

As you have said, IHP+ is the new kid on the block. Some of you have expressed confusion about what this stranger is all about. What does it bring? Where is the value added? How does it relate to other initiatives, like GAVI, the Global Fund, and Harmonization for Health in Africa?

Not all of us have embraced the “new kid” with open arms. But we have all tipped our hat. We are, I believe, welcoming this new initiative.

As some have said, IHP+ may not be perfect, but it has brought to the surface, out in the open, the key issues that must be addressed in any honest and fruitful discussion. These are the hard issue we have to tackle if we want results in countries, if we want progress in reaching the health-related MDGs.

Your discussions have indeed been frank, candid, and sometimes blunt, but always cordial. Some ministers have reported heart-warming progress. You have given us proof of concept: the health-related MDGs can indeed be achieved. But even countries with good track records and huge success are saying this: we can do more, with the right support.

At the most basic level, this is why all of us are here: to improve the health of poor and vulnerable groups, to strive for equity and social justice. In the cases where this has happened, we have seen the vital importance of national leadership and government commitment, including recognition of the right of people to basic health care.

We have also heard confirmation that primary health care, properly implemented, can indeed contribute to achievement of the MDGs. This is personally encouraging to me, and I am sure to many others.

Other ministers have reported enduring problems. How does it help a country to have abundant medicines and vaccines, but no staff to deliver them? What is gained when health initiatives draw scarce staff away from public health services?

We have heard about cases where donor priorities distort national priorities, and specific instances where money is not being wisely invested. We have heard many frank statements about the urgent need to fill funding gaps. This is possibly the greatest bottleneck of all.

We need to hear about these problems and understand them to overcome them. Again, thank you for being frank.

We have heard much about the need for behavioural change, among all partners, at all levels. We have heard frank admissions that change is threatening, especially when it challenges long-standing institutional behaviours. We have heard about the problem of trust among partners. And we have heard about the values of solidarity, compassion, and cooperation

that underpin this partnership. We have heard, too, that true cooperation goes beyond mere collaboration, or mere coordination.

We have been reminded that our work, ultimately, is about the lives of people, and not about funding streams. We were asked not neglect or underestimate the solidarity of ordinary people. In addressing staff shortages, we were also asked to remember the cadre of community health workers and trained extension workers.

We were reminded that IHP+ is people-centred. This includes personal leadership within development agencies and global health initiatives, as well as at the government level. It includes the voices and experiences of civil society. In particular, civil society can play the role of the watchdog, the eyes and ears at the grassroots level. Civil society is alert to problems and knows how to blow the whistle. This contributes to accountability.

In my view, this ministerial review has brought all of us closer to true collaboration. Many problems, bottlenecks, sources of confusion and frustration have been identified, and questions have been raised about what some words and phrases really mean.

Your discussions make it perfectly clear: we face enormous complexities as we strive together to reach the MDGs. Several ministers made a plea for simplicity. Do not add new layers of bureaucracy and complexity. Some health plans do not need external verification, which could actually be disruptive. Many countries with good track records had good practices in place before this partnership was launched. Do not drop these practices.

One speaker called for lean and mean processes, simplified and built for speed and endurance. Sometimes getting to the root causes of bottlenecks and barriers is a first step towards simplification.

While we heard about the need for speed in developing a common strategy, we also heard about the need for patience. Institutional behaviours take time to change, but they do happen. As we heard from the Global Fund, funding policies have evolved, first towards capacity building and now towards support of national strategies.

You have identified areas for greater efficiency. For example, some have suggested that reforms in the way technical assistance is provided are an opportunity for significant efficiency gains. A proposal was made for a database of sources of technical assistance. Other speakers have called for a single set of indicators that could be used to measure the progress of all initiatives operating within a country. That, too, would increase simplicity as well as efficiency.

We heard a crisp example of inefficiency in how support is provided. If a country has only \$10 per person for health, do we need to pay someone \$10 to tell us how to spend that money? Perhaps not.

You have also spoken of a communication deficit. One specific problem is the discrepancy between lofty agreements made at summits, and what is really needed on the ground, between decisions made at the headquarters of an agency, and how the agency's staff operate on the ground.

But I think we also heard some enthusiasm. Reports from the evaluation and from individual countries indicate the broad sweep of the current momentum and how seriously people are trying to solve long-standing problems. Finally, we are talking together about seemingly intractable problems. As we have heard, IHP+ has provided the platform for doing so.

Within countries, we have heard that the partnership can galvanize health institutions to work better to deliver health. We have heard that the process of putting together a compact can establish the foundation for ongoing dialogue.

IHP+ has been described as an opportunity for doing business differently. In some cases, it has given ministers of health a lead position over other government ministries. IHP+, we have heard, can be a tool for a reality check, for translating aspirational goals into real results in countries.

We heard, too, that even small changes can make a big difference. Responsible action by one actor brings reciprocal action on the part of another.

In terms of next steps, we were briefed on the purpose, working methods, and timeline for the taskforce on innovative financing for health systems.

We learned that external evaluation of the partnership will move to a more formal, and more rigorous scientific level. Annual performance reports will be issued, and these will be highly publicized.

[Additional next steps]

Let me turn to the Ministerial Review Communique, which calls for bold actions in five areas.