Ministerial Leadership Initiative
for
Global Health

Executive Summary

Submitted by

EnCompass LLC
11426 Rockville Pike, Suite 229
Rockville, MD 20852
www.encompassworld.com

February 14, 2012

Table of Contents

List of Acronyms

ASRH	Adolescent sexual/reproductive health
BMGF	Bill & Melinda Gates Foundation
BSC	Balanced Scorecard
CPS	Cellule de Planification et Statistique du Secteur Santé - Mali
DFID	Department for International Development, UK
FHI	Family Health International
FP	Family Planning
GHC	Global Health Council
GL	Global leadership
HHA	Harmonization for Health in Africa
HPAC	Health Policy Advisory Committee
IHP	International Health Partnership
KM	Knowledge management
LCF	Learning Collaborative Forum
M&E	Monitoring and evaluation
MLI	Ministerial Leadership Initiative for Global Health
MoF	Ministry of Finance
MoH	Ministry of Health
MSD	Ministry of Social Development – Mali
NGO	Nongovernmental organization
PBF	Performance based financing
PE	Peer exchange
PPP	Public-private partnerships
R4D	Results for Development Institute
RH	Reproductive Health
SWAp	Sector-wide approach
TA	Technical assistance
UHC	Universal health coverage
USAID	US Agency for International Development
UNFPA	United Nations Population Fund
UTM	Union Technique de la Mutualité Malienne - Mali
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

Background and Overview

The initial aim of the Ministerial Leadership Initiative for Global Health (MLI) was to strengthen the leadership capacity of ministers of health and their senior teams to advance policy in three interrelated areas: health financing for equity, donor harmonization in health, and women's health[1]. The program evolved significantly in response to country needs to include a focus on health systems strengthening, aid effectiveness, reproductive health (RH) and the advancement of country-led development.

The MLI program was grounded in practical experience and built on the wealth of expertise, innovation, and leadership capacity available from ministerial experiences worldwide. MLI worked with five competitively selected ministries of health—Ethiopia, Mali, Nepal, Senegal, and Sierra Leone—based on collaboratively developed, evolving country work plans. MLI aimed to improve health policy and practice within the selected ministries. The program provided high-quality, demand-driven technical expertise from jointly selected (by MLI and ministry leaders) in-country and international consultants and peer learning opportunities among countries through study tours, country exchange visits and other regional and global events that highlighted ministry-led best practices.

The senior ministry teams of the five focus countries formed a peer-learning network. Over the course of the 4+ year project, these senior leaders followed and supported each other's progress in implementation of policy reforms. In each country, an MLI Country Lead, jointly selected by the ministry leaders and MLI, facilitated the MLI program, serving as a liaison between the ministry and MLI.

MLI also established the MLI website and *Leading Global Health* blog to provide greater visibility for ministry successes and challenges; to connect MLI country activities to other global trends and initiatives; to provide a platform for MLI ministerial leaders to champion their priorities to a global audience; and to facilitate wide information sharing of MLI country successes and lessons.

MLI was originally an initiative of Realizing Rights, and following the close of Realizing Rights, became a program of Aspen Global Health and Development based at The Aspen Institute. MLI worked in partnership with the Results for Development Institute (R4D) and also provided support to the Council of Women World Leaders (CWWL) for the promotion of policy dialogues around the production and launch of the World Health Organization's (WHO) *Women and Health* Report. Initiated in 2008**,** MLI was funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation. Central to the development and implementation of the MLI program was MLI's commitment to ongoing learning and adaptation, both in countries and within the MLI/Washington DC team. To this end, in October of 2008, Realizing Rights contracted with EnCompass LLC as the external evaluation partner for MLI to serve in a dual role as evaluators and advisors to share findings and lessons with the MLI team.

As part of MLI's monitoring and evaluation efforts, this report seeks to provide a Final Evaluation of the program, documenting the achievements and challenges faced during the program by MLI in general, and by each of the countries involved.

[1] MLI Website at http://www.ministerial-leadership.org/

Role of the Evaluation

Evaluation was an activity stream in MLI from the early stages of the Initiative. The MLI evaluation aimed **to document and inform the development of the MLI approach** and **to assess the outcomes of that approach**. The MLI team wanted an evaluation that would assist them in the learning process as it worked to develop and test the MLI model by documenting and evaluating MLI design elements and activities, questioning assumptions, assisting in the identification of innovations that worked, and helping to articulate lessons learned along the way. The final report summarizes the evolution of MLI, explores the roles and efficacy of each enabling strategy, and summarizes the extensive findings of the project in each country and globally, as well as lessons and feedback from MLI participants.

Evolution of MLI

During its first year, as MLI defined its "rules of engagement" with countries and sought to establish a distinctive and collaborative approach, MLI experienced a slow start up. It faced challenges in the use of traditional development language—such as "leadership development" and "technical assistance"—as it tried to develop trust and collaboration with ministries. MLI/Washington was responsive to country expressed needs: modifying work plans, inviting senior ministry staff to make the selection of technical experts, replacing consultants in response to country feedback, and gradually developing highly participatory formats of peer exchanges. As MLI country and Washington based staff learned to work together, MLI developed traction and sped up its activities, ultimately achieving significant progress in its policy areas of focus, and facilitating and supporting an MLI peer learning community of senior health ministry leaders.

As MLI's objectives, structure and relationships evolved, it also developed strategies for success. The evaluation process identified six interdependent enabling strategies to support senior health leaders' effectiveness for advancing policy and practice around country identified priorities:

1. Country led planning
2. Demand-driven technical assistance
3. Peer exchange (including peer learning and South to South exchange)
4. Internal MOH relationship/presence (Country Leads and trusted relationship with MLI staff or consultants)
5. Global visibility and leadership
6. Strategic communications capacity building

As MLI became more "country driven," two important changes occurred in MLI. The first change was around expanding the initial focus of "technical assistance/knowledge transfer" from a transfer from experts to a country team to a peer learning focus that included learning across countries. Initially, MLI intended to offer expert workshops on health financing and health sector management at international conferences where MLI countries might come together. With an increased focus on peer exchanges and learning, the nature of MLI country gatherings changed to showcase country work, emphasize country successes, and engage country teams in conversations and exchange of ideas. After the first year of the Initiative and in spite of some internal skepticism from some team members, peer exchange became a larger focus through study tours and convening representatives of multiple countries in different forums. The culmination of this emphasis of peer exchange was the Learning Collaborative Forum in Addis Ababa in December 2010. Technical support and knowledge transfer continued in country relying on local and international consultants jointly selected by country leaders and MLI and working side by side with country leaders in a "learning by doing" approach.

A second change came about in the structure of MLI's Washington-based team from decentralized to integrated management. The original roles called for Aspen to be responsible for management, web presence, communications and community of practice support, and R4D for health financing expertise and country programs. Aspen and R4D ended up working closely together on all aspects of the Initiative with Aspen taking on significant responsibilities related to the management and technical support of country activities and R4D supporting the web-based communications efforts.

MLI's Enabling Strategies

On first glance, the key components[2] of the **country-led planning strategy** are widely proclaimed by many development programs. MLI's distinctive approach to implementing these components, and how the approach was perceived by countries, became the foundation necessary for achieving results. Country-led planning was a critical strategy for MLI, as seen in the feedback provided below by Ethiopia's Health Minister, Tedros Adhanom Ghebreyesus.

> *I am grateful for the way we initiated with MLI. They asked us, 'What gaps do you have and how can we help you?' From day one MLI believed in country ownership. We used MLI's help to implement the Balanced Scorecard, which is expensive but important to implement. We started our partnership with MLI based on our priority, and now other sectors in Ethiopia want to do the Balanced Scorecard, based on our results…I always advocate for country ownership, because if countries own their own business, commitment comes with that. The signing today, the document is about country ownership and I hope you pass this off to many other partners and they should use it. Change is about leadership, leadership matters, leadership is the key to change.*
>
> **Ethiopia's Health Minister Tedros Adhanom Ghebreyesus at the signing ceremony for the Call to Action in May, 2011**

MLI was able to secure the trust of senior health ministry staff because of its efforts to be transparent in its dealings with counterparts and its commitment to advance country-identified priorities. This afforded MLI easy access to decision makers who turned to MLI for advice and support to advance a range of health priorities. Senegal, for example, committed resources for planning MLI work in two ways: by establishing an *MLI Task Force*[3] , and by identifying a ministry staff person as the Country Lead.

Senegal found MLI's help relevant and useful to the point where it established the *MLI Task Force* to meet regularly to focus on all MLI activities. This *Task Force* was a small team of committed ministry staff, able to make decisions and move forward on MLI-supported ministry priorities. It enabled dedicated time to advising MLI on the management and use of funds so that MLI truly reflected ministry needs. The *Task Force* identified two areas of interest – resource allocation and donor harmonization –

[2] The key components of this strategy include: identifying and supporting country priorities, working within the context, building relationships between the ministry and MLI, adapting plans to ongoing changes, and ongoing interaction and follow-through.

[3] This Task Force was separate from the permanent group called the *Initiative Politique de Santé* that includes partners and that serves as a high-level standing group led by the Secretary General in the Ministry of Health, Prevention and Public Hygiene (MoHP) to discuss, agree, validate, and scale up issues of health policy.

and requested a study tour to Rwanda to learn more about Rwanda's resource allocation formulas; the Rwanda study tour, in turn, introduced Senegal to Rwanda's successful performance-based financing (PBF) program which led Senegal to return equipped with the necessary information and motivation needed to develop their own PBF national strategy and pilot program. In 2009, with additional MLI support for reproductive health priorities from the David and Lucile Packard Foundation, MLI responded to a direct request from the Director of the RH Division in the Ministry to strengthen his ability to use evidence more effectively for advocacy of RH policy. MLI worked with the RH Director to develop a unique "Advocacy Inside Ministries" strategy to advance RH, as well as conduct research on the implication of user fees on the demand and utilization of RH services. Additionally support was provided to implement the Badienou Gokh initiative, a community-based initiative launched by the President of Senegal and led by the ministry to improve RH outcomes in Senegal. A leadership development program was further added in 2010. In response to recommendations by ministry staff that emerged from the leadership development training, the Minister took a proactive position to make administrative changes to make the government's decentralization process more effective.

Demand-driven technical assistance was the original focus of countries' proposals to MLI. The technical assistance was requested for support in the broad areas of health financing reform, donor harmonization, and reproductive health. However, in this case "demand-driven" meant that ministries themselves both defined their own needs and usually determined who would be providing the assistance, with support and guidance from MLI/Washington as needed. Indeed, when TA was planned with sustainability in mind, it was more useful and had a greater chance for continued benefit. In Nepal, given MLI's flexibility and the freedom to experiment, MLI activities evolved as Ministry leaders determined how to make best use of limited funds to ensure sustainability of MLI-supported TA after the close of MLI. In Mali, after an intensive period of providing demand-driven technical assistance around community-based health insurance, a national strategy for the expansion of *mutuelles* was developed and officially adopted. The strategy includes a government commitment of 50% co-financing and contains an explicit focus on prevention services including reproductive health and family planning.

Peer exchanges (learning through South to South exchanges) was a key MLI strategy. The quality of peer learning was exemplified in the MLI Learning Collaborative Forum held in Ethiopia at the end of 2010. Ministry leaders from all five MLI partner countries gathered in Addis to listen to keynote remarks on the importance of strong leadership to advance country-led development and country ownership from Minister Tedros Adhanom Ghebreyesus of Ethiopia and MLI Advisor and Former Director General of Health Services in the Ministry of Health in Uganda, Dr. Francis Omaswa.

> *When you are on your own, you're not sure if you are going in the right direction. When you share experiences, you develop a mutual respect and it gives you confidence. It always helps to compare notes with your colleagues as to whether you are going in the right or the wrong direction. It also works because the countries have similar backgrounds, similar struggles. Sometimes, one country has a solution that another has not thought about, and they say, 'Wow, you are doing that? Maybe we can try that, too.' The opportunity for peer learning is really very powerful.*
>
> Senior MLI Advisor Francis Omaswa

As part of its **internal presence strategy**, MLI invited countries to define the type of representation they each wanted in MLI, relying heavily on the role of country lead as it evolved over time. Originally, this

role was envisioned primarily as a technical role. As MLI operationalized its commitment to country-led development, countries provided feedback on the way they wanted to structure this relationship. Defining the role of the country lead in such a collaborative way, with selection heavily involving countries, contributed significantly to MLI's goal of building trusting relationships with ministry leaders, and provided for easier access to busy senior ministry leaders, ensured effective follow-through, and enabled MLI to forge effective partnerships with countries. This structure also minimized administrative costs.

MLI's vision of its **global visibility and leadership strategy** was to develop a powerful platform for exceptional senior leaders from ministries of health who could advocate for, and articulate, how ministries can transform health systems to address the needs of the poor and most vulnerable, including women and children. Elevating important issues on the global stage is one of The Aspen Institute's core strengths. Thus, MLI created a global stage for ministry and other government leaders to present their message and perspective, and to catalyze support that was most useful for their countries. In this strategy, MLI aimed to establish "a learning platform for ministries of health worldwide to enhance knowledge, promote best practice policy reforms, and inspire political leadership for improved health practices." At least four different types of activities made up this global visibility and leadership strategy: international public events and peer meetings, an online presence through the MLI website and blog, raising the visibility of country work through international media and publications, and the support of highly recognized public figures and high-level networks. MLI drew on the high-level networks and contacts of all MLI partners to generate the support of highly recognized public figures, whose presence brought greater attention and credibility to MLI and ministry work and propelled MLI ministries to a prominent place on the global health stage. In Sierra Leone, MLI helped government leaders as they stepped onto a world stage to make their case to donors regarding their recently launched Free Care Policy for pregnant women, lactating mothers and children under five. With MLI support and training, Sierra Leone leaders reached multiple outlets around the world including *The New York Times*, BBC, the *Guardian*, and *The Lancet* to tell the story of the dramatic health progress and continuing challenges facing Sierra Leone.

MLI also provided **strategic communications training and coaching** to strengthen the ability of ministry leaders to tell compelling stories of their successes and challenges in leading healthcare in their countries. These ministry leaders aimed to reach local and global audiences in order to advance health policy reform, gain greater public support, and leverage increased funds to implement and scale up those reforms. MLI ministry leaders increased their ability to communicate vision, convey passion, and touch a global audience. This was confirmed in four ways: self reporting, reporting of others who witnessed the improvement, direct observation, and results—ministry leaders being quoted and asked to speak in future opportunities.

MLI Country and Global Programs

MLI worked with the ministry of health and others in each of the five countries selected to develop and implement a work plan based on the needs and priorities identified by the country leaders and reflected in the country's national health plans. These work plans were followed to varying degrees, as country programs evolved with new priorities and opportunities. In addition, MLI carried out activities at an international level for peer exchange and global visibility and leadership. The focus and some characteristics of each of these programs are briefly summarized in Table 1 below, with specific outcomes described at the end of the next section

Table 1. Overview of country and global programs

COUNTRY	MLI PROGRAM FOCUS	CHARACTERISTICS
Ethiopia	Improving health sector performance through the implementation of a Balanced Scorecard at all levels of the health sector	Strong leadership and active involvement of the Minister of Health and the growth in relationship with MLI, and a clear focus for the role of MLI within the country's vision for development
Mali	Increasing financial access to health care through the scale-up of community-based health insurance (*mutuelles*) with a specific focus on reproductive health and family planning; using evidence to advance RH policy by implementing a study on transportation barriers to accessing RH services	Strong peer exchange, the different levels of engagement of Ministry leaders and the importance of the externally based MLI Country Lead's technical expertise and existing relationship with the Ministry and local partners.
Nepal	Further strengthening Ministry capacity and systems, through negotiation skills trainings, knowledge management support through the creation of an e-library, and a communications and capacity enhancement strategy	Growing interest and spread of Nepal's success in negotiations training; emphasis on ensuring the capacity to work within the resources available through MLI and through the country's own resources; ability to sustain activities after MLI; efforts to maintain program focus through challenging political changes.
Senegal	Developing new and more equitable resource allocation formulas and launching a performance based financing pilot program; strengthening Senegal's health Sector-Wide Approach (SWAp); designing and implementing a Ministry of Health leadership training program; and strengthening the advocacy skills and use of evidence to advance RH policy of the Ministry's Reproductive Health Division.	Only MLI country where the country lead was a part-time Ministry employee; the Ministry's commitment of time and attention to the program, enabling better representation of the Ministry's needs and more involvement in implementing programs.
Sierra Leone	Increasing Ministry capacity to build a financial management system and account for and report on government and donor health expenditures; developing an IHP+ Country Compact to align development assistance; communications coaching and support around a new major policy reform to provide free maternal and child health care; ongoing direct advisory support to the Minister of Health; addressing early marriage, teen pregnancy, and keeping girls in school in partnership with UNFPA.	Several changes in Ministry leadership; a need for more focused interaction that fit within the Ministry's expectations; the impact of the involvement of a public figure (Mary Robinson) in the MLI program.

COUNTRY	MLI PROGRAM FOCUS	CHARACTERISTICS
Global events	Global leadership and peer learning and support, through: global peer exchange, policy dialogues, global leadership events and other global conferences; an online presence through the MLI website and blog; cross-country analysis and publications.	Learning-focused approach to managing and improving events to become more country-led and interactive; growing country interest in communications and negotiations; emergence of a strong focus on advancing country ownership and leadership; strengthening relationships, mutual support and sharing between MLI countries

MLI Outcomes

Working in partnership with the ministries involved, MLI supported country ownership and country led priorities. This focus contributed both to capacity building that supported important health outcomes, as well as to direct health policy impact at the country level. Policy impact included the following:

- Supporting Mali along the path toward guaranteeing universal coverage through the expansion of a community-based health insurance system
- Supporting improved efficiency in Senegal's decentralization efforts through leadership development and increasing the quality and delivery of health services through the launch of a national performance-based financing strategy
- Raising the profile of reproductive health within Senegal's government through strengthened advocacy efforts inside the Ministry of Health
- Enhancing the effectiveness of Nepal's negotiations skills and establishing a knowledge management system to allow health policy information and relevant research to be shared throughout the Ministry and among development partners
- Supporting Sierra Leone's Ministry of Health to increase aid effectiveness and improve trust between the government and donors through the implementation of a financial audit to account for and report on all government and donor health expenditures
- Coaching Ministry officials in Sierra Leone to tell the story of improvements in the country's health system, including the introduction in 2010 of a free health care initiative for pregnant women, lactating mothers, and children under five
- Enabling the initial implementation of the Balanced Scorecard in Ethiopia for strengthening priority setting and alignment in the health sector

We are implementing a critical program that is bringing us closer to guaranteeing universal coverage. MLI's contribution is indispensable in order to lead to results. We need the type of support MLI is providing to help us handle political dialogue and cross-sectoral negotiation at all levels. This MLI capability is needed to lead the country to results. It is not enough to fund bed nets; we need other elements to be in place; otherwise we waste money and do not have results. MLI is a pivotal intervention, as it has contributed to improving governance. MLI needs to be endorsed as a key strategy by more countries and development partners. MLI in Mali was a pilot initiative that showed how tools and strategies can lead to universal coverage. MLI catalyzed the work of the Government. MLI created linkages with other countries and made the process faster. We need to consolidate our experiences and share them to help us and others create improvements.

Dr. Salif Samake, Mali, Interview July 2011

MLI contributed to strengthening capacity for country leadership and country-driven development in three key areas.

1. **Strengthened individual capacity** including negotiations skills, technical health financing analysis skills, strategic planning, leadership development, and communications skills
2. **Strengthened institutional capacity and governance**
   - Established or strengthened core systems in the ministries: information/assessment systems (Nepal's knowledge management data base), policy formulation and planning systems (Nepal's capacity building strategy), and financial and other strategic planning and management systems (Sierra Leone's technical assistance in financial management; Ethiopia's implementation of the Balanced Scorecard)
   - Increased attention to leadership development (Senegal's leadership development program and Nepal's negotiations training program)
   - Contributed to institutional change for greater innovation, collaboration and internal communication (improved the efficiency of information exchanges and planning via shorter, smaller team briefings by the Minister in Senegal)
   - Increased and improved collaboration, internally, within and between ministries and with other stakeholders (Mali); with donors/partners (Sierra Leone); and with international peers and networks (for all)
3. **Raised national and international awareness on key issues**
   - Raised awareness on and attention to health financing & RH (performance-based financing and "advocacy inside ministries" to advance RH in Senegal, community-based health insurance in Mali, free care policy for pregnant women, lactating mothers and children under five in Sierra Leone, RH financing briefing paper)
   - Fostered greater country ownership by supporting countries in country-led development, strengthening ministry capacity to assert country priorities with donors, facilitating countries' collective advocacy for country-led development, and increasing visibility and recognition of the work in ministries

Conclusion

As an international development assistance program, **what made MLI unique** was the way it acknowledged the value and experience of local leadership, placed ministry identified priorities first, and recognized and supported ministry leaders as the primary actors in development. Because MLI was a relatively small program not tied to bilateral funding, the program was able to be nimble and flexible in adapting to ongoing changes in context and needs. This focus on country priorities, support for ministry leadership, and flexibility to adapt all contributed over time to developing a solid foundation of trust in relationships in a context where trust is a luxury.

Many of the **success factors** most relevant to MLI are basic, sound development practices but are not routinely incorporated into development systems. Those factors making the approach successful included: focusing on country needs through the lens of the government (i.e. the ministry of health); getting buy-in and commitment of time and attention from ministry leaders by acting on priorities identified by them; mutual understanding of the different contexts in which they were operating; and the commitment of resources (staff, time and funds) on both sides for planning, collaboration, implementation follow-through, and evaluation. Enabling factors for MLI's success included a focus on building relationships through clear communication and transparency, and consistent, context-appropriate interaction with ministry partners; attention to continuous monitoring, feedback, and documentation; the encouragement of learning from experiences, adapting to ongoing changes; prioritizing sustainability in planning; and the recognition and prioritization of the vital role of communication and visibility in the work of health ministries.

Several lessons emerged from the evaluation of MLI that have implications for how we structure and implement health development programs. These follow.

Lesson 1. The role of ministry-based health leaders is key, and should be more centrally considered in development assistance. Ministry health leaders play a pivotal role in advancing health priorities. Their cooperation and leadership are essential for sustainability of health benefits. In fact, development assistance frequently places high emphasis on outside experts who have "the answers," and fails to recognize maybe the most significant development resource: ministry health leaders. And when ministry leaders are engaged, the emphasis is more on external training for augmenting skills, and less on creating partnerships and opening the space for senior health ministry staff to lead. MLI's experience has underscored the power of leadership and country-led development to enable more effective and sustainable development.

Lesson 2. "Technical assistance" for maximum impact involves both willingness and a mechanism to respond to ministry of health priorities. MLI's technical assistance was driven by the needs and requests of ministries of health, but was, actually, more than that. The "internal presence" of MLI through country leads meant that technical assistance was integrated in the priorities and workflow of the ministry's work of health sector management. As senior health ministry staff directed decisions, technical assistance, in whatever form, was received and used directly. Furthermore, external assistance was better focused on needs, and better integrated with local expertise.

Lesson 3. The power of strategic communications in service of ministry health leaders can inspire health professionals and citizens, and contribute significantly to health policy change. MLI demonstrated the power of strategic communications to create a compelling vision of improved health outcomes by bringing attention to country health priorities. The combination of personal, high-quality coaching of senior ministry of health staff and the offering of a global stage for these staff demonstrated how the power of country leaders can be significantly magnified in promoting health priorities, successes and challenges facing developing countries.

Lesson 4. Creating a development partnership is complex and challenging, and involves change at the personal level and in the organizational culture of partners. Health ministries and donors call themselves "development partners" but do not always behave as "partners." Through hard work, MLI discovered how to create a true partnership at many levels: (1) increasing trust and believing that each partner truly wants to listen to the other partner, and is willing to compromise; (2) increasing access to decision makers on both sides; (3) remembering to consult even when it involves time pressures, apologizing, letting go, and compromising; (4) actively showing respect for each others' ideas and choices; and (5) fostering partnership internally—within the senior health ministry team, and within the donor/technical partner team. MLI's experience demonstrated the complexity of creating a true partnership, and how important it is to foster an Esprit de Corps or a culture of respect and humility to help navigate and overcome inevitable failures, and ultimately to be good partners.

Lesson 5. MLI would be difficult to replicate, but offers significant lessons that can be used to structure more innovative and sustainable development programs. MLI operationalized a model for country-led development, and demonstrated the level of health systems impact it can have. Even if countries and development partners cannot implement the whole MLI system, they can extract some of the most important lessons from MLI's experience, and use them to strengthen their own programs. Development partners might ask themselves: How might we structure this program if customer service to the health ministry were a priority? What are the health ministry's priorities, and how will we ensure alignment between our work and those priorities? Who from the ministry needs to be involved in different decisions in our collaboration? How can we develop flexibility in our technical assistance plan to be responsive to ministry needs? How can we engage the ministry in identifying acceptable "experts"? What mechanisms will we put in place to continue to listen to a ministry's evolving needs? In what ways and at what points will we solicit formal and informal feedback on the quality of work as seen by the ministry? How will we reinforce a good "development partner" culture in our organization?