Harmonizing efforts globally
Recalling Paris, Accra and links to IHP+

London, 30 October 2009

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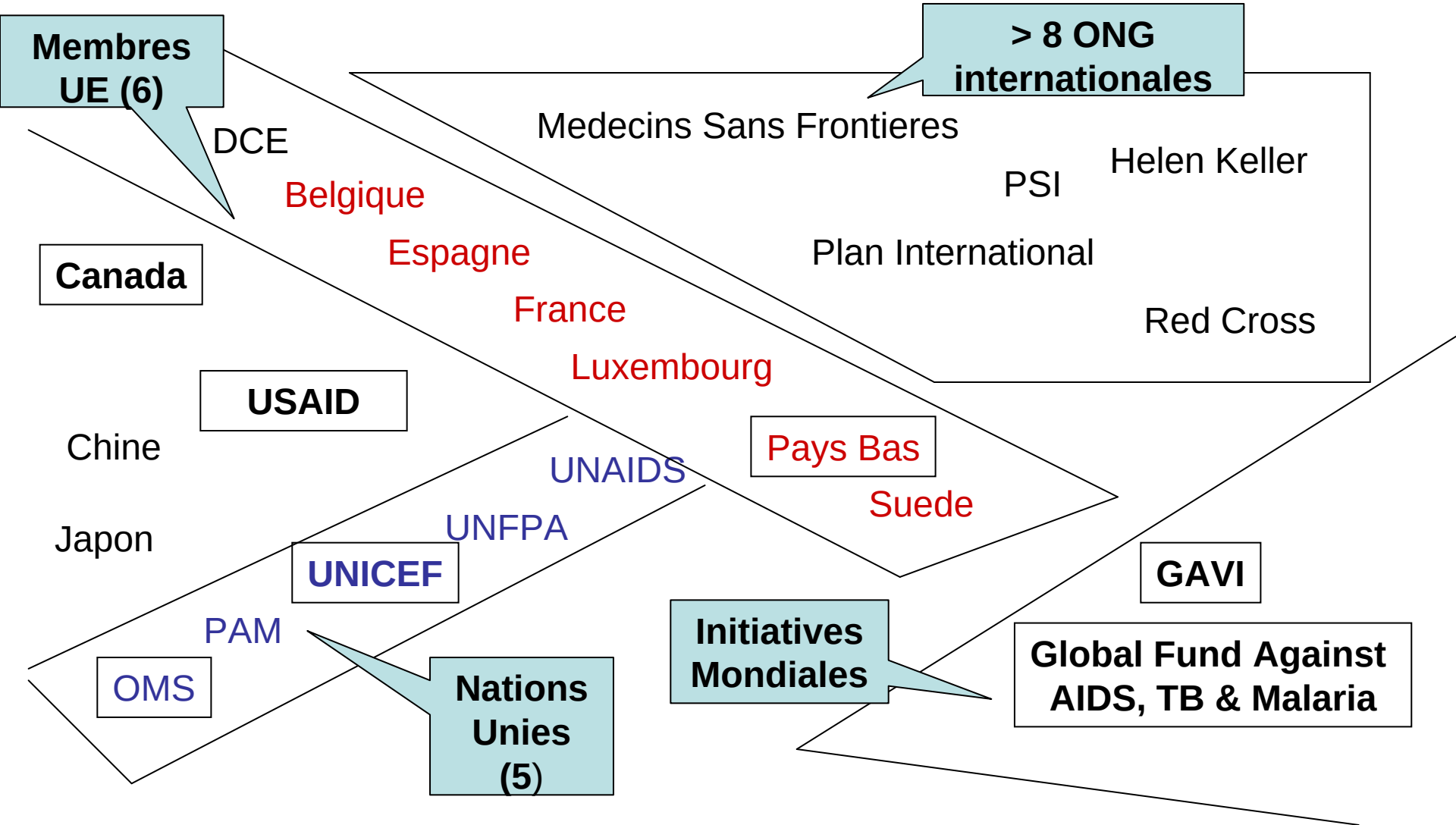
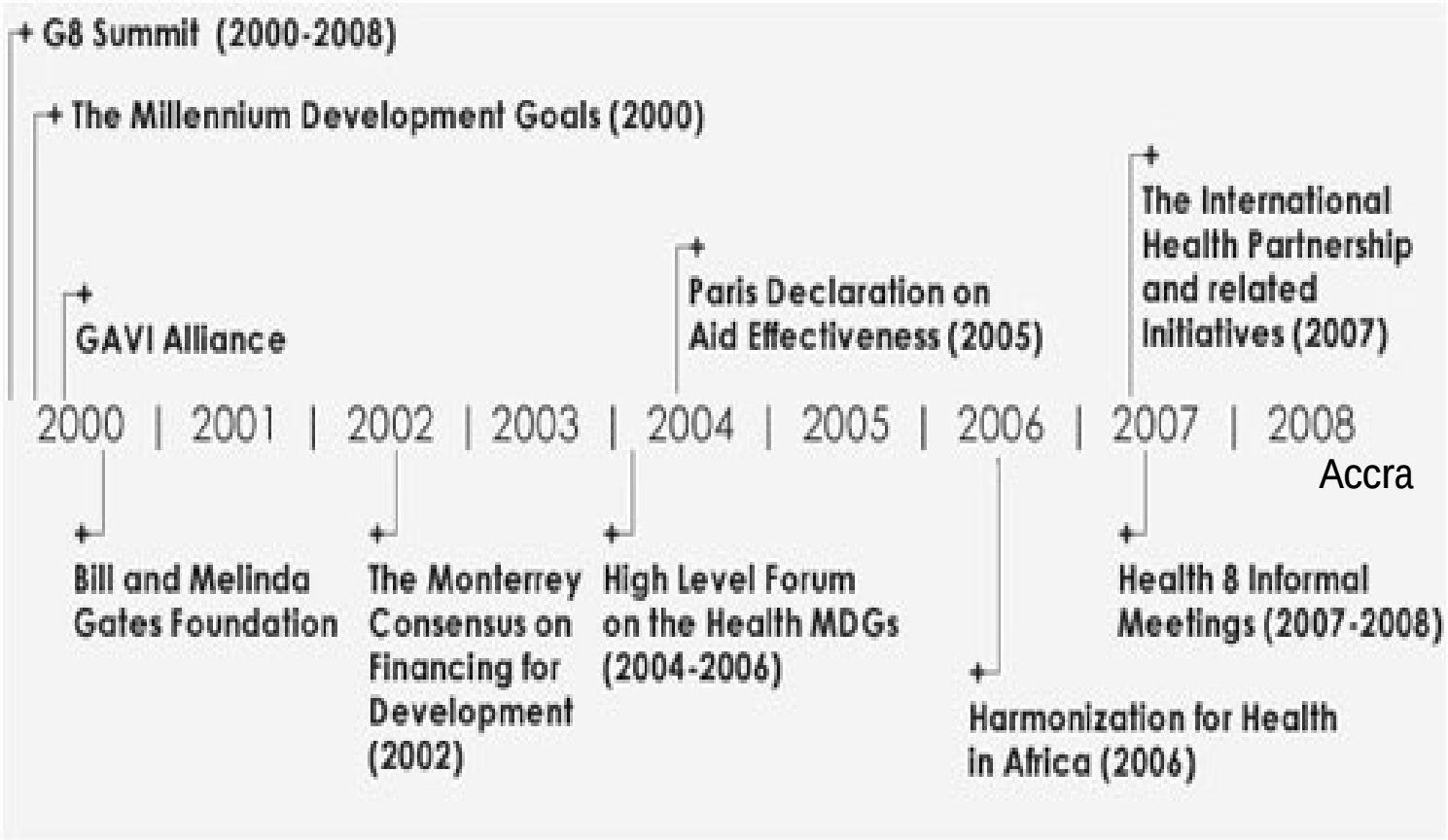
Harmonizing globally: a perspective from Mali



The problems countries are grappling with

- Progress toward the health MDGs remains **inadequate.**
- Many health system constraints are **unaddressed.**
- Global and domestic investment in health is **insufficient.**
- International funding is **unpredictable.**
- Support to countries is **inefficient.**

Global action……IHP+ is about putting 'Paris into practice'



Global Fund

Taskforce on Innovative Health Financing

IHP+
the 'key ingredients'

Increased support for **one national health plan**, by supporting

1. **National sector planning processes**
2. Greater partner confidence in the plan, by **'joint assessment'**
3. More unified partner support for the plan – **compacts**
4. **One results monitoring framework,** to track plan implementation
5. Greater mutual accountability – by **monitoring compact commitments**

Assumed benefits

- Reduced transaction costs and therefore more time for implementation
- Better results through better use of existing funds; more money
- Stronger government leadership in sector coordination

Growing number of signatories

Developing Countries

Burundi; Burkina Faso; Cambodia; Djibouti; Ethiopia; Kenya; Madagascar; Mali; Mozambique; Nepal; Niger; Nigeria; Rwanda; Senegal; Uganda; Zambia

Bilaterals

Australia, Canada; Finland; France; Germany; Italy; Portugal; Netherlands; Norway; Sweden; United Kingdom

International agencies, foundations

African Development Bank; European Commission; GAVI; Global Fund; UNAIDS; UNDP; UNFPA; UNICEF; WHO; World Bank; Bill and Melinda Gates Foundation

Civil society

1. Joint assessment of national strategies/plans

- A shared assessment of the strengths and weaknesses of a national health plan, accepted by multiple partners as basis for technical and financial support
  - ***Joint assessment tool and guidelines:*** developed by inter-agency Working Group; drafts approved by IHP+ partners in July 2009. Strong advice to move to roll-out with interested countries
  - ***Principles of joint assessment approach***: country based; aligned with in-country processes; inclusive; with an independent element
  - 2-3 countries initially; increasing number are interested

Joint assessment issues

- Balancing country **leadership** with **independent element**
- **Inclusiveness**: how to engage civil society effectively when often not organised
- Links to developments on **financing –** must avoid any parallel processes
- How to **avoid becoming 'formulaic'**?
- **Learning** from experience – and from related exercises as well

Moving to a common monitoring framework: Framework exists; now have to operationalise

	Inputs & processes	Outputs	Outcomes	Impact
Indicator domains	Governance Financing Infrastructure / ICT Health workforce Supply chain Information	Intervention access & services readiness Intervention quality, safety and efficiency	Coverage of interventions Prevalence risk behaviours & factors	Improved health outcomes & equity Social and financial risk protection Responsiveness
Data collection	**Administrative sources** Financial tracking system; NHA Databases and records: HR, infrastructure, medicines etc. Policy data	**Facility assessments** **Clinical reporting systems** Service readiness, quality, coverage, health status	**Population-based surveys** Coverage, health status, equity, risk protection, responsiveness	**Vital registration**
Analysis & synthesis	Data quality assessment; Estimates and projections; In-depth studies; Use of research results; Assessment of progress and performance of health systems			
Communi-cation & use	Targeted and comprehensive reporting; Regular country review processes; Global reporting			

Greater mutual accountability

- Several avenues, national and global
  - Nationally: through more inclusive health policy dialogue, sector performance monitoring mechanisms
  - By monitoring of progress against partners' commitments made in Global and Country Compacts
  - Global events such as the Health and Development Forum
  - New IHP+ management structure

looking ahead

- Message from Bamako: agenda difficult but still worth the effort. Progress will be messy, gradual; keep a focus on results. Window of opportunity is limited.
- At the heart of IHP+ is mobilizing more stakeholders to support national health strategies
- Globally, have moved further on harmonizing tools than on harmonizing procedures or aligning better with country plans and processes
- Whether IHP+ 'works' depends on active engagement and some risk taking by all IHP+ signatories, not just the secretariat

IHP+

IHP+ is about putting Paris and Accra into action

Centres on mobilizing support for national health strategies and plans,

- National ownership
- Alignment with national systems
- Harmonization between agencies
- Managing for results
- Mutual accountability

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1. Supporting shifts in health sector planning processes

From	To
Agency-based	Country-based
Proposal-based	National strategy based
Multiple deadlines	Flexible and aligned to country cycles
Outside of the budget cycle	Aligned to the budget cycle
Technocratic	Accountable to country's citizens

Aid effectiveness in general: progress
OECD DAC 2008 Survey, 55 countries

		2005		2010 Targets
1	Operational Development Strategies	17%	22%	75%
2	Reliable Public Financial Management Systems		36%	50%
3	Aid flows are recorded in countries' budgets	42%	48%	85%
4	Technical assistance is aligned & coordinated	48%	60%	
5a	Donors use country PFM Systems	40%	45%	[80%]
5b	Donors use country procurement systems	39%	43%	[80%]
6	Donors avoid parallel PIUs	1817	1601	611
7	Aid is more predictable	41%	46%	71%
8	Aid is untied	75%	88%	[100%]
9	Donors use coordinated mechanisms for aid delivery	43%	47%	66%
10a	Donors coordinate their missions	18%	21%	40%
10b	Donors coordinate their country studies	42%	44%	66%
11	Sound frameworks to monitor results	7%	9%	38%
12	Mechanisms for mutal accountability	22%	26%	100%

3. Supporting more unified systems of partner support

- **Compacts**: negotiated agreements between partners on how they will support the national health plan

- **Dimensions**
  - Government commitments
  - Development partner and other signatory commitments
  - Aid management modalities
  - Monitoring arrangements

- **Build on existing agreements where possible, ame more explicit**

- **Bring in new partners where possible**