% on-budget across its main countries).
- **Visibility is the binding constraint, and it depends on partners disclosing forward resource envelopes.** Countries are building continuous, government-owned resource-mapping tools (Zambia, Uganda’s Partner Portal, Sierra Leone’s RMET) but cannot complete the picture alone.
- **National Health Compacts still rely on goodwill.** Partners have responded strongly to digital tools and joint planning but have not yet shifted financing modalities, allocative patterns or accountability practices: there is “high engagement, low alignment.”
- **Alignment is both a country and a global responsibility.** The hardest barriers such as rigid, externally determined earmarking that limits countries’ ability to allocate resources across national priorities, non-fungible funding and mismatched funder cycles impact how global financing is designed; the post-2030 replenishment window is the opening to change them.

From designing mechanisms to institutionalizing them

Seed framed the session as a candid working discussion rather than a restatement of principles. WHO (Dr. Susan Sparkes) set the historical frame: across three decades of alignment instruments – Sector-Wide-Approaches (SWAp), IHP+, UHC2030 - the diagnosis (fragmentation, competing agendas, weak sustainability) and the proposed solution (country ownership, use of country systems, one plan / one budget / one monitoring & evaluation system, M&E) have stayed remarkably consistent. The tensions are structural: a plan can accommodate donor priorities rather than force real resource choices;

partners want stronger country systems before using them, while countries need partners to use them in order to strengthen them (*“the systems paradox”*); coordination has advanced further than consolidation; and accountability remains asymmetric. Seed’s preliminary One Plan, Budget, Report (OPBR) research across six countries (incl. Seed partner countries Malawi, Sierra Leone, Uganda, Zambia, with Rwanda and Ethiopia as longer-trajectory references) is reaching the same conclusion that the challenge is institutionalizing OPBR, not designing it.

Making “one budget” real: generating visibility and resource mapping through tools

Every country named financing visibility as the binding constraint, and each tied it to partners disclosing forward resource envelopes. **Zambia** (Mr. Louis Mwansa, Director Planning and Policy) is advancing three connected fronts - resource mapping, full operationalization of OPBR, and Compact implementation - and has built a web-based, real-time updated mapping tool (with a parallel Excel template) which is now in testing. The central challenge is securing timely partner information on resource envelopes as they prepare their 2027 budget. Zambia’s MOH emphasized that **calendar mismatches are not a real barrier to sharing information**: whenever a partner knows what they will commit, they can share it, and reconciling calendars is the Ministry’s job. Since full on-budget financing is not realistic in the near-term for every partner, Zambia is pursuing a “*virtual budget*” where they can have visibility of partner resources without routing all funds through government systems, but with importance to accountability on both sides.

Malawi (Mr. Francis Zhuwao, Principal Economist in the Department of Planning and Policy Coordination) is in its fourth year of OPBR under HSSP III. Alignment is possible, but the annual process is administratively heavy, and submissions are often late or incomplete, so Malawi **is moving to a multi-year (three-year) One Plan with annual reviews**. Their harder, unresolved problem is non-fungible, earmarked partner resources that cannot be redirected to Ministry priorities, a constraint country-level coordination alone cannot fix. **Sierra Leone** (Dr. Tom Sesay, Director, Directorate of Policy, Planning and Information) has just concluded the fifth wave of its Resource Mapping and Expenditure Tracking, capturing who funds what, including off-budget flows, in an attempt to expose gaps and duplications. Dr. Sesay also indicated that the 3-year cycle that Malawi is using would be a useful suggestion for Sierra Leone to be more realistic with planning. **Uganda** (Mr. John Kauta, Commissioner in charge of Health Information, Statistics, Monitoring, and Evaluation) has the most developed tool, a government-owned Partner Portal with 230+ partners registered with verified profiles and costed workplans, which let it quantify a financing gap quickly when US funding was disrupted and made geographic inequities visible for the first time.

From presence to accountability: making National Health Compacts enforceable

Uganda's assessment was the sharpest: partners have responded strongly to digital tools and joint planning but have not shifted financing behavior, over half of sector funding stays off-budget, allocations still concentrate on disease-specific programs while system-strengthening is underfunded, and accountability platforms remain inactive (*"high engagement but low alignment; high reporting but low harmonization; high participation but limited structural change"*). Uganda's Compact sets measurable targets: donor funding through government systems from 26% to 50% by 2030, and 100% joint planning/budgeting/M&E. Sierra Leone is building its accountability agenda around the NHSSP 2026–2030 and Health Compact, they are working towards one costed plan, a unified 2027 operational plan, quarterly reconciliation and annual joint reviews, and pooled financing with strategic purchasing that folds vertical HIV/TB/malaria services into one package. It treats partner reprioritization as a planning assumption, mitigated by early Ministry-of-Finance engagement, priority expenditure floors for essential services, and stronger domestic mobilization.

What governments are asking of partners

- Disclose forward funding plans and resource envelopes, on the partner's own timing, so ministries can build one sector plan and see what is funded and what is not.
- Report through national M&E systems rather than parallel, project-specific frameworks.
- Move from endorsing Compacts as policy/strategy concepts to funding their costed priority activities.
- Provide predictable signals aligned to government cycles, fewer parallel systems, and mutual accountability when funding is delayed, reduced or redirected.

What partners said they can change

- **Global Fund** (Dr. Julia Martin, Head of Strategy and Policy, The Global Fund to Fight AIDS, Tuberculosis and Malaria): of the 39 countries carrying ~80% of its funds, 17 (58%) are on-budget; it has dedicated funds to strengthen PFM systems, is making co-financing more flexible (countable against broader health and PHC spending), and noted only ~US\$260m of country allocations is truly earmarked, with countries able to renegotiate the disease split. The Fund is also much more inclined to be flexible
- **World Bank** (Dr. Jeremy Veillard, Manager for Health, Policy and Regulations, World Bank): Compacts are central to its new strategy (1.5bn people) and a wave of aligned lending – not just for health but water and electricity access. 5 of 16 Compact countries had new operations approved within nine months, and a paused Zambia project resumed after its Compact launch. Gavi and the Global Fund have each signed US\$2bn co-financing MOUs to bring resources on-budget, opening the door to blended finance and guarantees.

- **Gavi, the Vaccine Alliance** (Dr. Emmanuel Bor, Director of Immunization Financing and Sustainability, Gavi, the Vaccine Alliance): Highlighting that alignment can't work by asking governments to reorganize their planning around each partner's separate process but that it should be the other way round, with partners fitting to the country's cycle which is the aim of Gavi Leap. Gavi Leap consolidates to one vaccine/cash budget, one application and one grants-management system to cut transaction costs; in Zambia, support is being sequenced against the Compact's 2030 targets and the country's own calendar.
- **European Commission** (Ms. Cecile Billaux, Head of Unit, Directorate General for International Partnerships, European Commission): As collectively the largest global health initiative (GHI) donor, the EU is coordinating through EU Member States and Team Europe, leveraging Board positions and pushing to harmonize Gavi's five-year and the Global Fund's three-year cycles. A distinct EU financing tool where they can finance a country directly to implement its own health strategy, with indicators to track how the money is spent but following the country's own plan rather than running a parallel program (e.g. Ethiopia).
- **WHO** (Dr. Susan Sparkes, Technical Officer, Financing, Social Protection, and Aid Effectiveness Unit, Department of Performance, Financing and Delivery, WHO HQ) pointed to concrete next steps: Reviving joint donor–government monitoring of alignment indicators (budget execution, predictability) and strengthening its health-financing observatory.

The global dimension and the window of opportunity

A thread running throughout the Forum was voiced most directly by Malawi and echoed by WHO and the EC: that alignment is simultaneously a country and a global responsibility; some barriers are embedded in how bilaterals and GHIs are designed. Seed's closing synthesis underscored that the essence of OPBR is not simply convening partners but establishing one unified planning and target-setting process with reciprocal, enforceable commitments, and that contracting, financing, and the upcoming post-2030 replenishment cycles create a genuine window to turn two decades of principle into decisions.

Looking ahead

Seed will plan Forum 2, again co-hosted with our partner Ministries (ideally in person at World Health Assembly, WHA next year), return to unanswered questions, feed the OPBR findings into wider reform processes (Lusaka Agenda Accountability Monitoring Framework and the WHO-hosted Global Health Architecture process), and publish the OPBR final research in early 2027.

At the country-level, Zambia will convene its Compact Steering Committee and finalize both its resource-mapping tool and a draft OPBR framework; Malawi will shift to a multi-year One Plan; Sierra Leone will launch and disseminate its NHSSP/Compact, develop the 2027 operational plan and finalize



its financing instruments; and Uganda will activate its accountability platforms and push partners toward its on-budget targets.

Among partners, the Global Fund carries its on-budget work into Grant Cycle 8, the World Bank aims to expand Compact coverage and aligned lending, Gavi rolls out Gavi Leap, and the European Commission continues pressing to harmonize the Gavi and Global Fund funding cycles.