

International Health Partnership and Related Initiatives

Ministerial Review Meeting
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4th Progress Report

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GLOBAL COMPACT

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 Millennium Development Goals (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 mechanism.
- 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 organizations.
- Work to ensure increased public funding for health care and develop improved health financing mechanism including risk pooling based on universal coverage in order to increase access for the poor and the 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 coordination multilateral approach to strengthening health systems against national plans.
- Hold organizations 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

Overview of progress since launch of IHP+

Common IHP+ health sector results framework (February 2008): The first inter-agency group to be set up under the IHP+ established a common framework for monitoring health sectors and a common set of principles for taking this forward in line with the Paris Declaration. This was agreed across international health agencies, international initiatives and countries.

Ethiopia and Mozambique compact (August - September 2008). The first IHP+ compact was signed at the end of August in Ethiopia, linked the implementation of the third phase of the National Strategic Health Plan. Partners signed the compact in Mozambique in September 2008.

Global inter-agency mission to Ethiopia (November 08): Following concerns that many partners in country would not be able to adhere to commitments in the compact without Head Office support, a mission with global IHP+ partners was requested by the Government of Ethiopia to consider global actions required. A similar mission will take place in Mozambique in mid 2009.

UK 500 million pounds United Kingdom announcement for countries engaged in IHP+ (September 2008): The United Nations MDG Call for Action event in September was the occasion on which Prime Minister Gordon Brown, announced these new resources for eight countries engaged in the IHP+, to be made available once compacts are completed.

Expanding engagement in the IHP+:

- During the World Health Assembly in May 2008, *new signatories* joined the IHP+: Sweden, Australia, Finland, Nigeria and Madagascar, bringing the total number of partners to thirty-nine.
- In October 2008, the *US announced its support to IHP+* through a joint letter issued by the head of PEPFAR and USAID. PEPFAR have already committed to provide USD 2 billion over 5 years to national health workforce strategies in four countries engaged in the IHP+ - Mozambique, Ethiopia, Kenya and Zambia. USAID are fully engaged in many countries and at the global level have now joined the IHP+ Steering SURG.

Cross-agency agreement on Civil Society Organisations (CSO) engagement in country (August 2008): Following concerns that civil society were not adequately involved in many national health planning exercise, and in development of compacts, the IHP+ steering group (Scaling up Reference Group - SuRG) agreed a policy paper and detailed plan for strengthening CSO engagement in national health planning exercises. This is now being implemented, with oversight provided by the civil society representatives elected to participate in the SURG.

Announcements of the Task Force on International Innovative Financing for Health Systems by UK Prime Minister Gordon Brown, Norway Prime Minister Jens Stoltenberg,

World Health Organization (WHO) Director General Margaret Chan, and World Bank (WB) President Robert Zoellick (September 2008). Additional IHP+ Partners on the Taskforce include Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia), Bernard Kouchner (Foreign Minister, France), Giulio Tremonti (Finance Minister, Italy), Heidemarie Wiczorek-Zeul (UNSG Special Envoy for Finance for Development Conference & Development Minister, Germany), and Stephen Smith (Foreign Affairs Minister, Australia). The taskforce was set up as a response to the inadequacy of existing donor arrangements to respond to the financing gaps in national health plans to scale up services so as to reach the health MDGs. Of particular concern were those health MDGs not showing significant progress, in particular MDG 1c, 4 and 5, all of which require a functioning health system and focus on the primary health care in order to for progress to be made.

World Bank announcement of health system hubs in Africa (September 08). At the New York event, Robert Zoellick also announce the setting up of hubs of World Bank expertise in Dakar and Nairobi to strengthen the work of partners involved in the Harmonization for Health¹ in Africa initiative. This aims to provide high quality technical assistance to national governments in the development of costed, results based plans for reaching the health MDGs.

World Bank and United Nations (UN) Memorandum of Understanding (MoU) on harmonization of procurement policy (May 2008). Various countries have had delays in receiving health commodities following incoherent procurement policies between the World Bank and various UN agencies (in particular UNICEF and UNFPA). Following engagement by senior management of WB and UN, an MoU was agreed so as to avoid future problems in this area.

Completion of common validation/appraisal mechanism for national health plans and strategies: The inter-agency group working on a common validation process for national health plans has developed a common set of attributes and a tool for performing the validation and aims to develop a broad consensus on its use through 2009. This will allow donors to harmonize their processes for agreeing support to national plans - including the Global Fund and GAVI Alliance, both of whom have agreed to develop new business models based on the IHP+ mechanisms.

Completion of first the external review of IHP+ (August 2008): As agreed in the original Global Compact, independent annual reviews will be made of the commitments made in the Global and Country Compacts will be made using the IHP+ common results framework. In 2008, an external review was commissioned, and focused on progress in taking forward the IHP+ Phase I work, and the expectations of partners at country and global level. For subsequent years, a North-South Consortium will make independent assessments of progress and performance.

IHP+ Phase II Work Plan: The first phase of IHP+ is due for completion in 2009; the USD 14 million budget has been financed with contributions from the UK, Norway,

¹ WHO, World Bank, UNAIDs, UNICEF, UNFPA, African Development Bank

Australia, Netherlands and Global Alliance . A draft second phase II plan up to end of 2011 has been prepared with the SURG and will shortly be circulated for consultation.

2009: Key events

- Compacts in Mali, Zambia, Nepal (February-April 2009)
- First Ministerial Review (February 2009)
- Agreement of Phase II Workplan (April 2009)
- First Independent report on IHP+ commitments by North-South Consortium (September 2009)
- New Signatories (Rwanda, Uganda, Ireland, Spain) February and May 2009
- Taskforce recommendations Innovative Financing for G8 (July 2009) and Final Report at United Nations General Assembly (September 2009)

IHP+ COUNTRY OVERVIEWS

BURUNDI

Prior to the introduction of the IHP process, the sector coordinating group (CPSD) was set up in March 2007. The CPSD, whose primary mission is to provide coordinated support for the Ministry of Health and AIDS Control in designing, implementing, monitoring and evaluating national policies and strategies for sustainable health development, holds regular monthly meetings.

Following the launch of IHP on 5 September 2007, a meeting of CPSD on 18 September 2007 made it possible to put the IHP concept on the partners' agenda.

The process of developing a compact for Burundi is under way and involves the preparation of a Medium-Term Plan of Action 2009-2011, Medium-Term Expenditure Framework 2009-2011, the results framework and the single harmonized framework for monitoring and evaluation.

Preparation of the Medium-Term Plan of Action (2009-2011) started in November 2008 and the document is due to be approved by all the health-sector partners at the end of February. The plan of action will be associated with a results framework. This activity is funded by WHO with IHP funds.

The process of preparation of the Medium-Term Expenditure Framework (MTEF) 2009-2011 began with a training session for Ministry of Health executives on use of the MBB (Marginal Budgeting for Bottlenecks) tool; this is a planning and budgeting tool for results-based management of health services in developing countries. The training session helped to define the costs of and funding for the interventions required to speed up progress towards the health-related MDGs in 2015. The initial results of the MTEF will be available at the end of January 2009 and validation is due in mid-February 2009. This activity is supported by the European Commission.

Preparation of a single harmonized framework for monitoring and evaluation is under way with the support of the World Bank and is a priority for the activities of the monitoring-evaluation theme group for 2009.

Burundi intends to request the IHP team for technical support in preparing a compact in February 2008, when all the tools required for the development of a compact will be at the approval stage. The process will be backed up by a major campaign to raise awareness, in order to facilitate ownership and signature, due in April 2009.

CAMBODIA

Cambodia was one of the original signatories to the IHP Global Compact in September 2007. The country entered this partnership with already a substantial history of Government – Development Partner collaboration and a commitment to harmonization and alignment in ensuring aid effectiveness.

The Royal Government of Cambodia (RGC) and Development Partners (DPs) signed a Declaration on Harmonization and Alignment in 2004, and further elaborated this in 2006 with a 5-year Action Plan on Harmonization, Alignment, and Results. Key core agreements and documents for harmonization and alignment include:

- Second Health Strategic Plan, 2008-2015 (HSP2, the core document around which health partners have agreed to align)
- Annual Operational Plan (AOP)
- 3-Year Rolling Plan (3YRP)
- Second Health Sector Support Program, 2008 (HSSP2, a formal agreement between MoH/RGC and 7 major health partners for joint management and support and, in some cases, pooling of funds).
- Joint Partnership Arrangement, signed December 18th, 2008 (a formal agreement among the 7 HSSP2 partners and MoH, with Ministry of Economy and Finance as witness).

Because processes, structures, and agreements existed or were in progress, the MoH has not considered that a separate Cambodia IHP Compact was necessary, but instead has proposed a "national equivalent" based on the above formal agreements and processes.

Over the past year, IHP seed money provided to Cambodia has been used to develop reports and action plans, and to engage consultants for specific tasks in Government-DP collaboration, including for activities funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a major contributor to the health sector in Cambodia (and an IHP signatory). More recently Cambodia has put forward an 18-month workplan for IHP-related activities, with major implementation responsibilities among Ministry of Health departments, bilateral and multilateral health partners, and significantly, with about one-third of the funding going to civil society activities coordinated by Cambodia's umbrella NGO agency, MEDiCAM.

Although the structures and collaboration mechanisms are in place, there are of course many challenges in ensuring optimum aid effectiveness. These include improved predictability of aid, further strengthening national institutions in health such as those responsible for financial management and procurement, and better aligning external aid to national priorities given the verticality of many of the major aid donors

ETHIOPIA

The Government of Ethiopia and its development partners signed the International Health Partnership (IHP) Country Compact in August 2008.

The Compact is an understanding between the Ethiopian Government and Development Partners with main objective to provide a framework for increased and effective aid that would enable Ethiopia to make rapid progress towards achieving the MDGs through the Health Sector Development Program (HSDP).

A recently concluded HHA mission noted that "The IHP Compact requires significant behaviour change in the ways of doing business not only on the Government side but also on the partner side....Overall commitment to implement the compact is real. In general, both the Government and partners are serious in implementing their commitments included in the IHP Compact. Despite the short time after the signing, many activities have started to be implemented and are making significant progress".

Significant Financial Gaps Exist. Although significant amount of money has been pledged to the MDG Fund and the Multi Donor Trust Fund (MDTF), it is still far from what is needed based on the joint MDG costing. The development partners appraised the Federal Ministry of Health's (FMOH) vision and leadership in leading the HSDP and its track records for delivering results, and most are confident that additional resources to the health sector will produce additional results. However, the financial gaps will jeopardize the country's efforts to reach the MDGs. Therefore, it is important for both the partners and the Government to step up their support to the health sector.

An MDG Performance Fund has been established to facilitate resource pooling in order to finance the priorities under the HSDP III. An appraisal on the MDG Fund was conducted by a team comprising international and local consultants, which endorsed the establishment of the MDG Fund and regarded it as a critical step towards one budget.

With the significant amount pledged in the MDG Fund, it is important for the FMOH and country-level partners to demonstrate its ability to manage the MDG Fund and achieve results. This will not only scale up the effective services but also boost the confidence for donors to channel more funds to the MDG Fund. It is recommended that the country ensure effective spending and timely disbursement. In addition, an evaluation plan needs to be formulated to measure the progress.

A Joint Financing Arrangement (JFA) for the MDG Fund was drafted by the FMOH and being reviewed by the Development Partners. It is expected to be signed by February 2009. After the signing, the disbursement of the pledged fund to the MDG Fund will start. The governing body of the MDG Fund has been further clarified in the JFA

KENYA

Since 2005, when evidence arose showing stagnating or worsening health of the population in Kenya, the Government, together with its development and implementing partners in health has been actively championing a process to improve its health goals through working effectively together to build sustainable health systems and improve health outcomes.

The International Health Partnership (IHP+) was initiated as this process was maturing in the country and the Government, through the Minister for Health who participated in IHP+ launch on 05 September 2007

The country held Presidential elections on 27 December 2007, whose outcome led to a period of post election violence. As part of the political settlement following this, the former Ministry of Health functions were now addressed through two different Ministries; the Ministry of Medical Services and the Ministry of Public Health and Sanitation.

A re-activation of the Kenya Health Sector Wide Approach (KHSWAp) process and its instruments is currently ongoing. The two Ministries agree, in principle, to continue with the key partnership strengthening processes that were ongoing. Key specific activities funded by IHP+ include:

- Development of the Annual Operational Plan that brings in outputs from both Ministries, and other sector actors. This was difficult to finance through other sources, as the outputs were initially not clear. It however has managed to maintain the sector around a single operational plan, being implemented through two Ministries. IHP+ financing is a natural source of such an initiative.
- Elaboration of the Annual Operational Plan review for the past year. As with above, the review was made difficult as the previous plan was largely implemented by one Ministry, but now needed to be reviewed by two Ministries. The IHP+ resources provided a neutral source of financing for this, guided by the need to guide a change process that will lead towards better coordination and Government ownership
- Support to expenditure tracking and service delivery survey. As with the above, the expenditure tracking involved review of expenditures and satisfaction with service delivery by the two new ministries, which were accrued by the previous single Ministry.
- Targeted support has also been provided through hiring consultants for the elaboration of the sector wide Medium Term Expenditure Framework (Shadow budget), and elaboration of the Joint Financing Agreement

In 2009, there will be acceleration of the process to put in place the functional structures needed for a good working partnership process in line with the changes that have occurred in the sector since the IHP+ process was started.

MADAGASCAR

The first step towards the Country Compact was the signing in December 2008 of the Guiding principles of the harmonized sectoral approach.

These guiding principles will steer the Ministry of Health and Family Planning and for the technical and financial partners towards the adoption and implementation of a harmonized sector-wide approach. This approach is designed to develop a single framework to permit the consistency of financial policy thanks to better targeting and enhanced predictability of the assistance provided for the sector and significantly to harmonize the interventions in the sphere and improve their efficacy, in conformity with the principles set out in the Rome and Paris Declarations.

A workshop on IHP+ for Madagascar was held from 27 to 29 January 2009, under the joint leadership of the World Health Organization and the World Bank, at the Headquarters of the World Bank in Washington D.C. The purpose of the workshop was to bring together the Government and its partners to draw up the framework of the Compact and its broad outline, together with the indicators to be used to closely measure progress towards the commitments of the MDG. Next steps are:

- specify the results-based strategies for the common priorities, including, inter alia, HIV/AIDS and to remove the main bottlenecks in the health system by concentrating on equity. This component calls for regular consultation with the main stakeholders in the sector, including civil society and the private sector.

- establish, using a single budget drawn from the MTEF, the single framework for the strategy's results, setting out priorities on which a consensus has been reached, to fund the gap detected;

- set up a system for joint monitoring, by enhancing transparent methods of reporting results and regularly consulting the sector's main stakeholders (including civil society and the private sector);

The preliminary results for the Mid Term Expenditure Framework 2009-2011 show that in the period 2009-2015, additional expenditure required to achieve reductions of 46% in child and infant mortality, 29% in neonatal mortality and 44% in maternal mortality are estimated to be at least US\$ 7.02 per person from 2010. In 2009, the Ministry's programmes also require at least 11% of the State budget, while the 2009 budget act proposes 9.2%.

The Malian Ministry of Health signed the International Health Partnership in Bamako in October 2007. In February 2008 a multisectoral team representing stakeholders such as the Ministry of Health, the Ministry of Finance, civil society and technical and financial partners attended the Lusaka workshop and decided to start work on developing a Compact. A wide-ranging process of consultation and coordination subsequently took place to reach consensus on the scope of the compact for Mali. In June, acting on behalf of the monitoring committee, the technical committee mandated a small group to draft the Compact based on the wide-ranging consultations to date. The plan for developing a Compact and its component parts was presented to the steering committee, representing the monitoring committee, in September 2008.

A group comprising various partners and IHP+ signatories convened for consultations on the Mali planning process in early December. The various components were subsequently drafted and submitted to the coordination group on Tuesday, 13 January 2009.

The Compact is a contract between the Government and partners with a view to expediting implementation of ratified policy documents and plans so as to achieve the Millennium Development Goals. It is therefore based around the sectoral programme (PRODESS II 2005-2011) and its medium-term expenditure framework (MTEF). The following documents are attached to facilitate implementation of the goals outlined in the sectoral programme:

- The Human Resources for Health Development Policy;
- The Strategic Plan for Strengthening the Health System and the Plan for Consolidating the Health Information System;
- The National Health Research Policy;
- The Health Facilities and Infrastructure Maintenance Policy.

The Compact is therefore a document that reflects all aspects of national policy on sectoral development. It stresses increased predictability of aid and highlights the principles of responsibility and mutual indebtedness between the signatories.

The aim of the compact is to ensure better harmonization and standardization of aid and to secure predictable funding over the long term. It also aims to strengthen the leadership of the Ministry of Health, intersectoral dialogue and extensive national buy-in. This should enhance the effectiveness of stakeholder actions and thus facilitate implementation of the sectoral programme, ultimately leading to quicker achievement of the Millennium Development Goals.

Intersectoral dialogue and the leadership of the Ministry of Health have already been strengthened in the course of drafting the compact.

MOZAMBIQUE

Mozambique is one of the signatory countries of the IHP and has signed the Country Compact on 16 September 2008.

During the 2008, three Joint World Bank, UNICEF, WHO Missions were carried out in order to project future financial needs and identify how these needs can be translated into the Mid Term Expenditure Framework (MTEF) and to identify indicators of system performance which could be used to map funding against policy priorities - so that the MTEF can be used to link funding to key measures of sector performance.

Adaptation of the Costing of Health Sector Strategic Plan (PESS) has been completed so that it could be used as an effective tool for preparing the next MTEF. In addition a number of indicators have been included and associated with specific lines of expenditure for key areas of interventions, particularly for HIV/AIDS, TB, Malaria, Reproductive and Child Health (with particular focus on vaccination). Wherever possible, the indicators and corresponding yearly targets were taken for the health Performance Assessment Framework (PAF) matrix. This, in turn, has enabled a direct link to be established between expenditure and results for a number of priority areas.

Extensive discussions were held on the 2009-2011 MTEF which the Ministry of Health team had completed in collaboration with the Ministry of Planning and Development and the Ministry of Finance.

A workshop held from June 2-4, 2008 at the Ministry of Health had three objectives: (i) to strengthen the Health MTEF process to improve health outcomes and facilitate Health MDGs achievement; (ii) to improve medium-term budgeting in the health sector based on the lessons learned from the MOH MTEF 2009-2011 process; and (iii) to introduce a modeling tool to develop simulated costing scenarios linking planning and budgeting to health outcomes.

Review of existing and potential funding mechanisms and proposals serves to identify if these funding channels are being used effectively in order to mobilize funds for system strengthening. Capacity building for provincial managers has been completed through local consultants in collaboration with Ministry of Health.

Widening NGO engagement in health system strengthening is being addressed through preparing Terms of Reference for NGO Unit at Ministry of Health.

NEPAL

After the IHP was signed in September 2007, Ministry of Health and Population (MoHP) instituted universal free care at the sub-health and health post-levels and expanded its targeted free care to the PHC and District Hospital levels. In the current Fiscal Year, universal free services are extended to the PHC level and free provision of listed essential medicines is expanded from targeted to universal at the District Hospital level. In a bold initiative to meet MDGs 4 and 5, from mid-January 2009 maternity care is free of charge throughout the country.

This scaling up strategy requires ongoing external support for at least the medium-term, and continuation of increases in the percentage of the national budget devoted to the health sector. However, heavy demands in many sectors during this transitional period have left substantial health financing gaps in the final 2065-66 FY budget. These must be addressed in order not to fall behind in meeting the national health policy goals of NHSP-IP, the Three-year Interim Plan and the health-related MDGs. Critical areas where funding gaps exist include incentives for health service personnel in remote areas, consolidation and expansion of the existing free essential care programmes, and scaling up to provide country-wide free maternity care.

Since the Lusaka IHP meeting and submission of the IHP Stocktaking Report, Nepal has undergone major political developments. Constituent Assembly elections were held, the country has been transformed from monarchy to republic, and a protracted transfer of power to the newly elected government has been successfully achieved. Health is the only sector to enjoy continuity of political leadership through this tumultuous period. Yet even in the health field it has been necessary to adjust plans and schedules to the ongoing peace process and political transition. With new senior appointments at MOHP and the national budget declared, the way is now open to rapid implementation of the IHP roadmap.

MOHP policy development and plan implementation has moved forward markedly since the roadmap was initially developed. In revising / readjusting the roadmap activities and budget allocation to meet current needs, including planning needs, emphasis has been given to providing practical assistance in critical and priority areas, whether direct implementation (e.g. remote area personnel), or necessary research or monitoring and evaluation.

Finally, the IHP “Strengthening the Health Sector” roadmap has been examined in light of the overall objective of contributing to meeting national health policy goals and the MDGs, including preparation for drafting the NHSP-II which is to take effect from 2010.

NIGERIA

On May 28, 2008, Nigeria signed onto the IHP Global Compact, coinciding in the same month with the publication of the Development Partners' Paper *Nigeria's Health Sector: Notes on Achieving the Health MDGs*. Since September 2008, the government has been working on the development of a costed National Strategic Health Development Plan (NSHDP) and preparation of a country compact with support from the Harmonization for Health in Africa (HHA) initiative. It is expected that the national investment plan will be finalized by March 2009.

Challenges NSHDP: The health sector in Nigeria continues to face many challenges. For the purpose of developing the NSHDP, one challenge is ensuring buy-in from all key partners and stakeholders within the Federal Ministry of Health. Though few in numbers, there still remains skepticism among some partners regarding the feasibility of a single national plan, given the nature of Nigeria's federal political system. Another challenge is securing sufficient funding for the Technical Working Groups tasked with the development of a national country compact. A request has been made to the development partners to indicate and provide them with available support. On a positive note, the process of developing the National Strategic Health *Investment Plan* is progressing well, with endorsement from the National Council on Health and the former Minister's inauguration of the Steering Committee and Technical Committee.

Update on HHA: An inception meeting of the Country Heads of Agencies in the Harmonization for Health in Africa (HHA) Partnership for Nigeria was held recently at the initiation of the WHO Country Office. The main purpose was to review the request of the African Regional Director of the Agencies involved in the HHA Partnership, so as to improve collaboration between the Country Partner Agencies and effectively supporting the Nigerian Government in scaling up the coverage of high impact health interventions within an improved health system, the gains of which would transcend beyond the achievement of the MDGs.

Despite progress made so far, there is substantial need for financial, analytical, technical, and coordination support to the Department of Health Planning, Research and Statistics and the entire FMOH.

ZAMBIA

At the IHP Road Map launch on 1 November 2007, the Minister of Health welcomed the IHP as a timely initiative focusing on the core Paris Declaration principles for making aid effective and results-oriented. IHP builds on strong foundations already established in Zambia for working in partnership - a health MoU was signed in 2006, and more recently a Joint Assistance Strategy for Zambia (JASZ).

In February 2008, at a meeting of the International Health Partnership and Related Initiative (IHP+) and Harmonization for Health in Africa (HHA), Zambia presented its 'stock take report as part of the IHP+ process in a global meeting held in Lusaka. The reports highlighted progress made on the MDGs and the available tools, systems and processes for harmonization and alignment.

In July 2008 Ministry of Health asked for Technical Support from the World Health Organisation (WHO) to Validate the Costing of its National Health Strategic Plan for 2006-2010 and to assess the Memorandum of Understanding between Ministry of Health and its Cooperating Partners. And it was proposed this be undertaken in tandem with the Mid Term Review (MTR) of the National Health Strategic Plan.

A working group called "Reference Group" consisting of the Ministry of Health and three lead CPs and the Representative of the Civil Society has been established, with the main objective of finalizing the MOU/Addendums which is expected to be circulated among all stakeholders soon for their comments before a final draft can be done.

In Zambia, only 10% of all donor funds for health go to government efforts to support health system strengthening - 90% go to disease specific programmes, especially HIV/AIDS, through NGOs. This leads to highly inequitable distribution, and does not address some of the main problems faced by Zambia - shortage of health workers, weak infrastructure for health delivery, obsolete equipment, and lack of transport and logistics.

The NHSP costing revealed that there was a financing gap, which impeded on the Ministry of Health's efforts to address efficiently interventions directed towards the attainment of MDGs (goals 4 and 5) where it was noted that in order to attain a reduction of 45% in infant mortality rates and 255 in maternal mortality ratio there was need for Zambia to mobilise additional resources amounting to US\$756 million for the remaining period of the NHSP 2009-2010. The main drivers of the financing gap are: infrastructure development, medical equipment, human resources for health, malaria and HIV & AIDS.

External reviews of the IHP+

External reviews of the IHP+ aim to increase mutual accountability of international actors in health, assessing the extent to which signatories are adhering to their commitments and making progress in developing Country Compacts. While the IHP+ arose as a mechanism to scale-up achieving the health-related MDGs and good progress has been made, it is recognized that further work is needed in line with the Paris Declaration and Accra Agenda to ensure results on the ground. Findings and recommendations from these reviews aim to stimulate ideas and action in national and global health communities.

The first Short Term Review of the IHP+ was conducted by Responsible Action (South Africa) from May to August 2008. Following interviews with 100 representatives from partner agencies, civil society and ministries of health, the review found expectations are high. There is increased recognition that new and innovative mechanisms are necessary to expand investments in results-oriented national health plans to deliver improved results against the MDGs. Partners have progressed in reforming the ways they work, but the review recommends increased investment in change-management and underlines stronger communication of key IHP+ messages.

Recommendation	SuRG response ²
1. Improve how the IHP+ is communicated and understood to be relevant.	A draft communications strategy, developed by a small inter-agency team, will be finalised; an external communications firm will be contracted. Timeline: end February 2009.
2. Invest in change management processes.	Plans to support change management & capacity development will be developed in Phase II of the IHP+ and include team building exercises and change management expertise. Timeline: June 2009.
3. Implement the IHP+ results framework and build in transparency mechanisms.	The North-South Consortium will use the agreed results frameworks to hold partners to account on performance and progress. Timeline: September 2009.
4. Partners must work cooperatively.	Details to be considered and taken forward by each individual agency, as noted below.
5. Facilitate and support increased cooperation between partners at the country levels.	Recommendations from a final Country Health Sector Teams report, particularly those on team-building and strengthening of incentives for improved collaboration, will be taken forward. Timeline: June 2009. Regular forums with all stakeholders to identify synergies or bottlenecks will further facilitate increased cooperation. Timeline: the first Ministerial Review will be held in February 2009.
6. Consider the idea of Local Health Partnerships underpinned by a People's Health Movement.	Civil society also recognises that it needs to proactively engage with large international health movements such as the People's Health Movement, the Health Worker Advocacy Initiative, the 15% health care financing campaign amongst others and will explore opportunities for achieving this.

A North-South Consortium has been established to perform annual monitoring and evaluation of the performance and progress on implementing the Global and Country Compacts. This Consortium is composed of Responsible Action (South Africa), London School of Hygiene and Tropical Medicine (UK), Miz Hasab (Ethiopia), and Oxfam (UK). These annual reviews will help empower governments in holding partners to account against financial and behavioural commitments made, and engage civil society so as to promote stronger domestic accountability.

² From nine Business and Steering SuRG members.

Civil Society Engagement in the IHP+

Civil society organizations have been interested in contributing to the implementation and monitoring of the IHP+ since it was launched in September 2007. At the first international meeting of the IHP+, which took place in Zambia in February 2008, civil society presented an overview of what it could contribute and why it is important to ensure civil society engagement in the IHP+ at global and country levels

In May 2008, the IHP+ held its first civil society forum that brought together civil society representatives from IHP+ signatory countries as well as donor and agency officials. An IHP+ guidance note on civil society engagement at the global level was developed and two civil society representatives and two alternate civil society representatives participate in the Business and Steering Scaling up Reference Groups (SuRG). An open and transparent process for the selection of the civil society SuRG representatives was completed in December 2008. Clear guidance has also been prepared by the Business SuRG and shared with all signatories and IHP+ country governments regarding the involvement of civil society in the Country Health Sector Teams.

Civil Society is providing input into the Phase II Workplan of the IHP+, which will include a specific budget to take forward Civil Society activities, namely capacity building, communication, and an engagement at the country-level. The civil society SuRG representatives are continuing to explore additional financial and technical support opportunities to help build the capacity of CSOs to participate meaningfully in the development, implementation and monitoring of the IHP+.

Civil Society has appointed, through an independent, transparent process, 4 representatives to the SuRG. TORs for a CS advisory Group are also being finalized. A call for nominations for the Advisory Group will go out in February 2009 and application is open to all qualified members of civil society. The IHP+ Civil Society Advisory Group is being established to support the civil society representatives and alternate representatives to the Scaling up Reference Group of the IHP+ in order to effectively represent a broad range of health-focused civil society interests, positions and constituencies.

However, key challenges remain, mainly at country level, that need to be considered by IHP+ signatories, country governments and civil society organisations themselves as the IHP+ moves forward in 2009. At country level, there is limited coordination amongst CSOs working on health, differing expectations of roles and responsibilities of Country Health Sector Team members including civil society, lack of clearly defined IHP+ processes and timelines, and limited capacity, experience and expertise amongst CSOs to participate in with high level discussions that take place within Country Health Sector Teams.

Inter-Agency Working Group on MDGs costing

Over the last 12 months the Interagency Working Group on MDGs costing (UNAIDS, UNFPA, UNDP, UNICEF, WHO, WB) has met regularly to develop harmonized approaches and methodologies to cost country programs and plans aiming at scaling up the delivery of health services to reach the MDGs.

The UN/WB inter-agency costing team conducted its first meeting, 4-6 February 2008, at UNFPA in New York . It outlined a course of action with the end goal of developing a transparent modular platform that would take the best/important parts of each costing tool, ensure interconnection, transparency and consistency across tools.

Health system coverage, bottleneck analysis, scaling up scenarios, impact estimation and financial mapping are identified as being main attributes of a technically strong and credible costing estimate. As an interim measure, to respond to immediate country requests, the team prioritized the upgrading and revision of the Marginal Budgeting for Bottlenecks (MBB) tool,

Beside harmonization of approaches to costing the MDGs, the inter-agency team, through the HHA mechanism, provided joint support to a large number of countries to cost their national strategy and plan. In Ethiopia, the technical support produced a revised cost for three scenarios for the Health Sector Development Program. In Zambia, following the Mid-Term Review, the working group assisted the Government of Zambia to cost the National Health Strategic Plan (NHSP) and updated the latter to include scaling up scenarios.

Inter-Agency Working Group on validation of national policies, strategies and plans

An inter-agency working group on national policies, strategies, and plans has been established under the auspices of IHP+ to examine national strategy validation both for IHP+ processes and for the Global Fund national strategy applications. It aims at addressing what constitutes a sound national strategy, plan and budget and by what means partners (donors, governments and others) individually or collectively, can make funding decisions based on an assessment of the plan itself and the results that it aims to achieve.

The Working Group has developed a framework document on validation, and an assessment tool designed to assess the agreed essential attributes needed in national health and/or disease specific strategies. These documents will provide the foundation for consultations with countries and development partners.

The consultation process aims at reaching a broad consensus on the overall validation process in 2009. It is organized in three phases: The *first phase* (started November 2008) focuses on consulting with in-country stakeholders on the concept of validation, how it might work best for them, what a validation process would involve, and how best to add in an independent element to national planning and review cycles. Consultations were already undertaken in Ghana and Mali with key actors, including civil society, during the week in which the annual health sector reviews were organized. The *second phase* will start during the first quarter of 2009 and will focus on testing and refining the assessment tool, while the *third phase* will pilot a validation process in a few countries.

Inter-Agency Working Group on result based financing

Results-based financing (RBF) encompasses a broad and flexible set of mechanisms in which material rewards, incentives, or fees are provided by a funder (whether a government or donor) when, and only when, particular results are achieved. RBF allows governments to specify desired health results and then release funding to sub-national levels, health facilities or health worker teams for improved performances. It is also a tool to increase and align the motivations of health workers and managers to achieve health results. When a portion of a health facility's or a health system's revenues are provided on the basis of performance, those who manage the resources tend to respond to the incentives, often in creative ways that could not be achieved through centralized decision-making and controls.

The InterAgency Working Group on Results-based Financing (IWG) is a “community of practice” comprised of international level donors and partners, most of whom are members of IHP+. The IWG has three objectives: (a) improve coordination by jointly identifying the information needed by governments and partners interested in RBF; (b) ensure the broad dissemination of evidence and lessons learned on RBF; and (c) if and when requested, support partners to respond to countries interested in designing, implementing and evaluating RBF mechanisms to achieve national goals.

The IWG has helped increase the awareness and interest of development partners in RBF, particularly as a tool for governments to better achieve health results. Individual partners are designing and implementing work programs to support countries while also gathering and sharing critical information with governments and development partners. For example, through a large grant from the Government of Norway, the World Bank is supporting eight countries to design, implement and evaluate RBF pilot programs with the goal of both supporting governments to achieve national goals and developing evidence and “learning-by-doing” lessons on RBF. USAID, Norway, Australia, the World Bank and others are supporting workshops to share information on RBF and support country teams to explore the value, costs and systems implications of RBF.

Inter-Agency Working Group on Monitoring and Evaluation

Sound monitoring and evaluation (M&E) provides the essential underpinning for country health planning and review processes. A common evaluation framework has been developed by the IHP+ working group on M&E in close collaboration with countries. The framework, which is based on the tenets of the Paris Declaration on Aid Effectiveness, has been used to develop a results framework for maternal, neonatal and child health for the Catalytic Initiative and to assess the extent to which the Global Fund's five-year evaluation adhered to the principles of country ownership, capacity building, independence, harmonization and alignment.

Operationalizing the framework in countries requires institutional and individual capacity-building building across the range of data collection, compilation, analysis, sharing and use. Particular attention is needed for improved data collection for health systems monitoring and performance assessment, including though improving the availability and quality of data generated by facility-based information systems. As part of this, work is continuing to develop guidance for countries on how to monitor health systems strengthening. Building on current practices and country experiences, a draft toolkit for monitoring health systems building blocks, including human resources, essential medicines and technologies, service delivery, and health information, is now available through the WHO website.

High Level Taskforce on Innovative International Financing for Health Systems

At the UN High Level Event in New York on 25 September 2008, world leaders called for an additional US\$30 billion to save 10 million lives – 3 million mothers and 7 million children. Stronger health systems are critical to saving these lives and building these systems will also require more resources from the international community. For this reason, a High Level Taskforce on Innovative International Financing for Health Systems (Taskforce) was announced.

The objective of the Taskforce is to contribute to filling national financing gaps to reach the health MDGs through mobilizing additional resources; increasing the financial efficiency of health financing; and enhancing the effective use of funds

The Taskforce will make recommendations on the mix of innovative international financing mechanisms needed to deliver the extra resources required and promote international support for these recommendations to ensure they are implemented.

The members of the Taskforce comprise a small number of leading figures in the international community selected on the basis of the perspectives they can each offer on innovative financing, health systems or political feasibility. They will be serving the Taskforce acting in their individual capacity and not as representatives of their government or agency.

The Taskforce held its inaugural meeting in Doha at the UN Financing for Development Conference on December 1st 2008.

It is expected that the Taskforce will announce its recommendations on Innovative Financing in time for the G8 meeting in July 2009 and that the Final Report will be ready for the United Nations General Assembly (September 2009)