

Template 4.1. Indicative guiding questions for across-programme analysis

- Where are there duplications, overlaps and misalignments in the functions and specific sub-functions across health programmes? What is/are the main reason(s) for that?
- How are these duplications, overlaps and misalignments impacting the ability of health programmes to reach their target populations with their outputs?
- Are there particular programmes in which there is more overlap than others?
- Are there any problem areas that clearly stick out from the analysis (for example, several parallel drug procurement arrangements, information systems, or the use of unnecessarily expensive inputs)?
- What could be the best “entry point” in terms of “low hanging fruit”? Would this require new investment, such as to strengthen a national information system that could meet the needs of all health programmes?
- What are the main inefficiencies that reforms need to address?