

# 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

# Paris Principles

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 country governments

**Africa:** Benin, Burundi, Burkina Faso, Cameroon, Djibouti, Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Mali, Mauritania, Mozambique, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Togo, Uganda, Zambia; **Asia:** Cambodia, Nepal, Vietnam

### Developed country governments

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

### International agencies, foundations

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

### Civil Society at all levels

The following have sent letters of support to the Partnership: Government of United States of America and OECD/Development Assistance Committee



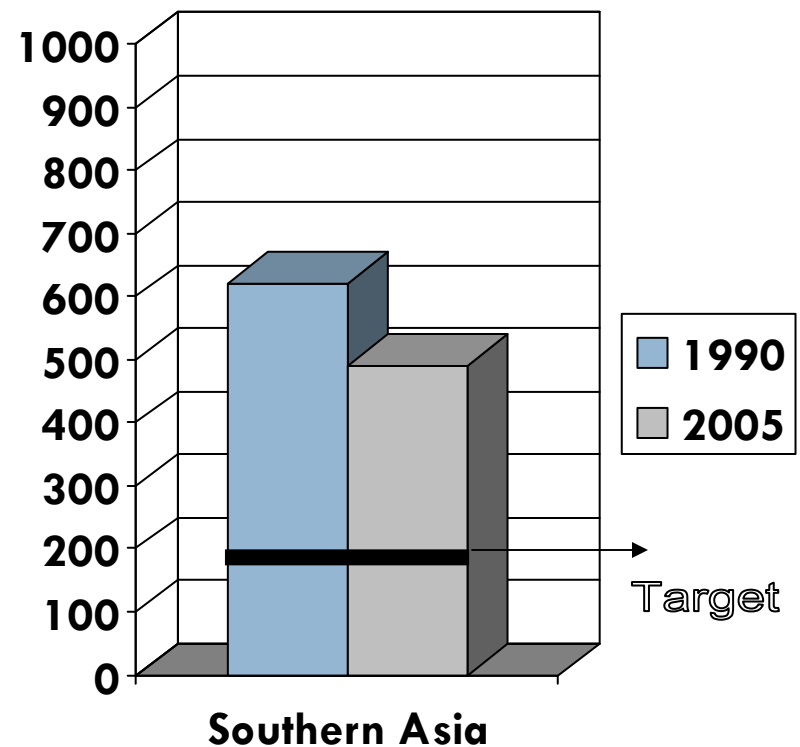
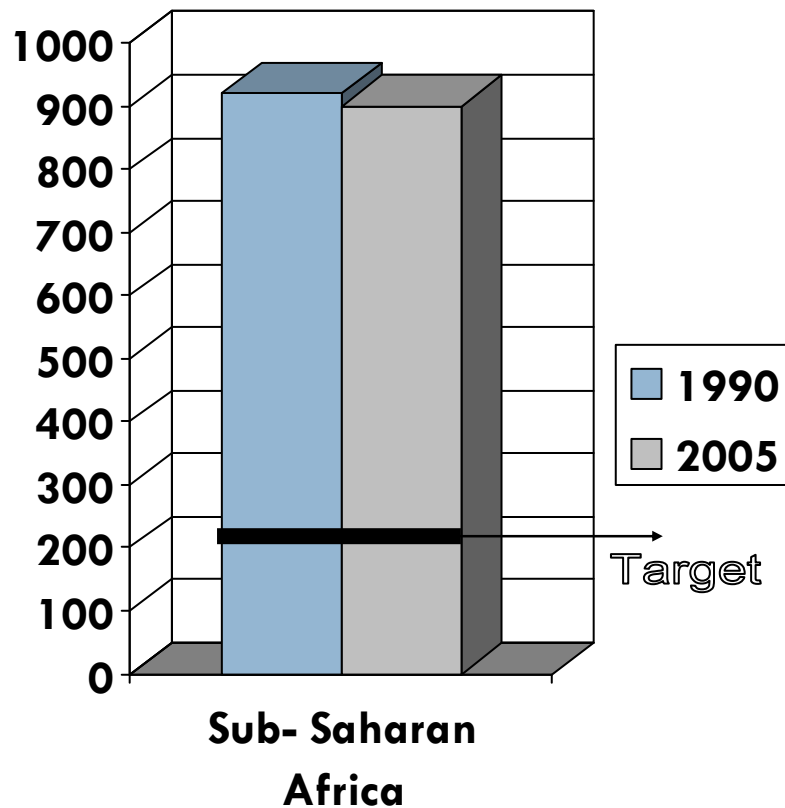
*Any country or organization willing to sign the 'IHP+ Global Compact' can join*

# 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

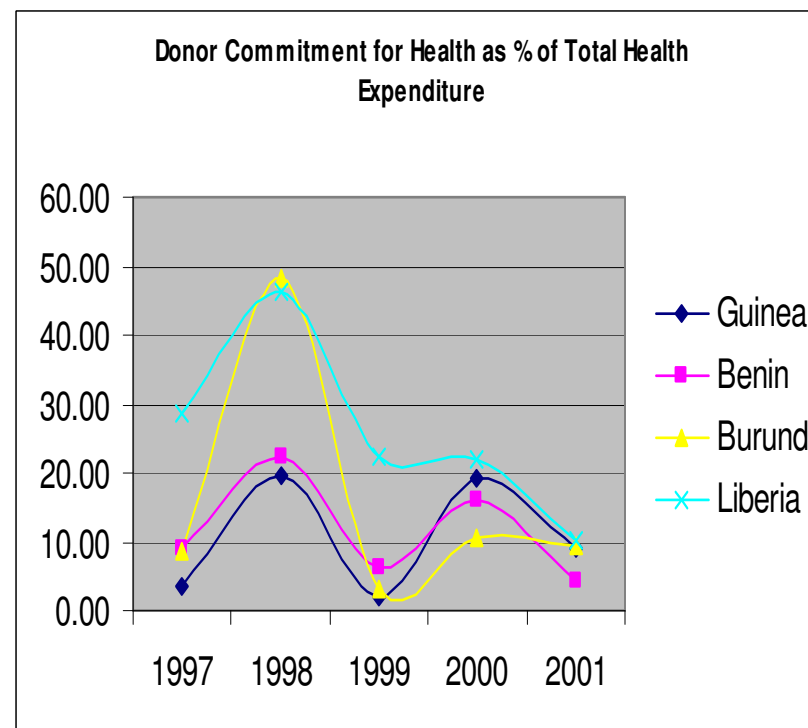
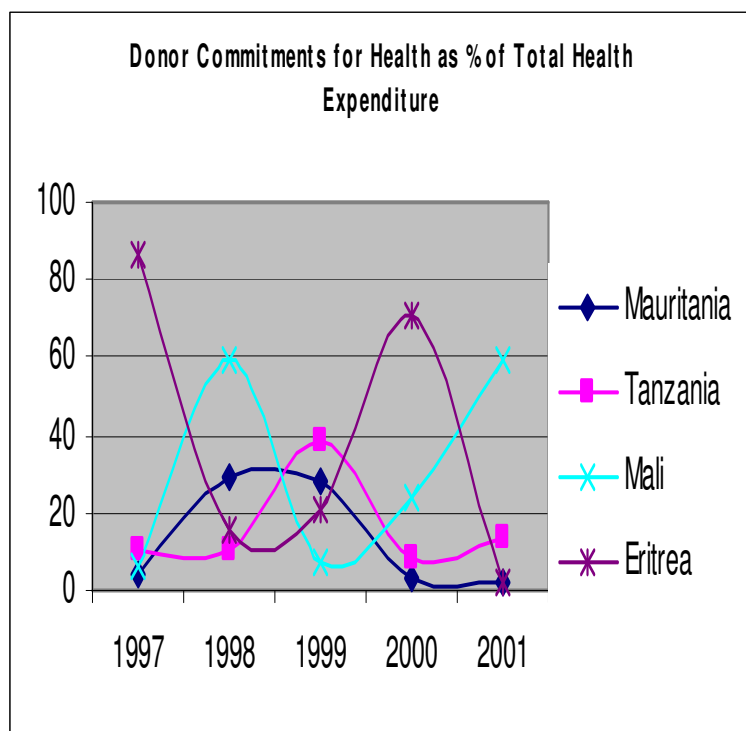
Maternal deaths per 100 000 live births



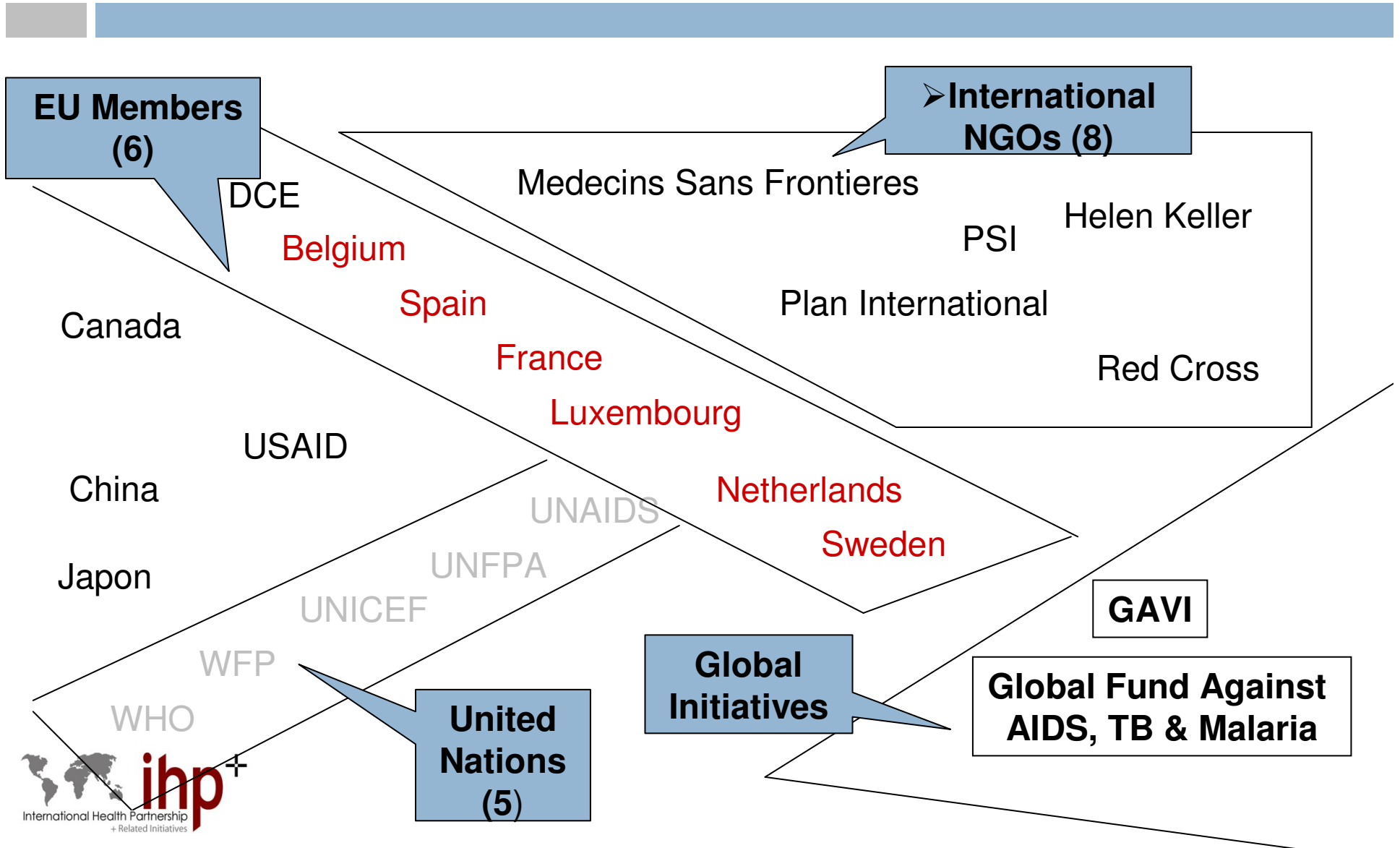
# Many health system constraints are unaddressed

- 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?

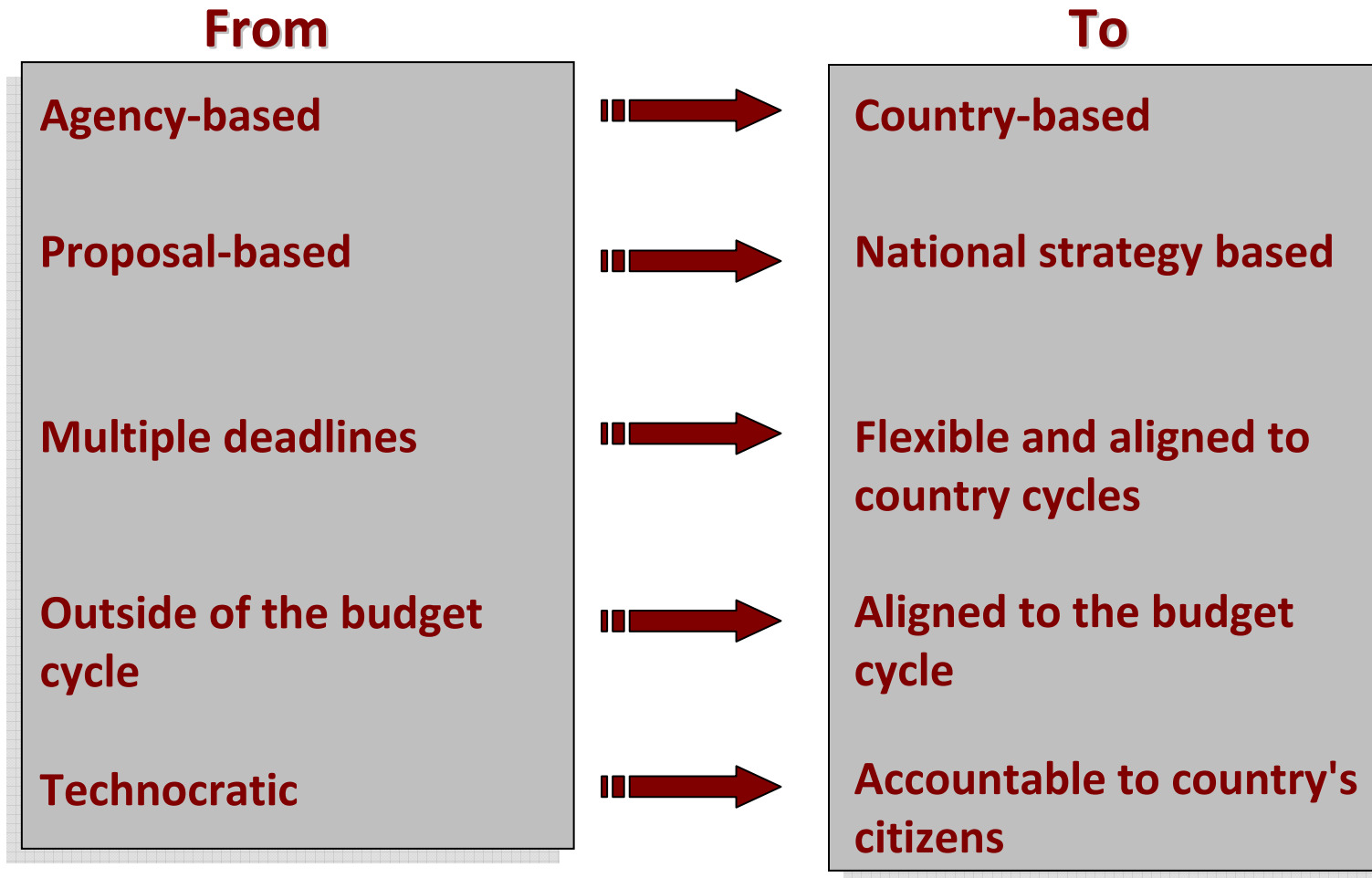
- ▣ Reduced burden on developing countries, allowing increased focus on implementing the national health strategy and hence better results
- ▣ Better use of existing funds through improved partner coordination; increased investment in national health strategies
- ▣ Country ownership - Stronger government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

# How will IHP+ achieve this?

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

1. **National sector planning process**
2. Greater partner confidence in the strategy, by '**joint assessment**'
3. More unified partner support for the strategy – **country compact**
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

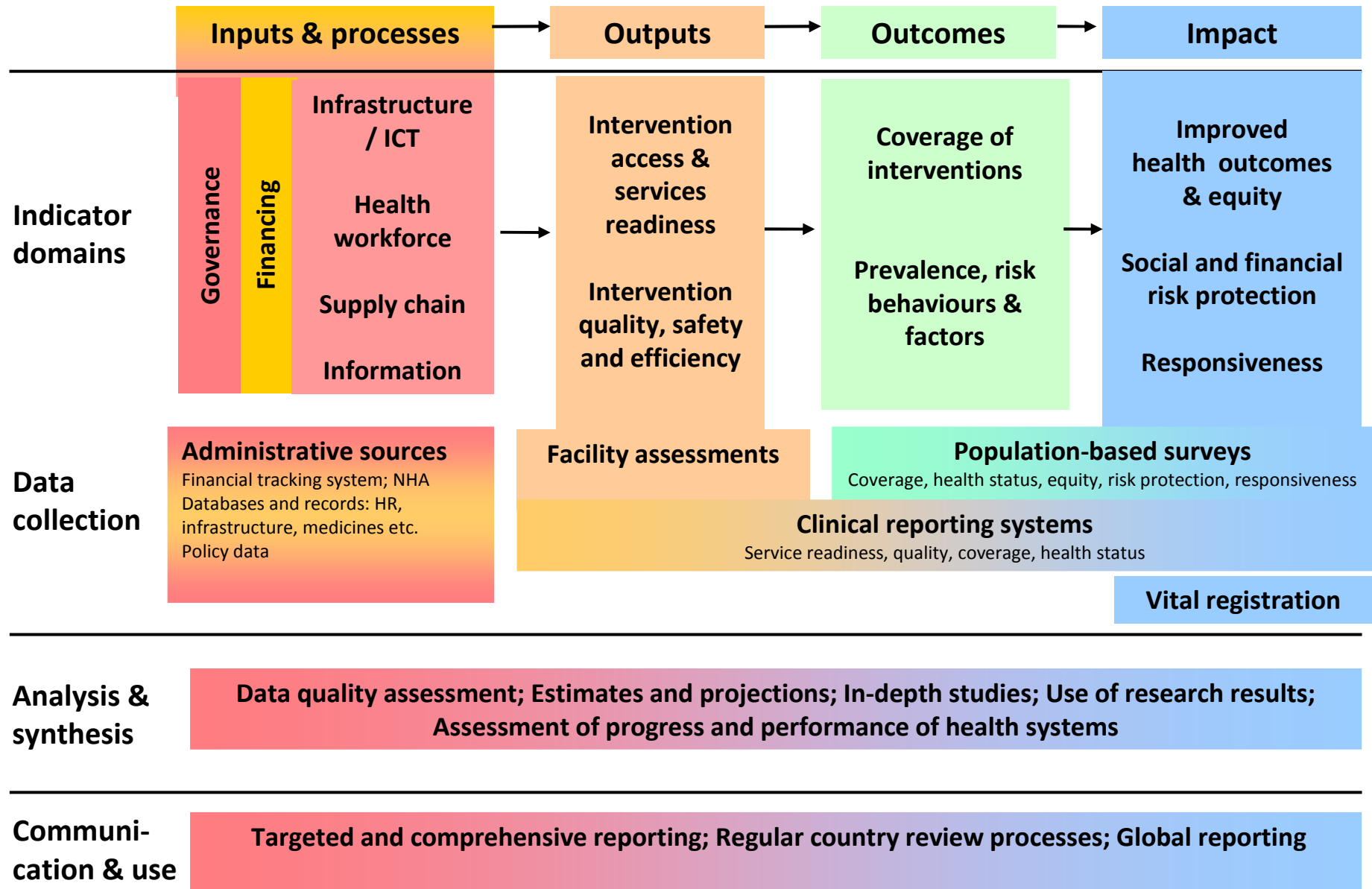
# Joint assessment challenges

- 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

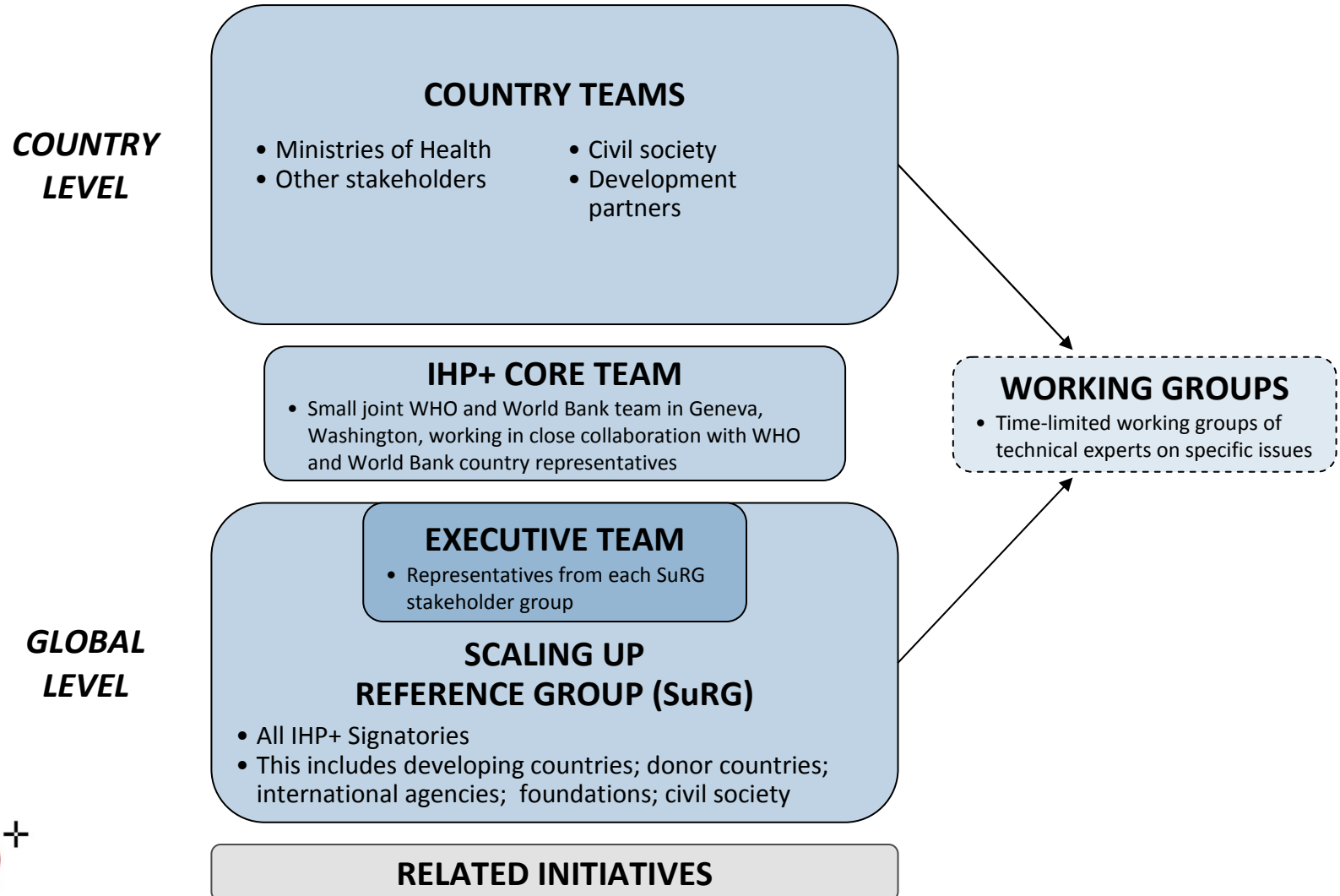


## 5. Greater mutual accountability

- 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