

# Update on IHP+ process in Kenya December 2008

## Background

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 approach has led to, amongst other outputs, a strengthening of the comprehensive government-led national health planning and review processes, strengthening of systems for coordination, coordinating support to implementation of sector plans and shared accountability for achieving results.

The International Health Partnership (IHP+) was initiated as this process was maturing in the country. Given the synergies it has with the processes ongoing in the country, it has consistently been given high priority by the Government of Kenya and the development and implementing partners working with it in health. They all welcomed this as a catalytic process to accelerate the growing partnership strengthening process in Kenya, guided through the Kenya Health SWAp (KHSWAp). The Government, through the Minister for Health participated in its launch on 05 September 2007, and provided commitment to its principles and approach through the compact signed then. Since then, discussions have been held within Government, Development Partners for Health (DPH-K), and implementing partners (through HENNET, the Health Network for NGO's) on how to take forward the principles of the IHP+ in the Kenya context.

Following the launch, the Ministry of Health reviewed the proposed instruments required to take forward the principles of the IHP+ in Kenya. The partnership process in the country had just been formalized with a partnership instrument, the Code of Conduct, signed by all partners 1 month prior to the IHP + launch (August 2007). As such, the Government decided this Code of Conduct would function as the country's IHP+ compact, as its development had been highly involving, with all sector stakeholders in agreement with the principles it outlined. The sector would, however, have to define additional mechanisms to follow up actualization of the principles and obligations in the Code of Conduct, to ensure it 'has the necessary teeth' as expected in the IHP+ process. Additionally, the Joint Financing Agreement (JFA) would provide the required operational basis for guiding improvements in harmonization of Aid by partners.

Regarding the Roadmap, the country was preparing for a Mid Term Review (MTR) of its National Health Sector Strategic Plan (NHSSP II). This was carried out in October 2007. To align with the need for an IHP+ roadmap, the country carried out a process to crystallize priorities for implementation in November 2007. This involved stakeholder discussions on the recommendations of the MTR of the NHSSP II to crystallize priorities to guide the sector in the Medium Term. This process led to elaboration of the 'Roadmap for acceleration of implementation of the NHSSP II'.

Initial consultations were held with implementing partners on their engagement in the IHP+ process. As this is interpreted as a catalyst to ongoing country processes, as opposed to being a new process, the implementing partners, together with other partners agreed they are already active in the process.

A discussion on establishment of an informal secretariat made of Development Partners, Implementing Partners and Government was also raised. This secretariat would remain informal, as its only function would be to crystallize, and interpret/align IHP+ functions within the context of the ongoing processes in the country. Decisions on activities would be left to the ongoing KHSWAp instruments and processes, and not a separate IHP+ secretariat.

By December 2007, therefore, the country had defined its strategic approach in line with the IHP+ principles, and had in place all its required instruments to take forward the IHP+ process in a manner that was well aligned within ongoing processes in the country. The IHP+ was providing the necessary impetus to accelerate definition, and implementation of required process to improve its health goals through working effectively together to build sustainable health systems and improve health outcomes.

## **Post election events and progress since then**

The country held Presidential elections on 27 December 2007, whose outcome led to a period of post election violence. These affected the whole country, either directly through displacement and violence, or indirectly through shifting of priorities and funds to areas directly affected. New priorities came up in health, with were related to mitigating the impacts of the post election violence in the immediate short term and long term periods. As part of the political settlement following this, the former Ministry of Health functions were now addressed through 2 different Ministries; the Ministry of Medical Services, and the Ministry of Public Health and Sanitation.

In relation to the IHP+, the process of defining the Government service delivery functions across these 2 Ministries has taken a while, as there are many grey, shared areas that are functions across both Ministries. This process affected the Government's ability to carry out its stewardship function. As a result, many of the KHSWAp processes have been derailed, or delayed. Its only in the 4<sup>th</sup> quarter of 2008 that a Health Sector Coordinating Committee meeting was held with all members present. Other key processes, like the annual operational planning and review processes were similarly affected, as the roles of each Ministry in these needed to be worked out. A complete change of the top management in both Ministries implied institutional memory relating to the KHSWAp process, and therefore the IHP+ process was lost in Government.

A re-activation of the 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. A mechanism to improve inter-ministerial collaboration is also being defined. A review of the Code of Conduct, and the institutional arrangements in the sector have been carried out, to lay the groundwork for prioritizing activities in the short and medium term that will get the sector back on track.

Some resources to support IHP+ related events have also been made available already in 2008 through DfID (£ 1,000,000), WHO (\$ 350,000) and the World Bank (\$ 50,000). As there were no new instruments to develop, the resources have been put to use to finance key bottleneck activities that enable the country move closer to the IHP+ ideals. Activities were focused on those that will make a clear difference particularly in improving national leadership and increasing accountability, therefore building sustainable health systems and improving health outcomes. The difference with other sources of financing is the IHP+ funds are not 'owned' by a particular source of funding, but rather are viewed as jointly owned by all actors in the sector. Key activities that were agreed to be supported by these, and future financing through IHP are:

- Ensuring instruments in place to operationally monitor and follow up progress with partnership process (monitoring instruments and process for CoC and JFA)
- Support the joint planning, monitoring and evaluation process for the sector in the coming year
- Fast tracking implementation of HRH initiatives, a key bottleneck area for the sector
- Strengthening the management and availability of commodities and supplies
- Strengthening the capacity of planning units at all units at all levels in planning, costing and budgeting, integrated supervision and performance monitoring mechanisms.
- Development and implementation of hospital reforms

From the funds received so far, key specific activities funded 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 2 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 2 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 2 new ministries, which were accrued by the previous single Ministry. The IHP+ resources again provided the only neutral source of financing for this process, which has provided key lessons on how the Ministries can jointly work together to achieve a common goal.
- 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 addition to these, specific analyses have been carried out to get the sector back on track with regard to its partnership towards attainment of common goals. The Code of Conduct adherence has been reviewed, institutional assessment of the sector carried out. All these have, together, enabled the sector complete its review processes in line with the new Government structures, and have recommendations on how it needs to move forward in attaining the KHSWAp, and therefore the IHP+ principles.

### **Way forward for the IHP+ process in the country**

The past year has been challenging for the entire sector in terms of maintaining its focus on working effectively together to build sustainable health systems and improve health outcomes. However, in spite of the changes that the sector stewardship has undergone in its structure and management, the will is there to maintain the focus on the KHSWAp, and IHP+ principles in the country. A number of reviews have been carried out on how to further strengthening the prioritization, and partnership processes. Each Ministry has, in line with its mandate and capacity, defined an investment plan to guide its prioritization of activities as it supports attainment of the NHSSP II, and the overall Government's priorities elaborated in the Medium Term Plan (MTP). In 2009, therefore, 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.