

Support for NHSP-II Development and Implementation
Reflections from IHP+ Core Team, January 11, 2010
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Background

Nepal was a founding partner of the International Health Partnership, and signed the IHP+ Global Compact in 2007. At the heart of IHP+ is a commitment to get better health results by increasing support for national health strategies and plans in a well-coordinated way. There is also a strong emphasis on shared accountability for results.

The first Nepal Health Sector Programme (NHSP-1) has run from 2004-2010. In 2004, the health sector formalized a sector-wide approach, which included a 'Letter of Intent' in support of NHSP-I signed by 11 External Development Partners (EDPs). After joining IHP+, the Government of Nepal (GoN) and EDPs negotiated the Nepal Health Development Partnership agreement which built on the partnership principles agreed in the Statement of Intent and signed in February 2009. GoN and EDPs made more explicit commitments on ways they would harmonize and align their support for the NHSP-I. Since then, there has been a change in Government, but previously agreed health policies and priorities are included in the emerging NHSP-II (2010-2015). Government is interested in broadening the Partnership agreement to include agencies such as the GAVI Alliance and the Global Fund in support of NHSP-II.

The objectives of this IHP+ core team mission were

- To explore the potential benefits of joint assessment of the new national health sector programme (NHSP-II) in Nepal, using an instrument developed by an IHP+ inter-agency working group and commonly referred to as the 'JANS'
- To explore whether and how such an assessment could best fit with and support the existing processes of NHSP-II development
- To discuss how to use the leverage provided by joining IHP+ to advance Nepal's health development agenda
- To explore the practicalities of creating a broader 'health systems funding platform' to support NHSP-II

The mission was timed to overlap with the 10th Joint Annual Review of the national health sector programme in Nepal.

This note addresses three key questions raised during the mission

1. What does joint assessment of NHSP-II imply, given that a 'joint appraisal' is already scheduled by pooled partners?
2. What are the prospects for creating a more inclusive health systems funding platform?
3. How to make advances on the commitments made by GoN and EDPs in the Nepal Health Development Partnership agreement?

It then summarizes some key issues for consideration by GoN and development partners, taking into account a complex and fluid environment.

1. What does joint assessment of NHSP-II imply, given that a 'joint appraisal' is already scheduled by pooled partners?

Purpose, product and potential benefits

Joint assessment of a national health sector plan is an assessment of the plan by multiple stakeholders, as a way to strengthen it and also increase support for it. It is best viewed as part of a continuous process of developing and improving policies and plans, not a one-off activity. The assessment does NOT produce a pass / fail report. It produces a profile of the current strengths and weaknesses of the new strategic plan, to be discussed with MoHP and partners. This can be used to strengthen the plan if needed, and also as input into current discussions on future technical and financial support.

In Nepal, everyone agrees that no parallel processes for reviewing NHSP-II should exist. The pooled funders¹ wish to use the joint assessment instrument (JANS) developed through IHP+ for their NHSP-II joint appraisal from January 18-28, 2010. Other development partners that are planning to support NHSP-II, but are unable to pool funds, also expressed interest in joining the joint appraisal. This is very much in line with GoN's interest in bringing additional donors on board for NHSP-II.

Possible process for Nepal

The process is still taking shape but includes the following

- *Wide participation in reviewing the NHSP-II, but not a lengthy process.* Suggestions are: (i) to create a joint appraisal steering committee, chaired by GoN, and several small technical groups to review different parts of the NHSP-II and its overall coherence; and (ii) actively encourage real engagement by 'non-pooled' EDPs and by non state actors in these groups.
- *An independent element, to maximize credibility of the assessment.* 'Independent' means that people with relevant technical expertise who were not involved in NHSP-II development are part of the appraisal process. The appraisal group will include independent reviewers and an independent view could also be incorporated at a later stage in the process, once the NHSP-II document is more mature. Another option for independent feedback on NHSP-II could be to have some regional consultations before it is finalized.
- *A concise profile of the strengths and weaknesses of the NHSP-II will be discussed with MoHP and partners and follow up actions will be agreed.*
- *A plan to capture lessons learned will be developed.*

2. What are the prospects for creating a more inclusive health systems funding platform?

These seem quite promising, but the change will inevitably be gradual. In Nepal, there are currently three 'pooled funders' to NHSP-I: the World Bank, DFID and AusAid. Other EDPs are signalling interest in joining this group. But there are agencies such as USAID that could harmonize processes and reporting but cannot pool funds at this time. The inability to pool funds should not be seen as an obstacle to further harmonization and the joint use of standardized reporting. One interesting question that has been raised is whether the current draft 'Joint Financing Arrangement' might be adapted to include all development partners, as a consequence of which the burden on the country capacity is reduced. Experience from other countries such as Cambodia confirms that such agreements can include all development partners independent of their ability to pool fund.

¹ AusAid, DFID, World Bank

There is also movement at global level. The GAVI Alliance, the Global Fund and the World Bank facilitated by WHO have been discussing what shape a health system funding platform could take in order to coordinate, streamline, mobilize and channel any additional funds. The discussion is considering whether a national health sector plan could be viewed as the 'platform' for funding, and then develop shared channels and procedures on a country specific basis. In Nepal, both GAVI and the Global Fund are attending the JAR and ready to participate in the joint appraisal which would facilitate the discussions.

3. What progress has been made against commitments made in the Nepal Health Development Partnership agreement?

While this mission was not designed specifically to evaluate progress against commitments, some issues have emerged.

Supporting NHSP-II development

Considerable preparatory ground work built the basis for NHSP-II development and the process has been more inclusive than for NHSP-I. The creation of nine thematic groups with members from MoHP, EDPs and non state actors has helped. A key question is whether this more inclusive dialogue on specific topics could usefully be maintained and improved upon, once the NHSP-II development process is completed. As a start, a mechanism for periodic, joint meetings would seem to be needed, to reduce the transaction costs and policy fragmentation arising from many one-on-one EDP discussions with GoN.

Support for NHSP-II implementation:

There seem to be opportunities for improved coordination, harmonization and alignment of support, and hence reduced transaction costs, despite the uncertain and fluid environment in Nepal. Among EDPs there might be room for greater openness in making decisions on activities, in order to harness the many excellent efforts to strengthen service delivery and management support systems in a more coherent way.

Three areas that seem to be of current common interest are: monitoring and evaluation; financial management; and technical support.

GoN expresses frustration that there is still no progress of EDPs moving towards a common approach to monitoring and evaluation. The work on a single results monitoring framework for NHSP-II is seen to be an important step in that direction. The crux is not just agreeing the indicators, but improving the quality and completeness of reporting, and synthesis and use of information produced.

Interim/periodic reporting and progress monitoring, particularly in financial management is a second area with prospects for reduced transaction costs. For financial management an improvement action plan (FMIAP) and the GAAP have been drawn up and it seems that their implementation has begun. This would make more streamlined, less frequent, and less fragmented reporting and monitoring possible.

In the third area, technical support, discussions are underway to develop a joint framework for technical support. As with all other areas of support to NHSP-II, it would be beneficial to include all key stakeholders in these discussions.

Monitoring progress against commitments in the Nepal health development partnership agreement

There are divergent views on the benefits of Nepal joining IHP+ and certainly the process has not always been smooth. One striking finding is that the Nepal Health Development Partnership agreement seems to have been forgotten over the past year. However, the commitments made in this agreement remain highly relevant not only to the signatories to the agreement but also to all EDPs in Nepal that have signed the Paris declaration on aid effectiveness. It is encouraging that the EDPs have now suggested a rapid 'self-assessment' of progress on commitments in time for the JAR in January 2010.

It is worth noting the Global Compact commitment to undertake a regular independent review of the partnership at global and country levels. The review of lessons from the first year of this independent review, both in Nepal and in other IHP+ countries, should inform future efforts.

Thoughts on the way forward

- *Joint appraisal of the NHSP-II* is imminent. The joint appraisal of the pooled funders (January 18-29, 2010) will likely be widened to include all stakeholders and also make space for an "independent element". The JANS tool, developed by IHP+, could provide a useful framework for the appraisal.
- Enhancing mutual accountability – the use of the Nepal Health Development partnership agreement. As widely recognized, greater use should be made of the agreement to review progress against commitments and maintain pressure to change behaviour.
- *Moving Nepal's harmonization and alignment agenda.* Based on this very short visit, progress seems feasible in two key areas – financial management and monitoring and evaluation of NHSP-II. Related to financial management, it might be worth considering expanding the draft Joint Financing Agreement to include all partners. Bringing everybody into the same agreement would provide an opportunity to enhance transparency and accountability among the development partners and the GoN, and reduce the number of procedures and reports. In the area of monitoring and evaluation of NHSP-II, building on the draft NHSP-II results framework, it is now important for all partners to support its implementation and not initiate parallel processes.
- There is a need to *streamline and strengthen coordination mechanisms/processes.* Surprisingly, apart from the JAR, there is no regular forum for GoN and stakeholders to discuss major policy issues. It might be worth considering whether the frequency of one-on-one EDP/GoN interactions could be reduced and coordinated discussions on specific topics increased by reviving the *quarterly Health Development Partners Forum*. Such a Forum would be most effective with clear TORs and a manageable agenda around specific topics of shared concern, with an inclusive approach to participation. In addition, the idea of combining the two JARs into one is being discussed. This seems a sensible step as it would link planning to performance.