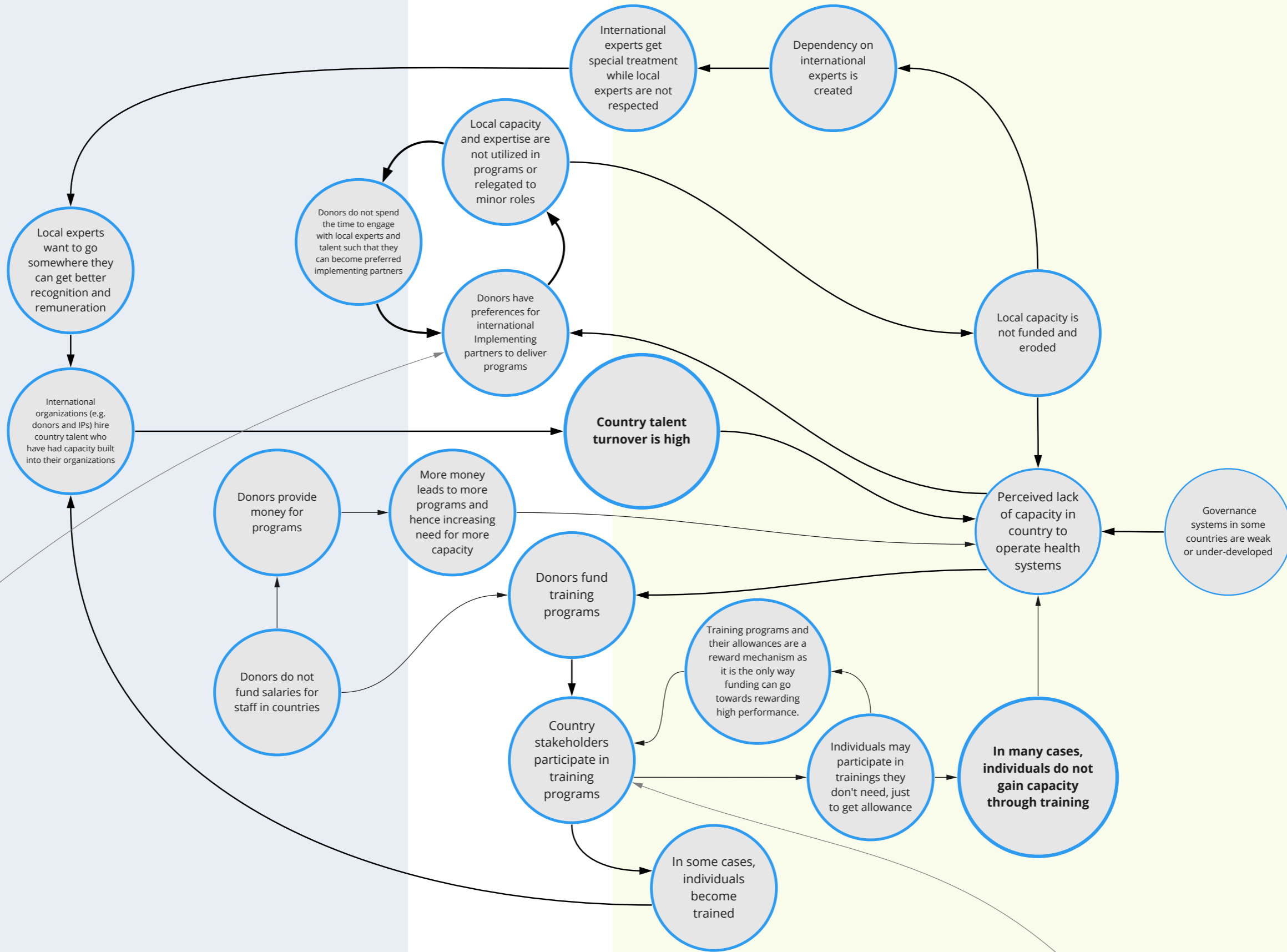


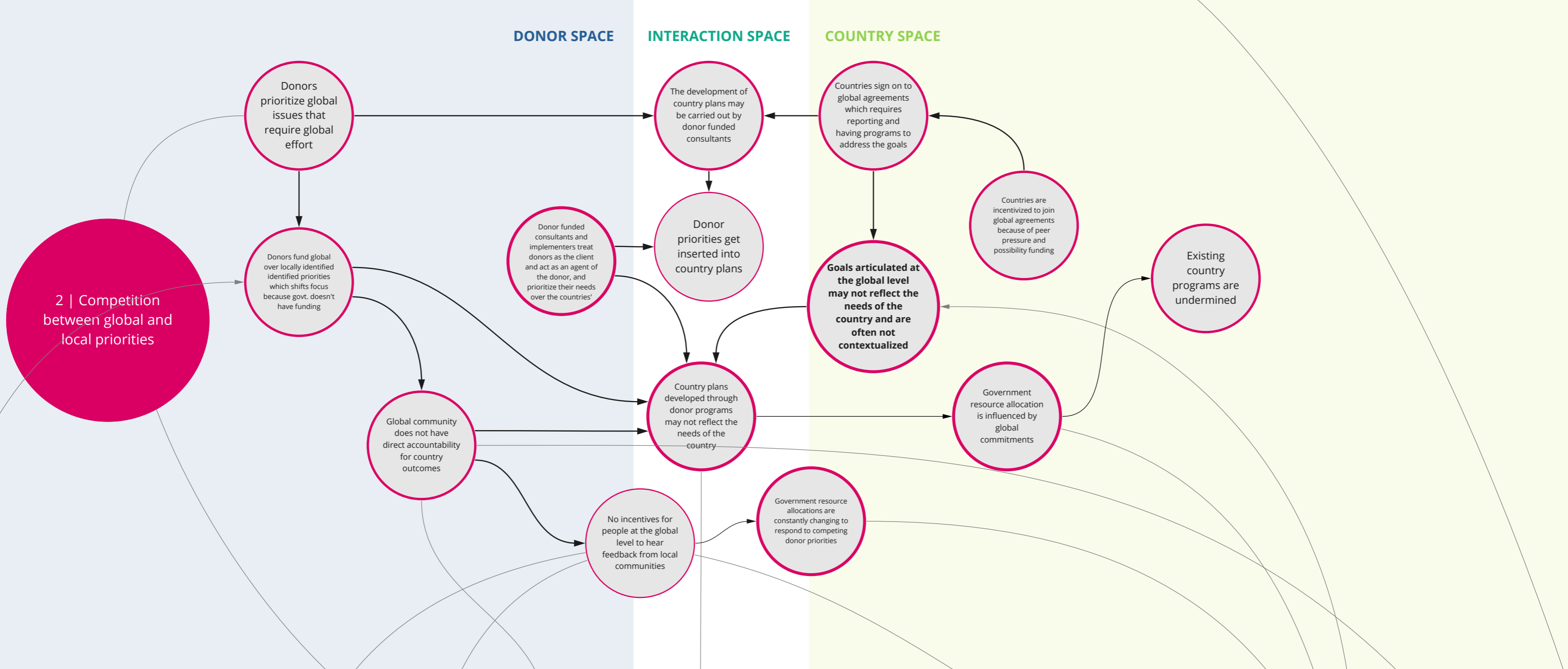
DONOR SPACE

INTERACTION SPACE

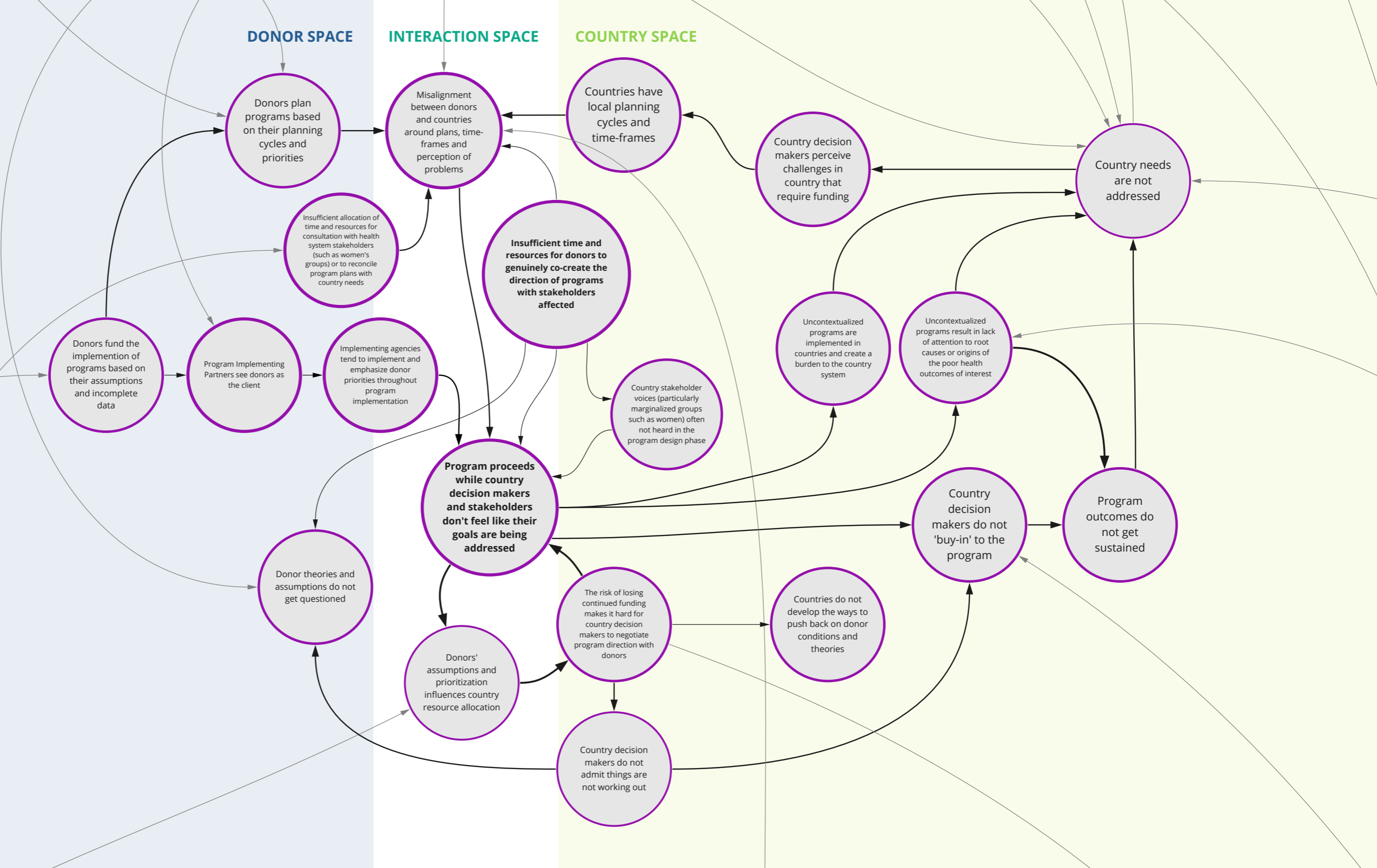
COUNTRY SPACE

1 | Human capacity and talent is not sustained in countries



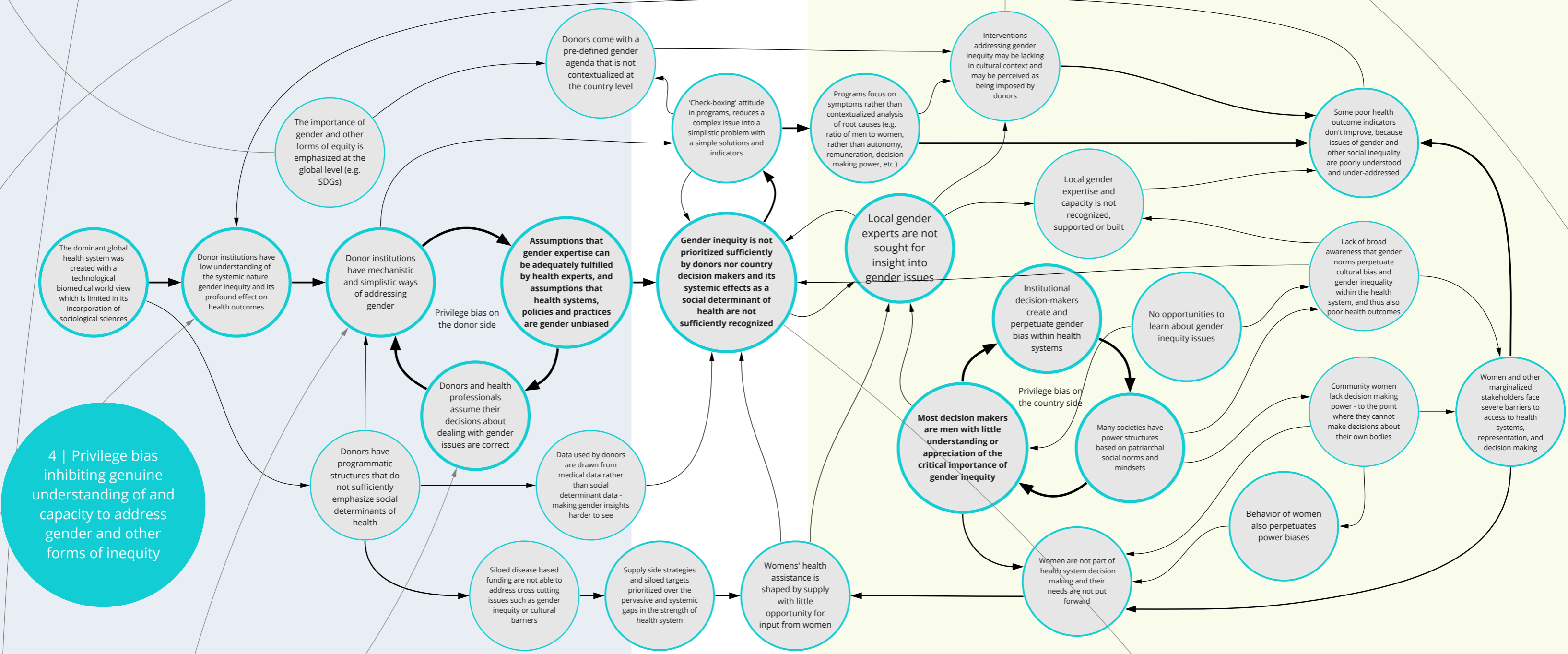


3 | Misalignment of priorities and lack of genuine contextualization render programs ineffectual



4 | Privilege bias inhibiting genuine understanding of and capacity to address gender and other forms of inequity

DONOR SPACE INTERACTION SPACE COUNTRY SPACE



DONOR SPACE

INTERACTION SPACE

COUNTRY SPACE

5 | Power imbalance driving funding and program decisions in countries

Donors approach countries with their theories, expertise and ideas for what would help them

Countries with stronger governance systems are able to push back on donor suggestions

If a country decision maker or expert feels funds should not be accepted, donors seek higher ranking officials to approve

No process and limited room for negotiation or adjustment of the conditions for funding

Politicians with greater power might have their own motivations for funds - there is always someone who will accept

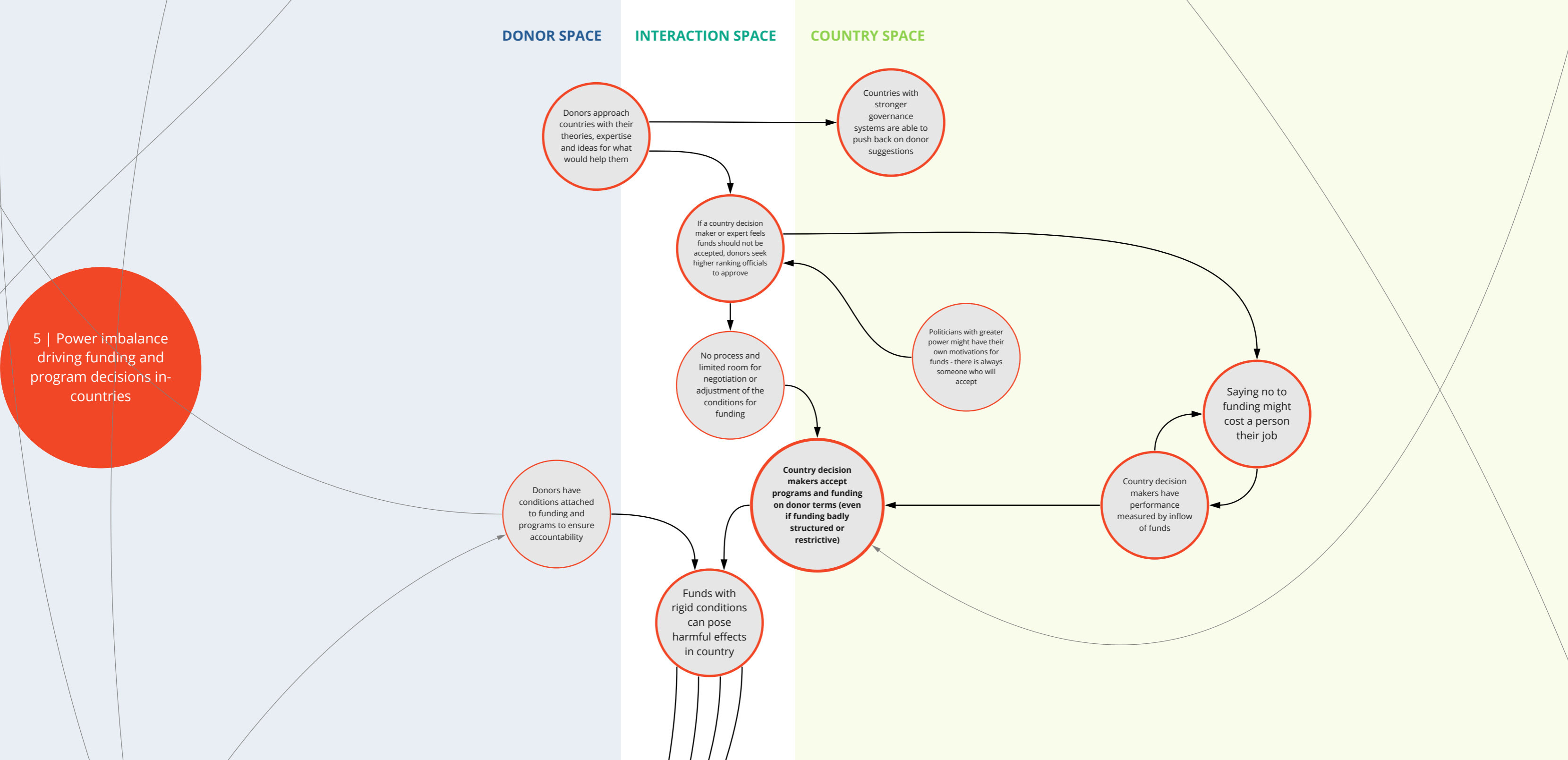
Saying no to funding might cost a person their job

Donors have conditions attached to funding and programs to ensure accountability

Country decision makers accept programs and funding on donor terms (even if funding badly structured or restrictive)

Country decision makers have performance measured by inflow of funds

Funds with rigid conditions can pose harmful effects in country

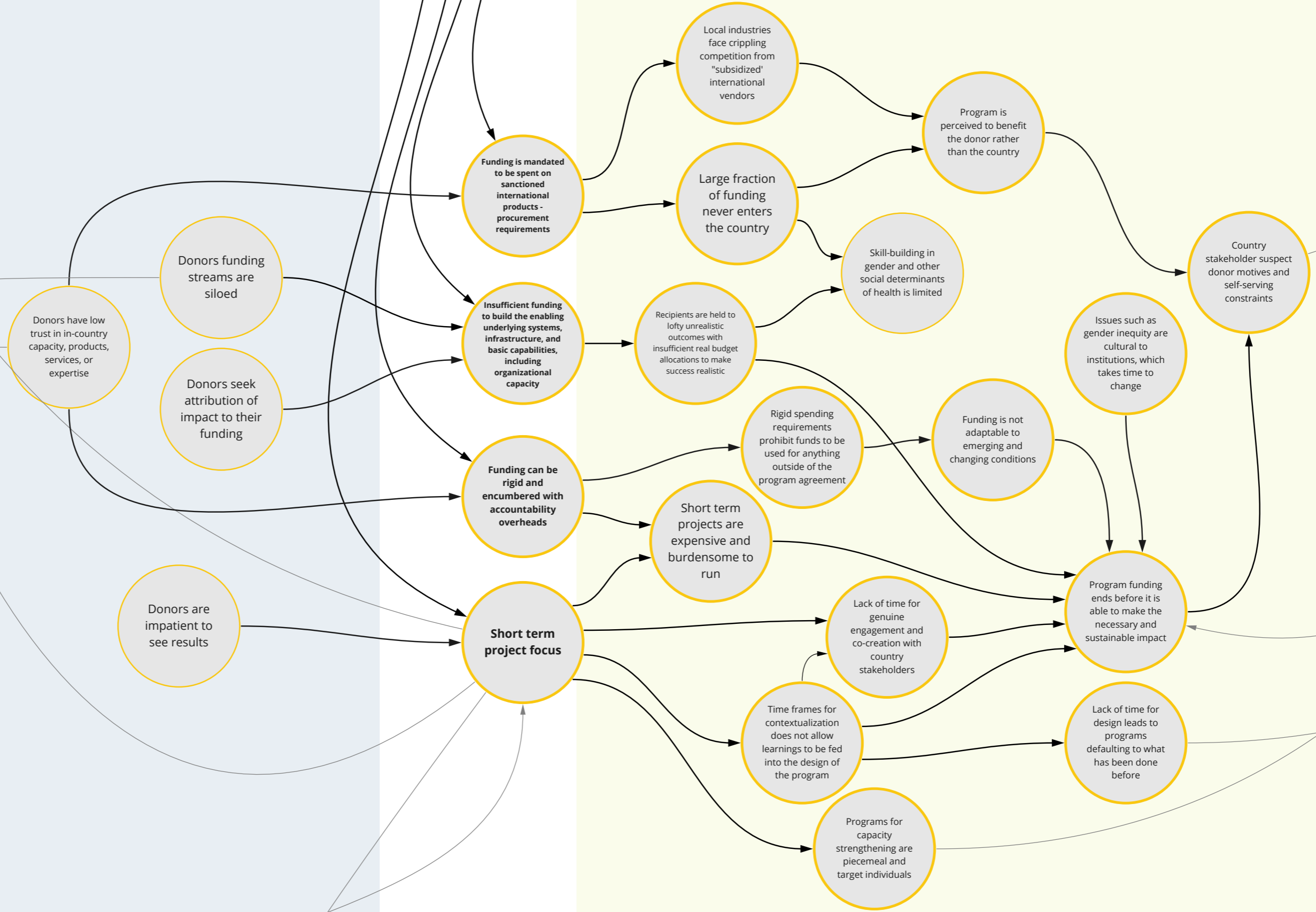


6 | Funding structures pose limitations downstream

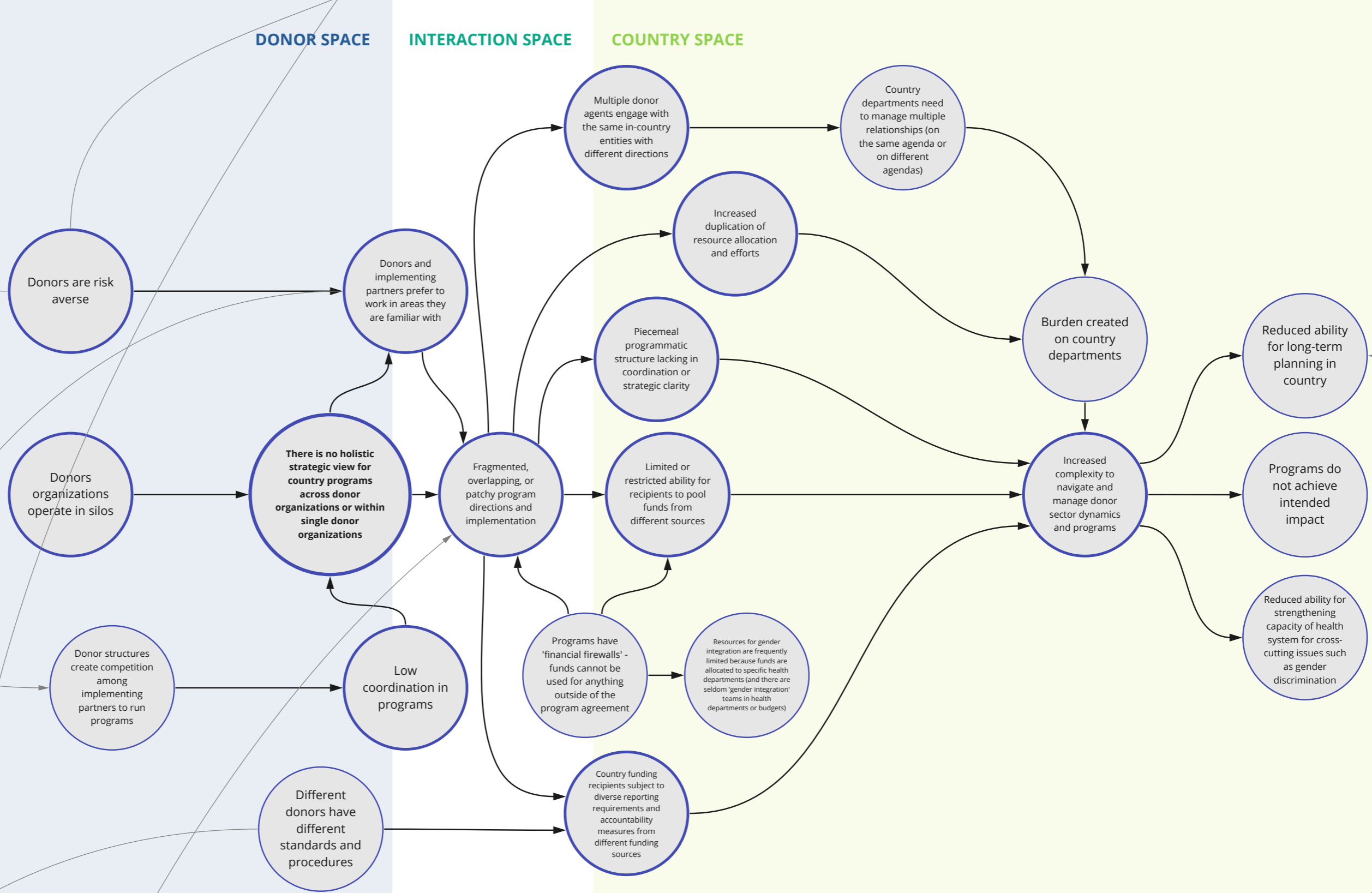
DONOR SPACE

INTERACTION SPACE

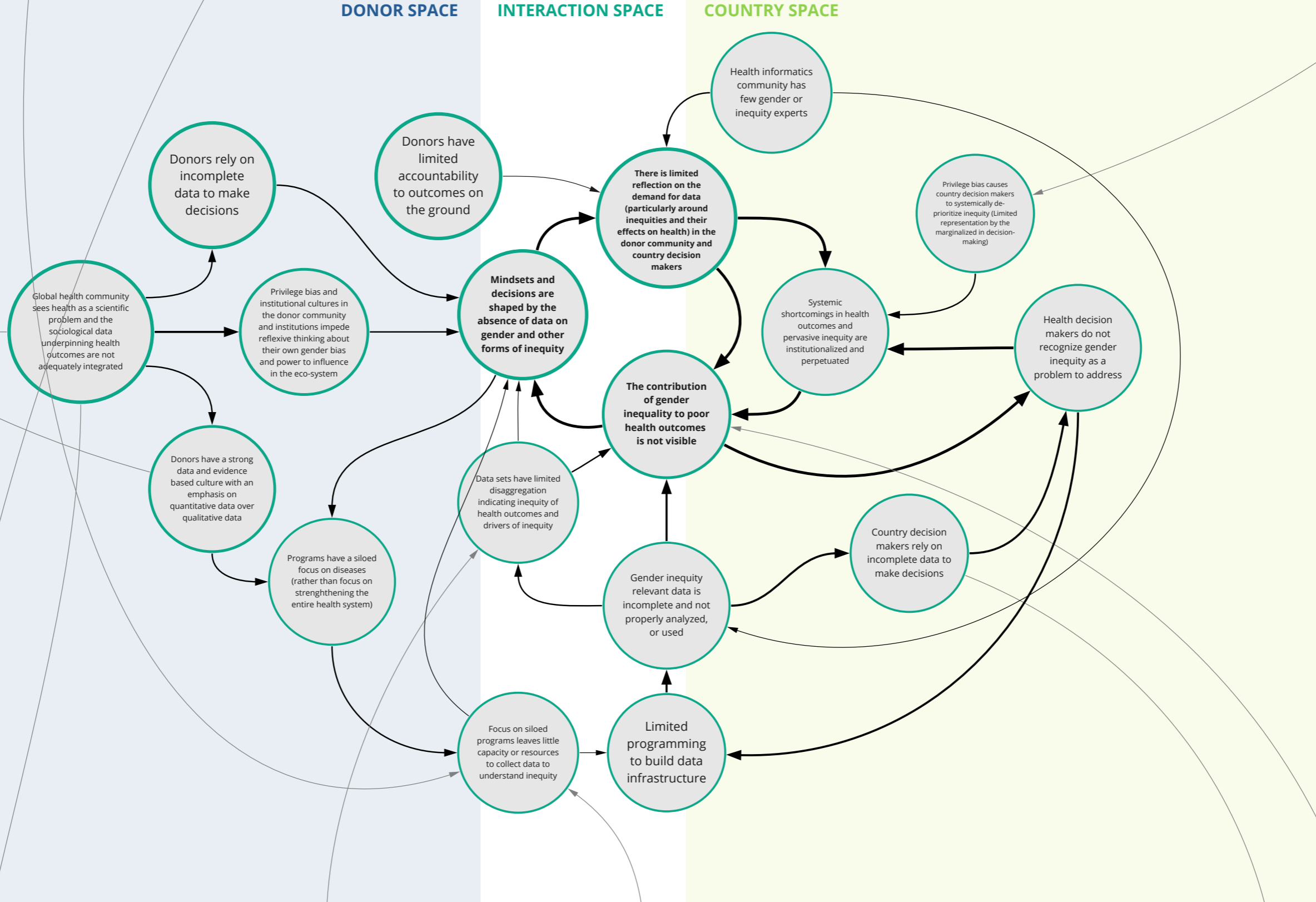
COUNTRY SPACE



# 7 | Fragmentation of programs and lack of holistic view



# 8 | Vicious cycles in data bias perpetuating inequity





DONOR SPACE

INTERACTION SPACE

COUNTRY SPACE

9 | Overemphasis on donor-prioritized data and evidence

Short program time-frames reduce the ability to show results with little time to learn and follow up and adapt

Metrics and indicators are not aligned or coordinated across the donor community

Donors rely on data to indicate success, yet the data collected does not indicate 'why' a program worked or failed

Donors are risk averse and focused on evidence and data to support their funding decisions

Data rich and well known areas may receive greater focus while data poor areas are neglected

Country decision makers have limited ability to provide evidence to back their own priorities

Indicators are program-level rather than social determinants of health

Programs focus on gathering donor prioritized data

Reduced institutional memory for new programs

Generation and use of relevant data is expensive

Parallel systems are created and burden is increased on frontline workers

Countries may not own or receive a copy of the data gathered from projects/programs

Country stakeholders who are marginalized don't have the systems to demonstrate their priorities in the form required by decision makers

Complexity of health system is hard to capture through metrics - some things are not measurable with current techniques

Some countries have less capacity and infrastructure to create, store, analyze, and use data

Countries have their own set of metrics and data systems that local stakeholders need to feed into