

# INTERNATIONAL HEALTH PARTNERSHIP

## A global 'Compact' for achieving the Health Millennium Development Goals

For signature on 5 September 2007  
No. 10 Downing Street, London, United Kingdom

In 2000, we set ourselves targets enshrined in the Millennium Development Goals (MDGs). Since then we have also committed to working to achieve universal access to prevention, treatment, care and support for HIV/AIDS and universal access to reproductive health. As we approach the half way mark to 2015, the health-related goals are particularly off-track. Every day over 10,000 people are infected with HIV and over 22,000 become sick with tuberculosis. 28,000 children under 5 die every a day, while one mother dies in childbirth every minute. Yet we can prevent many of these deaths with simple, affordable measures. In addition to ensuring access to food, education, clean water and sanitation, access to basic health services is critical to reduce the death toll from the major killers including tuberculosis, malaria, AIDS, respiratory illness and complications in childbirth.

We are devoting more resources than ever before to tackling this crisis and lives are being improved and saved. In addition to providing adequate resources, the international system, with country partners, needs to ensure collective efforts are effective and efficient by being well coordinated, focused on delivering accessible and sustainable health systems and by backing comprehensive country owned and developed health plans which produce tangible and measurable results. The creation of sustainable and fair structures for health systems financing is particularly important for building strong national health systems.

That is why, as part of a Global Campaign for the Health MDGs, we, the governments of developing and developed countries and the heads of the major agencies involved in improving health, commit to work effectively together with renewed urgency to build sustainable health systems and improve health outcomes in low and middle income countries. The goal of this partnership is to accelerate progress on the health-related MDGs. This will be achieved by increasing the numbers of people who have access to health services offering prevention, treatment and care to deal with their major health problems and promotion of healthy behaviour. The approach includes providing support to strong and comprehensive country and government-led national health plans in a well coordinated way, through strengthening and using existing systems for coordination, coordinating support to implementation of sector plans and shared accountability for achieving results.

As part of a Global Campaign for the Health MDGs, this compact reflects our global commitment. In the coming months, we will reflect these global commitments in strengthened country partnerships that reflect the unique situation in each country, channel support into country owned health plans and secure fair and sustainable financing of national health systems.

## NEXT STEPS

This compact is a key step in putting the Paris Declaration on aid effectiveness into practice in the health sector. It builds on the recommendations of the High Level Forum on the Health MDGs, work of the OECD DAC on health as a tracer sector, the One UN approach of the High Level Panel for System Wide Coherence, recent (2005/2007) G8 commitments on health, the 2006 UN General Assembly declaration on AIDS, the recommendations of the Global Task Team on improving AIDS Coordination among Multilateral Institutions and International Donors, the European Union development policies particularly those related to "MDG Contracts" and ongoing work of the European Commission on harmonisation and alignment and aid coordination among Member States and the ongoing Harmonization for Health Initiative in Africa, as well as other key commitments, including those from the Paris Conference on Social Health Protection.

It is part of a broader Global Campaign for the Health MDGs which recognises the need for urgent and collective action to address the off-track MDGs at the half way point to 2015. The high level political campaign includes a range of complementary efforts including the Norwegian Initiative to accelerate progress on maternal and child health, the Heiligendamm G8 "Providing for Health" Initiative on health financing, the World Bank's efforts to test results-based financing, ongoing work of GFATM, GAVI Alliance, Bill and Melinda Gates Foundation and others.

The partners in each "first wave" country will identify how to take forward these commitments and agree measurable targets, drawing

from current in-country processes. These will be reflected in the memorandum of understanding, code of conduct or a compact at country level to which partners will be held to account.

Additional partners will be invited and encouraged to join the International Health Partnership – both developing countries and international agencies. They will be expected to sign the compact as an indication of commitment to these underlying principles and ways of working in support of developing country health reforms.

WHO and the World Bank will support the coordination of the initiative, working with the other partner organisations. An early task is to identify how to monitor and evaluate the initiative. We call for an independent evidence-based assessment of results at country level and of the performance of each of us individually as well as collectively.

Civil society and other stakeholders have an important role in both the design and implementation of national plans and will be invited to participate in the design, implementation and review of the Partnership at global and country levels. Civil society will play a key role in holding all partners to account on performance and progress of the Partnership. Appropriate mechanisms for the broad participation of partners in national planning, implementation, monitoring and evaluation will need to be defined at the country level.

The signatories to this compact will meet each year to review progress against these commitments.

## WE COLLECTIVELY COMMIT:

- To work together in more efficient ways to improve health care and health outcomes in low and middle income countries. Led by country governments acting with their civil society we will tackle the challenges facing country health systems – particularly having enough trained health workers, in the right places and with the motivation, skills, equipment, commodities and medicines to do their work.
- To build on and use the existing systems at country level for planning, coordination, delivery and management of the health sector within the overall national development framework to achieve MDG related outcomes.
- To be held to account in implementing this compact.

## WE THE INTERNATIONAL ORGANISATIONS AND BILATERAL DONORS WILL:

- Accept national health policies and plans as the basis for providing funding and avoid introducing new plans or projects that are inconsistent with national health plans and priorities.
- Agree and use shared processes to support national health plans at country level. This includes a) a shared approach to reviewing national health plans and sector management arrangements to minimise requirements for further assessments; b) agreement with governments on the sources and amounts of funding for the health plan c) increased use of shared mechanisms for managing and accounting for funds, reporting on progress and reviewing performance.
- Contribute to funding national health plans that address the whole health system – including public and non-state sectors. Funding can be for specific aspects of the plans but where possible, we will give flexible support to the plan, in accordance with our respective funding policies and guidelines. This includes funding for non-government services, either directly or via government and dealing with critical funding gaps.
- Review our policies and procedures at global level to enable better coordinated and longer term support at country level, including support to national plans, flexible use of funds and use of shared appraisal, funding and reporting mechanisms.
- Work to ensure that disease and population specific approaches and those to achieve broad health system strengthening are mutually reinforcing. This may include revising existing health and disease specific programmes to make better use of the support.
- Test and evaluate ways to link our support to achieving results at country level, including success in strengthening health systems.
- Ensure our staff make this a priority, have incentives and are empowered to work in a coordinated way at country level.
- Be accountable for delivering the funding and technical support we commit for health. We will report annually on our performance at country and global levels.

## WE THE GOVERNMENTS WILL:

- Use our national health plans, that are embedded in our overall development frameworks, to guide development of the health system and use of resources in the sector. Comprehensive health plans will incorporate priority programs such as immunisation, tuberculosis, malaria, reproductive health and the health components of multisectoral HIV/AIDS plans.
- When it is time to update our health plans, we will work with national stakeholders and international agencies to develop a common vision for the health sector, and identify targets and budgets that reflect this vision.
- Engage and involve our citizens and civil society so they know what to expect and can give feedback on performance.
- Implement our health plans as efficiently as we can, through stronger health and financial management systems; tackling misuse of resources; and working with non-government organisations.
- Work to ensure increased public funding for health care and develop improved health financing mechanisms including risk pooling based on universal coverage in order to increase access for the poor and most vulnerable and protect people from excessive health expenditure, within our national budget strategy and macroeconomic constraints.
- Be accountable to our citizens and report to our funders on progress in reaching the targets and disbursing the amounts budgeted in the plan.

## WE THE OTHER FUNDERS WILL:

- Use our support to further a coordinated multilateral approach to strengthening health systems against national plans.
- Hold organisations receiving support – and ourselves – accountable for measuring impact and directing funding toward demonstrated successes.
- Continue to invest in learning and evaluation to ensure the best possible linkages between our support and achieving results at the country level.

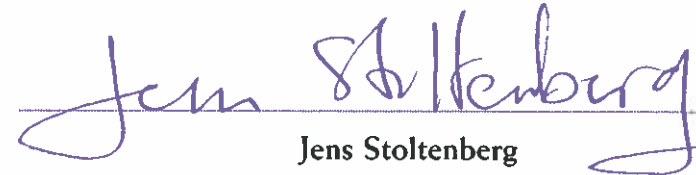
## SIGNATORIES

These signatories represent the first wave of agencies and partners committed to the principles outlined in this text. This will be open to other partners willing to join as signatories over the coming months during design and implementation.



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**Gordon Brown**  
Prime Minister  
The United Kingdom of Great Britain and Northern Ireland



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**Jens Stoltenberg**  
Prime Minister  
The Kingdom of Norway



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**Jean-Marie Bockel**  
Minister of State  
The French Republic



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**Dr Brian Chituwo**  
Minister of Health  
The Republic of Zambia



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**António Correia de Campos**  
Minister of Health  
The Portuguese Republic

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**Dr Rose Gahiru**  
Minister of Health  
The Republic of Burundi



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**Dr Paulo Ivo Garrido**  
Minister of Health  
The Republic of Mozambique



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**Dr Tedros Adhanom Ghebreyesus**  
Minister of Health  
The Federal Democratic Republic of Ethiopia



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**Bert Koenders**  
Minister of Development Cooperation  
The Kingdom of the Netherlands



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**Charity Ngilu**  
Minister of Health  
The Republic of Kenya



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**Girirajmani Pokharel**  
Minister of Health  
Nepal



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**Patrizia Sentinelli**  
Deputy Minister, Foreign Affairs  
The Italian Republic

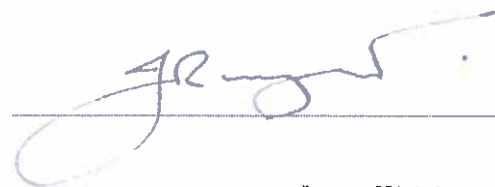
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**Michel Sidibe**  
Deputy Executive Director, Programmes  
UNAIDS



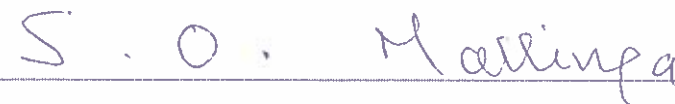
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**James Wright**  
High Commissioner  
Canada



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**H.E. Venetia Sebudandi**  
Ambassador  
Permanent Mission of the Republic of Rwanda  
Geneva



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**Dr. Stephen Malinga**  
Minister of Health  
Uganda

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**Nuth Sokhom**  
Minister of Health  
The Kingdom of Cambodia



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**Erich Stather**  
State Secretary for Economic Cooperation and Development  
The Federal Republic of Germany



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**Dr Margeret Chan**  
Director-General  
World Health Organisation



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**Kemal Dervis**  
Chair  
United Nations Development Group



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**Bill Gates**  
Co-chair  
Bill and Melinda Gates Foundation



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**Kul Gautam**  
Deputy Executive Director  
UNICEF

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**Tshinko B Ilunga**  
Director  
Africa Development Bank



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**Dr Michel Kazatchkine**  
Executive Director  
The Global Fund to fight AIDS, Tuberculosis and Malaria



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**Dr Julian Lob-Levyt**  
Executive Secretary  
GAVI Alliance



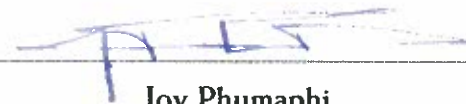
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**Stefano Manservigi**  
Director-General for Development  
European Commission



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**Thoraya Obaid**  
Executive Director  
United Nations Population Fund

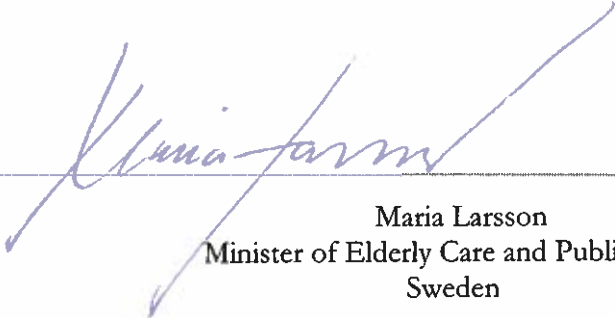


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**Joy Phumaphi**  
Vice President and Network Head, Human Development  
World Bank

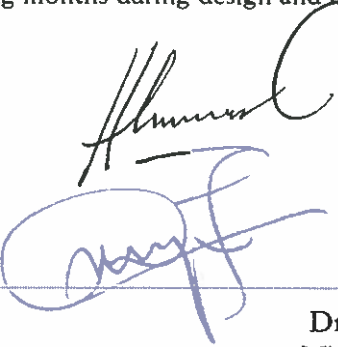
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Maria Larsson  
Minister of Elderly Care and Public Health  
Sweden



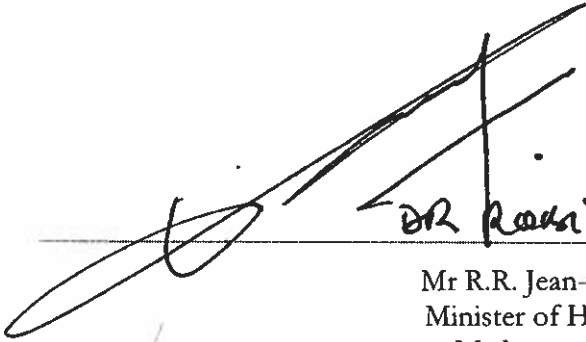
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Dr Hassan Lawal  
Minister of Health  
Nigeria




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Dr Miranda Browne  
Chargé d'Affaires  
Australian Mission



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DR RAKSIMON JEAN LOUIS  
MADAGASCAR  
Mr R.R. Jean-Louis  
Minister of Health  
Madagascar

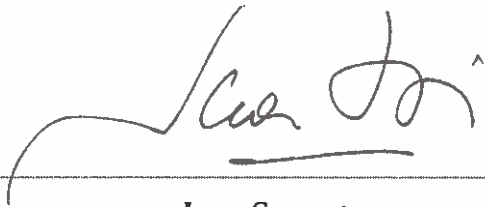


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Mrs Anneli Vuorinen  
Head of Global Dept, Ministry of Foreign Affairs  
Finland

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**Juan Somavia**  
Director General  
International Labour Organisation



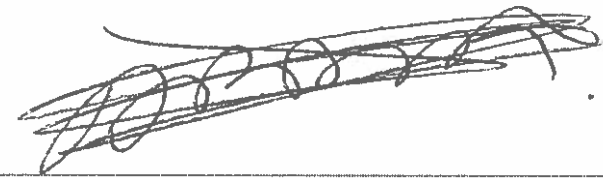
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**Mr Oumar Ibrahima Touré**  
Minister of Health  
Mali



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**Mr Issa Lamine**  
Minister of Health  
Niger



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**Mr Abdallah Abdellahi Miguil**  
Minister of Health  
Djibouti

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