

THE INTERNATIONAL HEALTH PARTNERSHIP (IHP+)

Outline

- What is IHP+? Who is part of it?
- What was the impetus for IHP+?
- What are some of the expected outcomes of IHP+?
- How will IHP+ achieve results?
- IHP+ management arrangements

What is IHP+?

A global partnership that puts the Paris and Accra principles on aid effectiveness into practice, with the aim of improving health services and health outcomes, particularly for the poor and vulnerable

the Paris principles on Aid Effectiveness are

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

IHP+ is not a new stand alone global initiative or a new funding mechanism

Who is part of IHP+?

Current partners are

Developing Countries

Africa: Benin; Burundi; Burkina Faso; Djibouti; DR Congo; Ethiopia; Kenya; Madagascar; Mali; Mozambique; Niger; Nigeria; Rwanda; Senegal; Uganda; Zambia
Asia: Cambodia; Nepal

Developed Countries

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

Civil Society Organizations

Development partners

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

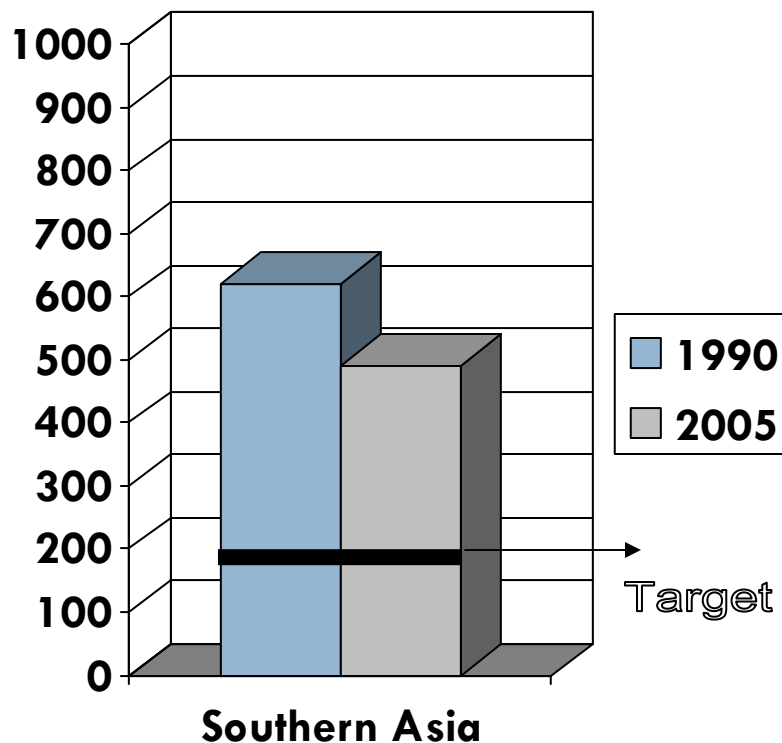
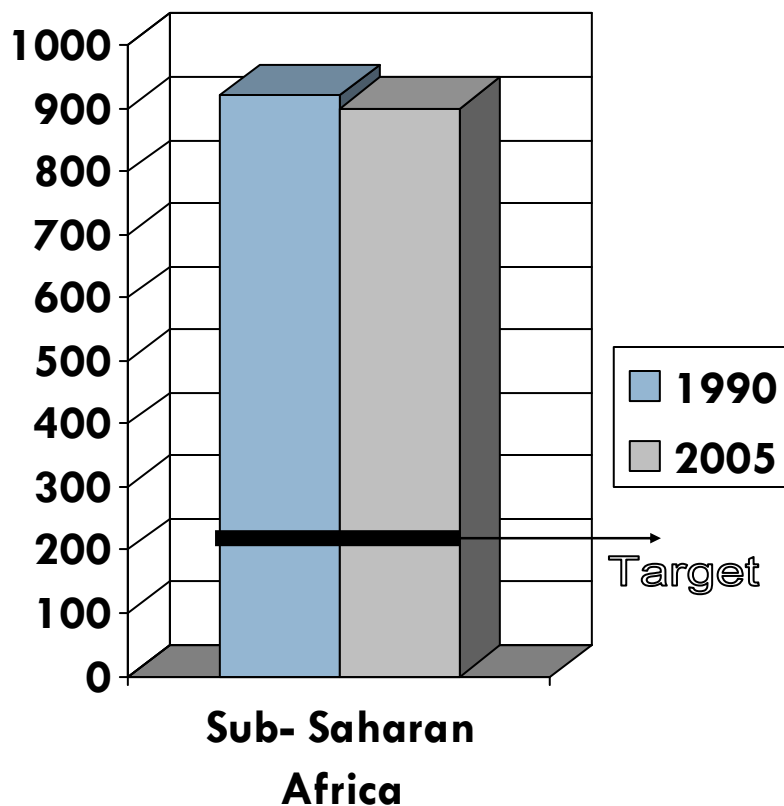
Any country or organization willing to sign the 'IHP+ Global Compact' can join

What was the impetus for IHP+?

- Progress towards 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** – rising numbers of partners; risks of fragmentation, duplication

Progress on some health goals is slower than expected

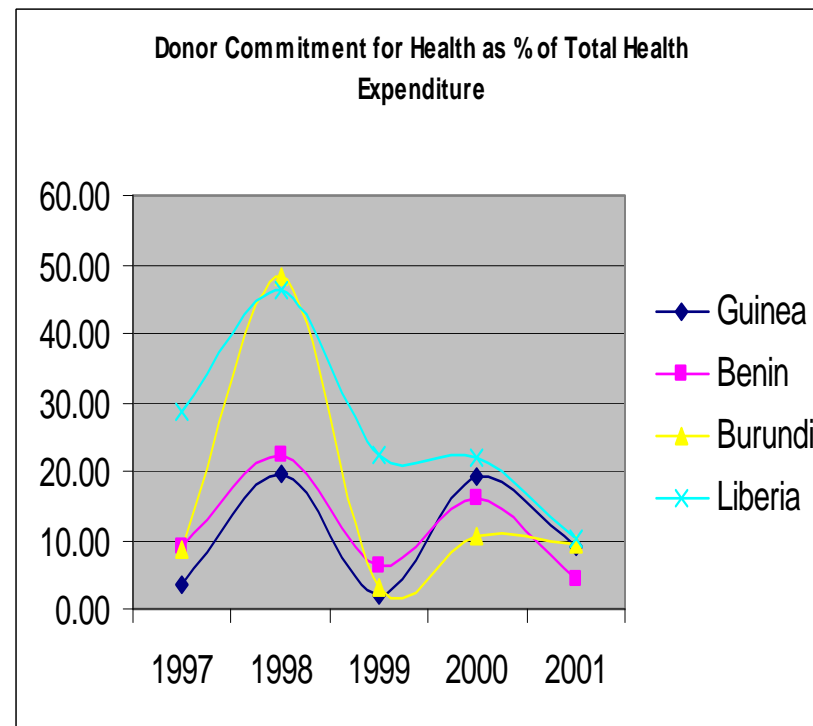
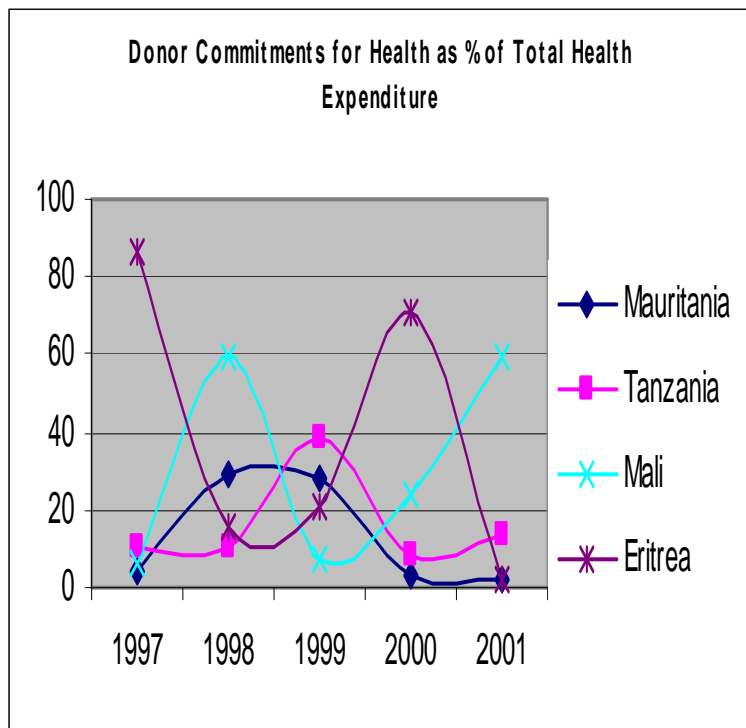
Maternal deaths per 1000.000 live births



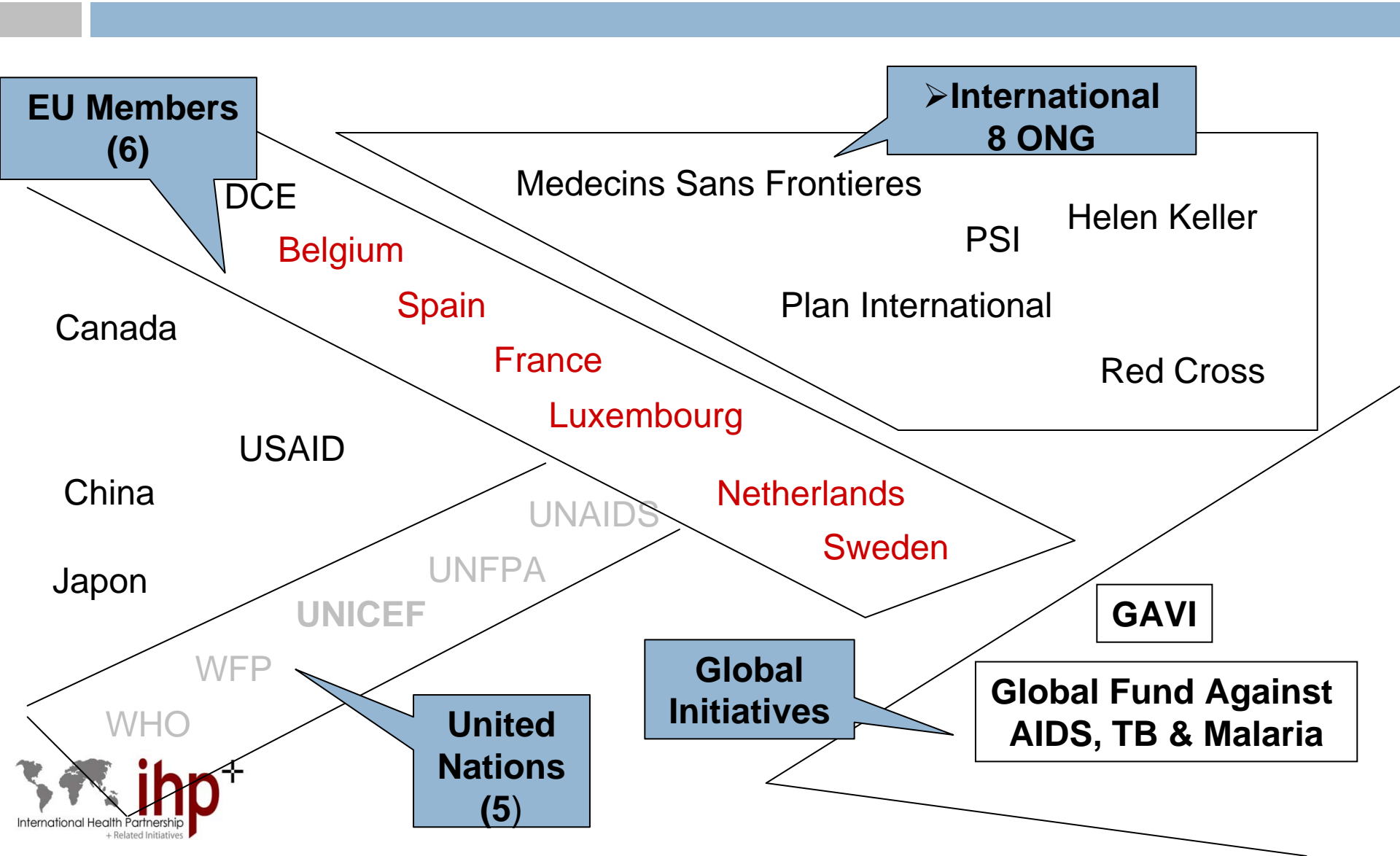
Many health system constraints are unaddressed

- Each year, 100 million people are impoverished as a result of health spending.
- Extreme shortages of health workers exist in 57 countries; 36 of these are in Africa.
- An estimated 50% of medical equipment in developing countries is not used, either because of a lack of spare parts or maintenance, or because health workers do not know how to use it.

International funding remains unpredictable



Rising number of partners e.g. Mali



What are the expected outcomes?

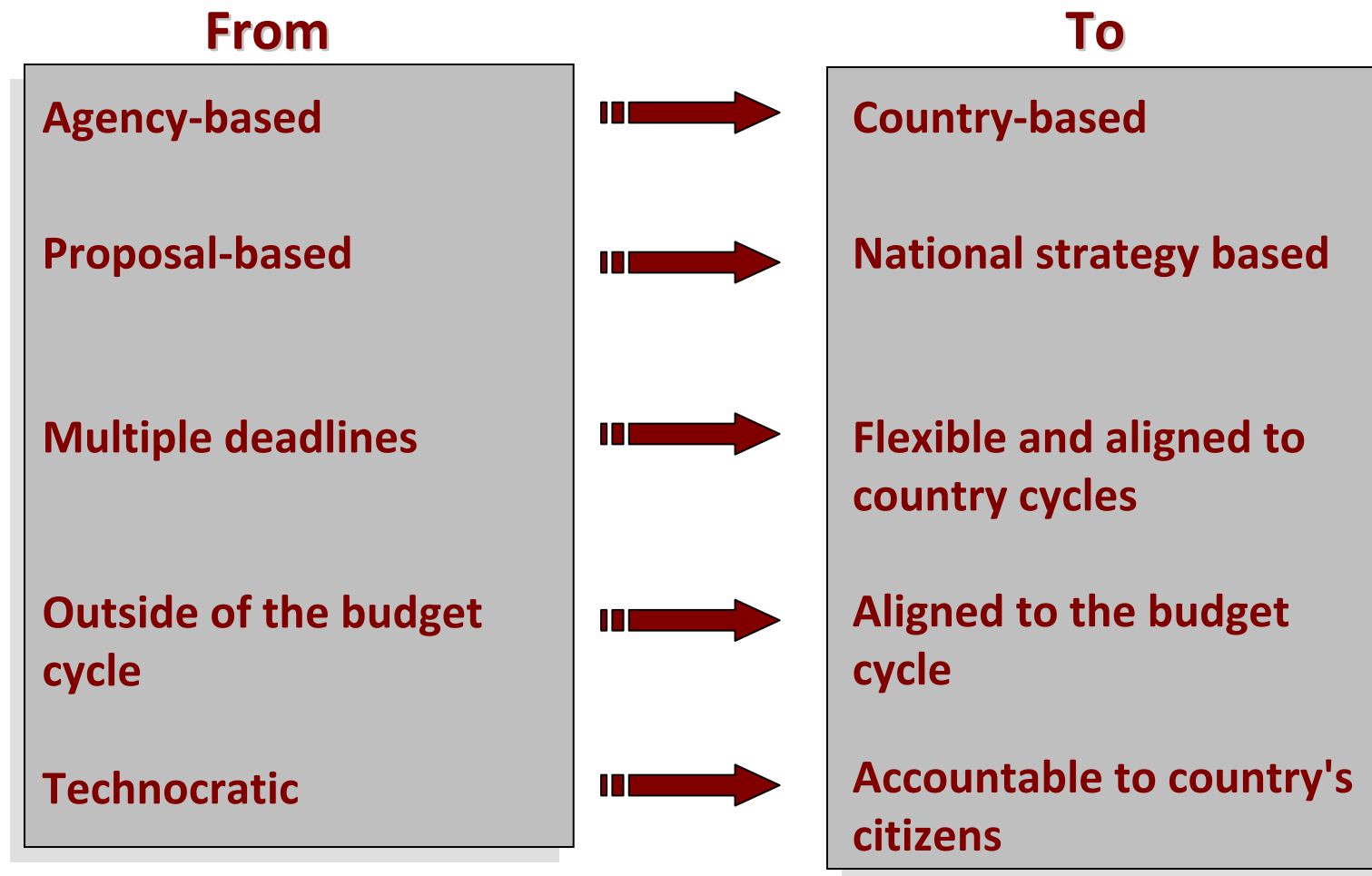
- Reduced burden on developing countries, allowing increased focus on implementing the national health strategy and hence better results
- Better use of existing funds through improved partner coordination; increased investment in national health strategies
- Country ownership - Stronger government leadership in sector coordination

How will IHP+ achieve this?

Increased support for **one national health strategy**, by supporting:

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

1. Supporting shifts in health planning processes



2. Joint assessment of national strategies

- A shared assessment of the national health strategy, 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 challenges

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

3. Supporting more unified systems of partner support: compacts

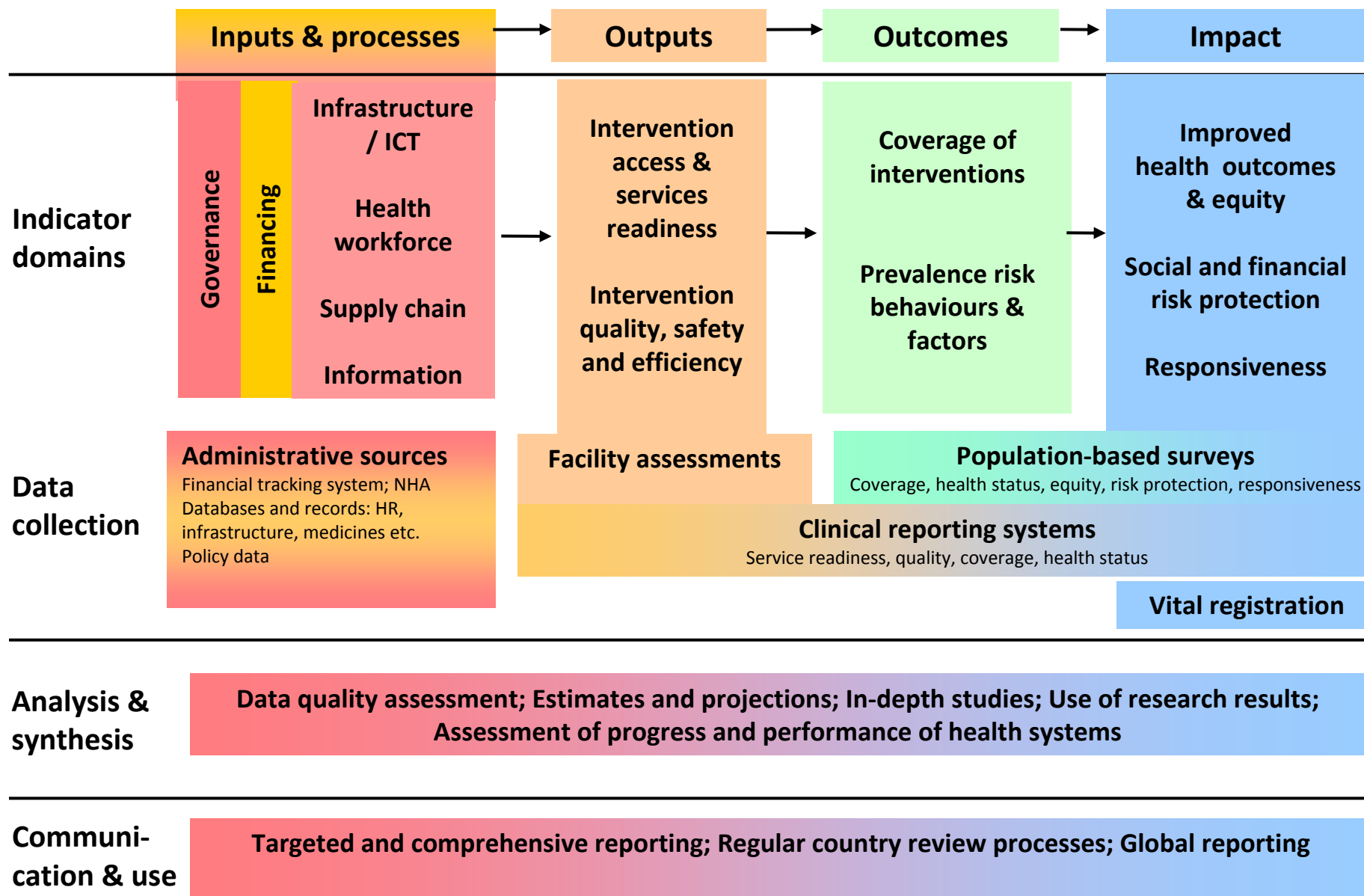
- **Compacts:** negotiated agreements between partners on how they will support the national health strategy

- **Dimensions**
 - ▣ Government commitments
 - ▣ Development partner and other signatory commitments
 - ▣ Aid management modalities
 - ▣ Monitoring arrangements and indicators for tracking progress

- **Build on existing agreements, make more explicit**

- **Bring in new partners – new development partners, civil society**

4. Moving to a common monitoring framework: framework exists; now have to operationalize

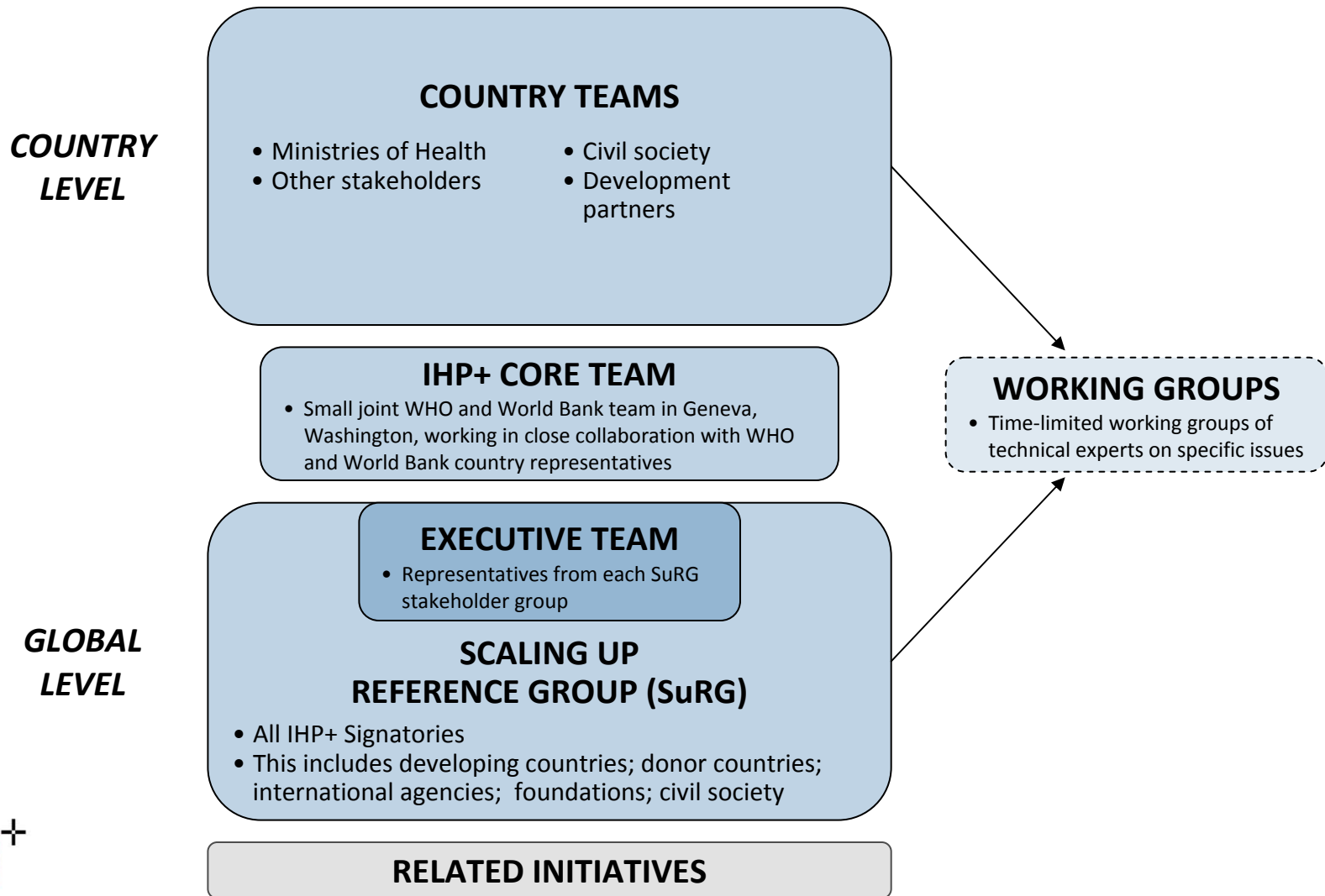


5. Greater mutual accountability

- Several avenues, at national and global level
 - Nationally: through more inclusive health policy dialogue, sector performance monitoring mechanisms
 - By monitoring of progress against partners' commitments made in Global and Country Compacts, through an independent consortium (IHP+ Results)
 - Global events such as the Health and Development Forum

IHP+ management structure

light, flexible, inclusive



Looking ahead

- Focus on results
- Focus on mobilizing more stakeholders to support national health strategies designed to achieve those results
- Focus on harmonizing procedures and better aligning with country strategies and processes
- Focus on active engagement by all IHP+ signatories