ihp+

International Health Partnership

& Related Initiatives

Core Team Report 2014

World Health Organization

WORLD BANK GROUP

Aligning for better results

WHO Library Cataloguing-in-Publication Data

Core Team Report. 2014

I.World Health Organization.

ISBN 978 92 4 150854 4

Subject headings are available from WHO institutional repository

Printed by the WHO Document Production Services, Geneva, Switzerland

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1. Introduction

The International Health Partnership (IHP+) is a group of partners committed to improving the health of citizens in developing countries. International organizations, bilateral agencies and country governments commit to putting internationally agreed principles for effective aid and development cooperation into practice in the health sector. IHP+ achieves results by mobilizing national governments, development agencies, civil society and others to support a single, country-led national health strategy. Partners also aim to hold each other to account.

The partnership has grown, as shown in Table 1. Comoros, Denmark, Japan, Luxembourg and Myanmar joined in 2014. See annex one for the full list of partners.

Table 1. Number of IHP+ Partners, 2007, 2013 and 2014

IHP+ partners	September 2007	December 2013	December 2014
Low and middle income countries	8	34	36
Bilateral donors	8	14	17
International organizations and foundations	11	12	12
Total	**27**	**60**	**65**

The partnership is supported by a small Core Team co-hosted by WHO and the World Bank. The Core Team's role is to manage the IHP+ work programme, budget and communications, under the oversight of the IHP+ Steering Committee.

This report by the Core Team summarises progress against the IHP+ workplan for 2014. It covers the calendar year of 2014, which is the first year of the 2014–2015 IHP+ work programme. The structure of the report closely follows the agreed work programme and strategic directions[1]. Some of the activities in early 2014 were mentioned in the previous (2013–14) Core Team Report.

Much of IHP+'s work focuses on the 'seven behaviours'. This focus emerged primarily from the IHP+ Country Health Teams Meeting in December 2012, where IHP+ signatories noted that while there was progress in putting the internationally agreed principles of effective development cooperation into practice, it was slower than expected. In general countries had gone further than development agencies in doing so. Faster progress to achieve results requires governments, CSOs, private sector and especially international development partners to take action. The seven behaviours highlight key areas for development partner action, reflecting the commitments to effective development cooperation made in Busan in 2011. They can help national and global advocacy efforts to put principles into practice.

1 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts__docs/Aligning_for_better_results_IHP__strategic_directions_2014_2015.pdf

Figure 1. The Seven Behaviours

2. Current environment

The development cooperation and health environment continued to change in 2014. In the previous report we noted a number of trends that are still very significant:

- There has been a change from the concept of aid effectiveness to the concept of development cooperation effectiveness, following the 4th High Level Forum for Aid Effectiveness in Busan in 2011, and further developed at the 1st High Level Meeting of the Global Partnership for Effective Development Cooperation in Mexico in 2014.
- The pressures on aid budgets have resulted in a plateauing of aid for health, and more focus within development agencies on justification for aid in terms of short-term results.
- The BRICS and other emerging economies are increasingly important.
- There is emphasis on achieving the MDGs with very little time left.
- Overall the global aid architecture, including in health, remains complex.

Other important developments include:

- A number of countries are graduating from low-income to middle income status.
- There is an increasing international focus on so-called fragile states.

- The terrible Ebola epidemic hitting some of the poorest countries in Africa has underscored the importance of strengthening health systems and aid coordination, aspects that were emphasized by both the World Health Organization Director General and the World Bank Senior HNP Global Practice Director in their address to the 5th IHP+ Country Health Teams Meeting (December 2014).

The Global Fund's change of business model has become more mature, and offers promise for improving development cooperation effectiveness of one of the most significant partners in health. And with USAID joining IHP+ in 2013, and Japan joining in 2014, the commitment to the IHP+ principles from major donors seems to be increasing. In addition, the work on establishing a Global Financing Facility for Reproductive, Maternal, Newborn and Child Health provides new opportunities – as well as new challenges – for IHP+.

The global health agency leaders' informal meetings continued to provide an important forum for effecting change. This is underscored by their endorsement of a common list of health sector indicators aimed at reducing the reporting burden on countries and making information and accountability systems more effective.

Last but not least, the negotiations around the Sustainable Development Goals and related discussions on the future of aid in terms of a much more comprehensive view on global financing for development, are key to the future approach of IHP+.

3. Snapshot of IHP+ achievements in 2014

The major achievements in 2014 include:

- IHP+ promoted and supported inter-agency work to agree on a core list of indicators of health sector performance, with standard definitions, intended to reduce the reporting burden on countries. The list has been endorsed by Global Health Agency Leaders, who also agreed with the approach of support for a single country information and review platform.
- IHP established a Financial Management Technical Working Group and started work on joint approaches to assess and support public financial management in the health sector in several countries.
- IHP+ commissioned and carried out a fourth round of performance monitoring of IHP+ partners to assess effectiveness of their cooperation. A new country-based approach was introduced and more partners took part than in previous rounds.
- Discussions were initiated on technical assistance and south–south cooperation, based on some brief country case studies. This has led to proposals for follow up at country level.
- The Fifth Country Health Teams Meeting took place in Cambodia in December 2014. Teams of government, civil society and development partner representatives from 34 countries attended, plus global level players. The meeting discussed current issues and identified priorities for improving development cooperation in health.

- The new IHP+ governance structure was introduced, with a high level Steering Committee composed of representatives from governments, civil society, bilateral and multilateral agencies. The Steering Committee makes decisions on IHP+ directions and work programme, and provides a forum for discussing current issues in effective cooperation.

4. Political and organizational action

4.1 Intensified action on the seven behaviours among global agencies

In 2014, one substantial area of work aimed to reduce the reporting burden on countries. Leaders of global health agencies selected this as an issue needing attention. The work included a rapid assessment of global reporting requirements, which identified over 600 indicators on which countries are asked to report[2]. Collaborative work across agencies and partnerships led to agreement on a reference list of 100 core indicators, with standard definitions[3]. A consultative meeting of partners agreed to strengthen national monitoring and evaluation plans and work together at country level to use national systems, based on one country information platform[4]. The global health agency leaders met in September 2014 and endorsed this approach, encouraging the agencies to reduce their reporting requirements, use the standard indicators, and to work together at country level. IHP+ contributed to this through support for technical work on indicators and ensuring follow up of the global health agency leader meetings.

Experience in this area suggests that there can be progress on harmonizing partner requirements, and that the political backing of the global leaders contributed to achieving a constructive and timely result in terms of agreeing indicators and principles. Effective technical leadership and work from WHO and World Bank were also critical. The key test however will be in the next year or two, to see whether there is a reduction in reporting requirements in practice, and the discipline to use standard definitions, as well as further work to implement the approach and indicators agreed at global level as an integral part of working at country level.

Financial management is a second area where there has been substantial progress during 2014, with the formation of the Financial Management Technical Working Group and development of approaches and work starting at country level. This is discussed further below.

In the area of procurement and supply chains, senior officials working on health-related procurement in development agencies have come together to form the Inter-Agency Supply chain Group (ISG). They will work on how they can better harmonize their efforts, in areas such as joint procurement assessments and agreeing performance indicators. In addition, they have agreed to work together in two countries on harmonizing approaches. This is an important initiative for the IHP+ agenda and IHP+ is interested to see how far it results in more harmonized and efficient working on the ground and lessons that can be learnt.

2 A rapid assessment of the burden of indicators and reporting requirements for health monitoring , WHO February 2014 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/M_E_Framework/Rapid_Assessment_Indicators_Reporting_report_for_WG_revised_03Mar14.pdf

3 Global Reference List of 100 Core Health indicators, Working version 5, November 2014 http://www.who.int/healthinfo/indicators/en/

4 Outcome statement of the working group on indicators and reporting requirements, September 2014 http://www.internationalhealthpartnership.net/WROutcomeStatement2014

4.2 Intensified action and lesson learning on the seven behaviours in selected countries

Rapid reviews of progress on the seven behaviours and the state of cooperation have been conducted in five IHP+ countries: three in 2013 (in Myanmar, Senegal and Sierra Leone) and two in 2014 (in Burundi and Ethiopia). Each review was tailored to the country situation and aimed to identify areas where progress can be made, as a basis for follow up by the government and partners at country level.

These reviews revealed very different levels of harmonization and alignment in the countries, in part because of the different stages of development of a national health strategy that partners could support, as well as the capacity of national financial and procurement systems. Even in a context where there is substantial use of government systems by international partners, as in Ethiopia, there is room for more joint working and continued strengthening of capacity. The area of technical assistance remains a challenge in all five countries, consistent with the findings on technical assistance in other countries (discussed further below).

There has been some follow up in country after the missions as partners reviewed their practices. For example, there was a joint Financial Management (FM) assessment in Burundi, to form the basis for strengthening public FM systems in the health sector. In Ethiopia, there is some interest in improving technical assistance demand and supply.

4.3 Global engagement on development cooperation

2014 provided a number of opportunities for IHP+ to engage in the global debate on effective development cooperation. Some highlights include:

- The IHP+ Core Team participated in the 1st High Level Meeting of the Global Partnership for Effective Development Cooperation (GPECD) in Mexico (April 2014), and co-arranged a well-attended focus session 'Turning development Cooperation into Results' together with the Global Partnership for Education and the Sanitation & Water for All partnership.
- The IHP+ Core Team also participated in meetings during the World Bank and International Monetary Fund Spring Meetings (April), the World Health Assembly (May) and the United Nations General Assembly (September). This included participation in panel discussions as well as interventions from the floor in some of the side meetings.

Throughout the year the dynamic changes in the aid and development environment gave rise to discussions with many stakeholders on the future of IHP+ in terms of its mandate and approach.

5. Approaches and tools

5.1 One country platform for results monitoring and accountability

In addition to the work at global level on agreeing indicators (see 4.1 above), IHP+ and partners have continued to promote the approach and guidance on supporting one platform for information and accountability[5]. This includes establishing a strong Monitoring and Evaluation (M&E) plan that all partners will support, linked to the national health strategy. The plan should not just identify indicators, but also include data collection methods, analyses of data, institutional arrangements with a plan for capacity building, and a coordination mechanism among partners in the sector.

Joint Annual health sector Reviews of progress and the use of data to improve performance are also important components of results monitoring and accountability. Based on the review of experience with joint annual reviews in 2013, IHP+ developed a short guidance paper on how and why to conduct joint annual health sector reviews in 2014[6].

Looking forward, there needs to be further work at country level to promote and institutionalize these approaches, including joint support for strengthening the national M&E system. There is a good opportunity to push the harmonization and one platform agenda when countries are developing new health strategies and need a corresponding M&E plan. In some cases this requires technical support to help bring the partners together round a single M&E plan, agree to strengthen one information system and adapt their requirements in line with global agreements, joint survey instruments and country priorities.

5.2 Financial management harmonization and alignment

The IHP+ Financial Management Technical Working Group (FMTWG) was formed in June 2014. Chaired by a World Bank Governance Global Practice Manager, the group consists of representatives from development partner agencies and country partners. The group met four times in 2014.

A paper explaining financial management (FM) and giving answers to frequently asked questions on the subject has been approved by IHP+ Financial Management Technical Working Group and posted on the IHP+ website.

A short video[7] that shows the development challenges of fragmentation of development partners' financial management arrangements at the country level and possible solutions through FM harmonization and alignment was well received at the 5th IHP+ Country Health Teams Meeting in Cambodia in December. The video is part of a larger effort to inform a broad audience in the health community about the benefits of FM harmonization and alignment, and hopefully garner support for action by stakeholders.

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5 Monitoring, evaluation and review of national health strategies. A country-led platform for information and accountability, IHP+ and WHO, September 2011 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/M_E_Framework/M%26E.framework.2011.pdf

6 Joint Annual Health Sector Reviews: Why and how to organize them, IHP+ September 2014 http://www.internationalhealthpartnership.net/JAR2014

7 http://www.internationalhealthpartnership.net/en/key-issues/financial-management/

FM harmonization initiatives supported by IHP+ FMTWG have started in various countries (see table 2 below)

Table 2. Financial management harmonization initiatives supported by IHP+ FMTWG

Country	Description of work	Participating Development Partners	Affiliated Development Partners
Burundi	A Joint Financial Management Assessment (JFMA) of the Burundi health sector was carried out in September 2014. IHP+ coordinated the assessment, and financed some participants. The next step is to discuss the findings and identify how to work together on strengthening the FM system.	Global Fund, GAVI, EU and African Development Bank.	Belgian Cooperation and USAID.
Sierra Leone	A Joint FM Assessment was conducted in 2012. It recommended formation of an Integrated Health Projects Administration Unit (IHPAU) to help harmonize FM arrangements in the sector and mitigate fiduciary risks. Plans for an IHPAU are being revived. Partners provided comments on the revised draft document for setting up the unit and the comments are under consideration by the Ministry of Health and Sanitation. IHP participated in one follow up mission.	Joint assessment by GAVI, Global Fund and World Bank, with support from WHO.	
Cambodia	MoH has expressed interest in DPs' support to assess MOH readiness and capacity to strengthen public financial management in the context of scaling up health equity funds and other expenditures	Australia (DfAT), World Bank (WB)	
DR Congo	Discussions held on FM harmonization and alignment	Global Fund (GF), WB	UNFPA, European Union (EU)
Myanmar	An FM assessment has been conducted by the WB for a new project - Myanmar Essential Health Services Access Project. GAVI is in discussions with the WB to have common FM arrangements	WB	GAVI
Nigeria	Discussions held on FM harmonization and alignment	GF, WB	Bill and Melinda Gates Foundation, EU, GAVI, USAID
Senegal	Discussions held on FM harmonization and alignment. Aim is to leverage the existing harmonization between WB and USAID on the Senegal Performance-Based Financing programme	USAID, WB	GF

Planning and design of a study of the link between Public Financial Management and health sector results as well as the role of FM harmonization and alignment went forward. The study will be co-led by the World Bank's Governance Global Practice and the Health Nutrition and Population Global Practice, and involve the FMTWG as well as other partners. It will be co-funded by the World Bank and IHP+.

5.3 Harmonization and alignment of donor procurement policies

Harmonization and alignment of procurement and supply management remains a challenging issue, and one that countries see as a priority. As for financial management, the benefit of strengthening national systems is not just greater efficiency in the use of aid funds, but also more efficient use of national funding in this critical area for health results. The need for better harmonization and alignment was highlighted in the Country Health Teams Meeting session on procurement, which illustrated the mix of different supply chains and procurement systems faced by some countries.

IHP+ Core Team reviewed potential roles for IHP+ on procurement and supply chains, given the work planned by the Inter-Agency Supply chain Group (see section 3.1) to harmonize efforts. The conclusion of this assessment was presented to the IHP+ Steering Committee in December 2014, and it recommended that given the planned work of the Inter-Agency Supply chain Group to harmonize systems, the role for IHP+ should be to learn from the experience with efforts to harmonize and strengthen systems, through selected case studies. This approach was endorsed by the Steering Committee.

5.4 Country Compacts and Joint Assessments of National Strategies

Joint assessments of national health strategies (JANS) have been undertaken in various countries, as a mechanism to strengthen the health strategy and enabling partner engagement. The JANS approach was developed by IHP+ partners and is now implemented by countries and their partners, with minimal involvement of IHP+.

Country compacts and similar partnership agreements aim to define the roles of government, development partners, implementing partners and civil society organizations (CSOs) in improving health systems and achieving better health outcomes through more efficient use of resources.

In 2014, Sudan signed a country compact on health with signatories from the Ministry of Health, the Ministry of Finance, over ten Development Partners and a range of national Civil Society Organizations (CSOs). The signing represented months of negotiation and hard work by those committed to improving development cooperation in health.

A desk review conducted by the Core Team in 2014, showed that 25 of 36 IHP+ countries have a signed compact or partnership agreement. Over time, more compacts have included means to measure progress, with a system for tracking progress on commitments (usually Joint Annual Reviews) and indicators, although few have baseline and targets.

5.6 Improved CSO engagement in national policy, monitoring and accountability processes

The IHP+ Global Compact explicitly mentions the important role of civil society in the development and implementation of national health plans, and in holding partners to account.

The Health Policy Action Fund (HPAF) is an IHP+ mechanism that provides small grants to support southern civil society to become more effectively engaged in national health policy processes, contribute to the effectiveness of development cooperation and hold partners accountable for their commitments. Following the review of HPAF conducted by Dalberg in 2013, a third round of small grants has been established by IHP+, adapted to focus more explicitly on the IHP+ agenda, and to focus more on civil society networks. A request for proposals for the grant manager was issued, and Oxfam Germany was selected. The grant manager issued a call for HPAF proposals in December 2014 inviting CSOs, particularly CSO networks, from the 36 IHP+ countries to submit proposals. The grants will fund work over an 18-month period starting in March 2015, with a maximum of US$ 30,000 per grantee.

There was an assessment of the potential for developing a larger scale funding mechanism to support and build capacity of civil society to engage in health policy and planning processes and encourage effective cooperation, as suggested in the HPAF review (conducted in 2013). The approach was found to be feasible, based on building this mechanism onto an existing grant giving mechanism, rather than continuing a small grant programme under IHP+. However it is not yet clear that there is sufficient interest from funders; this will be explored further in 2015.

The annual meeting of IHP+ Civil Society Consultative Group was held from 1–2 December 2014 prior to IHP+ Country Health Teams Meeting in Cambodia. The meeting reviewed CSCG effectiveness in IHP+, finalized the 2015 Action Plan, and discussed CSCG engagement with IHP+, HPAF and IHP+ Results process.

As part of wider efforts to promote IHP+ principles amongst national, regional and global civil society networks, CSCG members also committed to champion these principles within the post-2015 agenda. The group has developed a position paper[8], on behalf of the civil society members of IHP+, which sets out some principles they believe any post-2015 development framework should include.

5.7 South–south and triangular cooperation for health development

A review of south–south cooperation and triangular cooperation in health was published in May 2014[9]. This review was commissioned by IHP+ following an informal IHP+ working group discussion that recommended such an analysis as a first step in identifying potential role of IHP+ in this area. This proved to be a challenging exercise because there is little systematic information and evidence on this form of cooperation (see below).

8 http://www.internationalhealthpartnership.net/en/news-events/ihp-news/article/ihp-civil-society-consultative-group-discusses-development-cooperation-principles-post-2015-326909/

9 South-South and Triangular Cooperation in Health: Current status and trends, IHP+ May 2014 http://www.internationalhealthpartnership.net/SSTCinHealth2014

Key findings from the Review of South–South and triangular cooperation

South–south cooperation has a long history but interest has increased since Busan. A wide range of regional networks already exist to foster cross-country learning and capacity building – some based in regional economic communities, others are more health specific. Systematic, well-structured support for south–south cooperation is most developed in the Americas and other regions could learn from that experience.

In health, South–South and triangular cooperation initiatives are not widely known or well-documented; furthermore, few are systematically reviewed for their costs and benefits. Results measurement is stronger in triangular cooperation than in south–south cooperation initiatives and programmes.

Triangular cooperation is widely practiced by bilateral and multilateral agencies, international NGOs and foundations. While few of these institutions have explicit south–south cooperation policies or strategies, their existing technical assistance rules do not hinder them from engaging in south–south and triangular cooperation. However, for many bilaterals it has to be part of a planned programme.

There is evidence of duplication among knowledge sharing networks and platforms.

The IHP+ Reference Group discussed the implications of the review. It was felt that while IHP+ already encourages south–south cooperation, IHP+ has no comparative advantage to act as a broker for south–south and triangular cooperation. IHP+ should continue to follow up how agencies are doing south–south cooperation, and how they support this in countries. Countries could take a lead in particular topic areas.

There was a lively discussion in the Country Health Teams Meeting on south–south cooperation: it is valued, and is expected to grow in importance. The meeting concluded that it is important to structure and systematize this form of cooperation. This can include developing clear institutional arrangements in countries monitoring implementation, and evaluating its impact. To ensure south–south cooperation and triangular cooperation address priorities, mechanisms need to be developed to define demand and match supply to demand, with clarity on what is currently on offer from different providers and funders. Similar issues were identified in the discussion on technical assistance, and IHP+ will address the two together in future.

5.8 Strategically planned and well-coordinated Technical Assistance

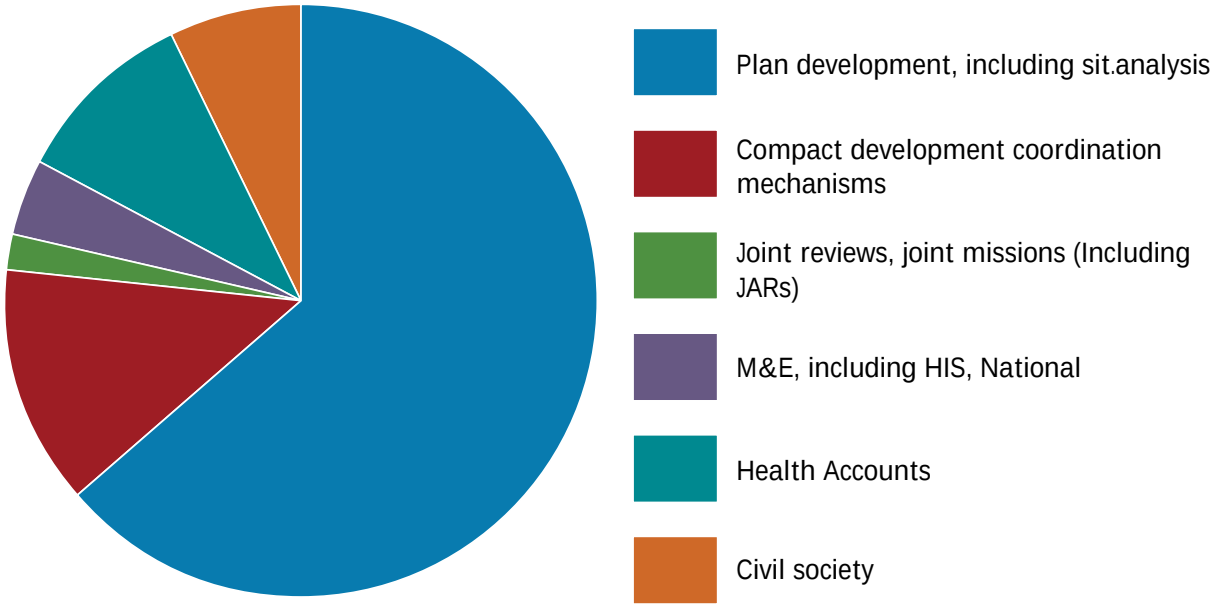
In December 2012, the IHP+ Country Health Teams Meeting identified a need to improve the management, coordination and effectiveness of technical assistance (TA), and the issue was included in the Work Programme for 2014–15. Following an informal expert consultation in early 2014, five rapid analyses of country practice were completed, based on a framework that examined TA demand and

supply side issues, resulting in a synthesis paper[10]. A consultation on 'Improving Technical Assistance in the Health Sector: current issues and opportunities' was conducted in October, involving countries, development partners and experts in the field. This formed the background for a session at the Country Health Teams Meeting in Cambodia where key messages on TA were developed. Subsequently, the Steering Committee (in December) agreed that its members will follow up on the messages about improving TA from the Country Health Teams Meeting within their own institutions, and that the Core Team will explore work on rethinking TA with interested agencies (in two to three countries), and develop a TA policy brief.

5.9 Country grants

IHP+ managed four country grants in 2014 (Cambodia, Cote d'Ivoire, Gambia, and Guinea Bissau). The total amount sent to countries was 175,000USD, of which about 69% had been spent as of January 2015. Figure 2 shows the distribution of funds by activity. As in previous years, funds were used mostly for supporting the development of national health policies and plans, including joint assessments of national strategies, followed by compact development, support for monitoring and evaluation, and support for civil society engagement in policy processes.

Figure 2: Expenditure on country grants by type of activity, 2014.



10 Demand and supply of technical assistance and lessons for the health sector, October 2014 http://www.internationalhealthpartnership.net/TApaper2014

6. Accountability for progress and results

6.1 Mutual accountability

Building on the agreement among partners on IHP+ monitoring of development effectiveness the fourth round of monitoring was conducted in 2014. A consortium was selected following competitive bidding, consisting of HERA, ITAD, iDevelopment Initiatives and CHESTRAD. The consortium developed guidance material, a web site and a help desk function to support the monitoring, which in each country was led by the Ministry of Health. All IHP+ countries were invited to participate and 24 countries decided to do so. Results were collected from 24 countries, with returns from 37 development partners, including four international NGOs. The exercise was carried out in close dialogue with the Core Team, and also involving country based staff of WHO and the World Bank.

The preliminary findings were presented at the Country Health Teams Meeting in Cambodia in December – see 6.2 below – as well as the Steering Committee; and a first draft report was submitted to the Core Team for comments. Both The Country Health Teams Meeting and the Steering Committee found the new country level and country led approach positive. Active follow up within agencies and countries as well as with OECD/DAC and Global Partnership for Effective Development Cooperation is planned when the final report is available early 2015. In addition, a consultation on the way forward for monitoring and mutual accountability has been planned for early 2015.

6.2 IHP+ 5th Country Health Teams Meeting

The 5th IHP+ Country Health Teams Meeting was held in Siem Reap, Cambodia 2–5 December 2014 with almost 200 representatives from 34 country governments, 20 international development partners and many civil society organizations. The biannual IHP+ Country Health Teams Meeting is the 'flagship' event of the IHP+, bringing together teams of government, development partner and CSO representatives from partner countries as well as global level representatives of development agencies and CSOs. Meeting participants were 41% from governments, 37% from development partners and 22% from civil society.

The objectives of the meeting were to agree ways in which IHP+ can accelerate better health results through greater health development effectiveness. The specific objectives were to:

- Promote greater mutual accountability for progress and results in effective health aid and development cooperation, including review of what has changed since 2012, and why and how change is happening.
- Identify ways to achieve greater alignment with country priorities, plans and systems, and opportunities for accelerating progress on the seven behaviours and results.
- Discuss probable trends in global aid architecture post 2015, and the place of IHP+ within it.

During the meeting the results from the 2014 round of IHP+ performance monitoring were presented and indicated that – overall – countries continue to make progress on effective development cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better

the performance. For development partners, the most notable finding is that use of country financial management systems has declined over the last two years. Participants analysed progress since the previous Country Health Teams Meeting on effective cooperation in health and reviewed probable developments post 2015 and discussed priorities for action.

Improving performance requires action by all partners: by governments, development partners at HQ and country level, CSOs, the private sector and new development actors such as Brazil, Russia, India, China and South Africa (known as the BRICS). There remains a need to better understand the underlying causes of poor performance, and incentives for change within different organizations. Frank dialogue to address longstanding persistent issues was called for.

Priority actions were identified for four areas where there is both need and opportunity for greater progress:

1. Strengthen and use country information and accountability platforms
2. Strengthen and use country financing and financial management systems
3. Improve technical assistance (TA) including south–south cooperation
4. Enhance mutual accountability.

Key messages from the meeting (see annex four) were sent to the Ministers of Health and heads of agencies that are IHP+ signatories (early in 2015). In addition, the messages were sent to the co-chairs of the Global Partnership for Effective Development Cooperation, and the chair of the OECD Development Assistance Committee, asking for their support to follow up the messages.

7. Oversight, Operations and Communications

7.1 IHP+ Structures and bodies in 2014

IHP+ changed its governance in 2013 and the newly created IHP+ Steering Committee held its first meeting in January 2014. The Steering Committee is responsible for setting overall strategic directions and oversight of IHP+. It approves the IHP+ work plan and budget. It held 3 face-to-face meetings (January, June and December). All were well attended and found productive and with good and frank discussions by the participants. The two co-chairs were consulted ad hoc on a few issues during the year.

The IHP+ Reference Group held a total of 6 meetings by video and audio conference calls. The IHP+ Reference Group supports the IHP+ Core Team in implementing the IHP+ work-plan.

Of the IHP+ Technical Working Groups (TWGs) only the FM one had meetings during 2014. Notwithstanding much work carried out in the areas of M&E and Mutual Accountability, there was no need for meetings of the IHP+ TWGs in those areas.

The Civil Society Consultative Group had its annual face-to-face meeting in 2014 (see 4.6 above). The IHP+ Civil Society Representatives and Alternates had a face to face meeting in Geneva in October 2014 and four virtual meetings over the year.

Overall the new IHP+ governing structure which started working this year, proved very well suited and effective[11].

7.2 Advocacy and Communications

IHP+ communicates with its partners and other interested parties through the main communication channels of the website and the bi-monthly newsletter. The newsletter features short articles about global and country level activities and interviews with IHP+ signatories and CSOs in countries. IHP+ also now provides concise syntheses of its key publications in four different languages. A review of the website, consulting IHP+ signatories, began in December 2014 and will continue in early 2015 with a view to renewing the function and navigation of the site.

New or updated IHP+ publications in 2014 include:

- Uniting for a healthier future (IHP+ brochure) (English and French)
- South-south and triangular cooperation in health: current status and trends (English and French)
- Joint Annual Health Sector Reviews: why and how we organize them, (English and French),
- IHP+ In Brief Synthesis papers (English Spanish, Portuguese and French)
- Health Policy Action Fund Stories of Change (English and French)
- Financial Management Frequently Asked Questions (English and French)

Advocacy

In 2014 IHP+ had a fresh focus on advocacy and raising the visibility of IHP+ in developing countries and in development partner headquarters. A series of advocacy materials have been produced including postcards and posters about the 'seven behaviours'; a poster for African and Asian countries about the importance of development cooperation for health workers and health systems; and bookmarks. These materials have been disseminated at major meetings and posted to IHP+ partners and CSOs on request.

IHP+ also produced a short animated film introducing financial management and why it matters to development cooperation in health[12]. Other IHP+ short films featuring interviews with IHP+ signatories continue to be produced on a regular basis and can be found on the website.

Through its core team members IHP+ was also active on Twitter. IHP+ held and participated in numerous meetings about development cooperation effectiveness in health in 2014; these are detailed in Annex three.

11 http://www.internationalhealthpartnership.net/en/about-ihp/management-and-documents/
12 http://www.internationalhealthpartnership.net/en/key-issues/financial-management/

7.3 Core Team Operations

The **IHP+ Core Team** is co-hosted by WHO and the World Bank. It manages the IHP+ work plan, budget and communications, under the oversight of the Steering Committee. It takes forward Steering Committee decisions, organizes Steering Committee, Reference Group and Country Health Teams Meetings, and facilitates Working Group meetings.

The co-leads of the Core Team (in World Bank and WHO) found the staffing of the Core Team insufficient given the size and complexity of the work programme. This is expected to be addressed in the beginning of 2015 in connection with the continued discussion of the future direction of IHP+. With the departure of both Core Team co-leads in early 2015, the search for their replacement was initiated late 2014 in WHO and the World Bank respectively.

8. IHP+ Finances

Funding for IHP+ in 2014 was provided by the European Commission, Germany, Spain, Sweden and UK Department for International Development. The WHO and World Bank contributed in terms of staff time, office and oversight inputs.

Table 3 sets out the expenditure by areas of the IHP+ work programme, and against the budget which is agreed for the biennium (2014 and 2015) following WHO practice. In addition to funding part of the

Table 3: Breakdown of expenditure by area of work, 2014, against biennium budget.

		Budget for 2014 & 2015 ($)	Expenditure in 2014 ($)
Area 1	**Political and organizational action** Intensified action among global agencies; intensified action and lesson learning in selected countries; global trends in development cooperation	1,225,000	251,253
Area 2	**Approached and tools** One country platform for monitoring and accountability; financial management harmonization; JANS and compacts; CSO engagement; procurement; South–south cooperation; technical assistance; country grants	4,270,000	1,224,449
Area 3	**Accountability for progress and results** 4th round of monitoring; 5th IHP+ Country Health Teams Meeting; CSCG meetings	1,875,000	1,602,857
Area 4	**IHP+ oversight, operations and communications** Steering committee and other IHP+ management body meetings; advocacy and communications; Core Team operations	3,130,000	1,607,493
	TOTAL $	**10,500,000**	**4,686,052**

costs of Core Team operation, the largest areas of expenditure were, as budgeted, for the 2014 monitoring exercise, the Country Health Teams Meeting and the civil society grants. There has been lower spending than expected in area 1 and 2, reflecting low demand for country grants; limited expenditure to date on financial management activities and support for strengthening monitoring at country level, which are expected to pick up in 2015; and because during 2014, IHP+ was identifying its role on procurement and south–south cooperation.

9. Looking ahead

Monitoring of the progress of IHP+ partners on aspects of aid and development cooperation effectiveness was carried out in 2014 (see chapter 6). The findings showed that country partners had made some progress while the data for development partners indicated a fall in the use of country financial management systems. The monitoring also noted a correlation between the length of time in IHP+ and improved development cooperation effectiveness. Both of these indicate the continued relevance of IHP+.

This continued relevance was also underscored by the Fifth IHP+ Country Health Teams Meeting in December. The meeting found that the seven behaviors continue to be relevant. It stressed that political engagement and action is essential to move the agenda forward.

At the Country Health Teams Meeting, IHP+ partners emphasized priority actions in four areas:

- Strengthen and use country information and accountability platforms
- Strengthen and use country financing and financial management systems
- Improve technical assistance including south–south cooperation
- Enhance mutual accountability, particularly country-level and country-led mutual accountability processes.

In addition IHP+ plans work to document progress on harmonization and alignment on procurement; and draw on the experience of the IHP+ to encourage development of a larger scale mechanism to support civil society engagement on health policy and development effectiveness.

Finally, the roles of the private sector and the emerging economies in the partnership will be discussed. All this will need continued strong IHP+ global engagement as well as country support.

2015 is an important year for deciding on IHP+'s future directions, in the light of the negotiations on the Sustainable Development Goals, the means of implementation and financing for development. Following discussions in the Steering Committee in December 2014, a consultation is planned with partners on IHP+'s role and strategic directions. This will inform the Steering Committee's decision on the future directions for IHP+. Based on this, the work programme for 2016–17 will be developed.

Annex one: IHP+ partners December 2014

Partner Country/Organization	Partner since
Afghanistan	September 2013
African Development Bank	September 2007
Australia	May 2008
Bill & Melinda Gates Foundation	September 2007
Belgium	January 2010
Benin	September 2009
Burkina Faso	September 2009
Burundi	September 2007
Cambodia	September 2007
Cameroon	June 2010
Canada	September 2007
Cape Verde	May 2012
Chad	March 2011
Civil Society – Northern	February 2008
Civil Society – Southern	January 2009
Côte d'Ivoire	February 2008
Comoros	July 2014
Democratic Republic of Congo	November 2009
Denmark	May 2014
Djibouti	July 2009
El Salvador	May 2011
Ethiopia	September 2007
European Commission	September 2007
Finland	May 2008
France	September 2007
Gambia	May 2012
GAVI Alliance	September 2007
Germany	September 2007
Global Fund to Fight AIDS, Tuberculosis, and Malaria	September 2007
Guinea	May 2012
Guinea Bissau	May 2013
Haiti	May 2013
International Labour Organization	September 2007
Italy	September 2007
Japan	November 2014
Joint United Nations Program on HIV/AIDS (UNAIDS)	September 2007
Kenya	September 2007
Luxembourg	May 2014
Madagascar	May 2008
Mali	October 2007
Mauritania	May 2010
Mozambique	September 2007
Myanmar	January 2014
Nepal	September 2007
Netherlands	September 2007
Niger	May 2009
Nigeria	May 2008
Norway	September 2007
Pakistan	August 2010
Portugal	September 2007
Rwanda	February 2009
Senegal	September 2009
Sierra Leone	January 2010
Spain	January 2010
Sweden	May 2008
Sudan	May 2011
Togo	January 2010
Uganda	February 2009
United Kingdom	September 2007
United Nations children's Fund (UNICEF)	September 2007
United Nations Development Program (UNDP)	September 2007
United Nations Population Fund (UNFPA)	September 2007
USAID	May 2013
Vietnam	May 2010
World Bank	September 2007
World Health Organization (WHO)	September 2007
Zambia	September 2007

Annex two: Steering Committee members, 2014

Countries

Dr Or Vandine, Director General for Health, Ministry of Health, Cambodia

Dr Kesete-birhan Admasu Birhane, Minister of Health, Ethiopia or Dr Amir Aman Hagos, State Minister for Health (Committee co-chair)

Mr Jackson Kinyanjui, Director External Resources Division, National Treasury, Kenya

Professor Pe Thet Khin, Minister of Health, Myanmar (until July 2014)

Professor Awa Coll-Seck, Minister of Health and Social Action, Senegal

Dr Samuel Sheku Kargbo, Director, Reproductive and Child Health Ministry of Health and Sanitation, Sierra Leone

Civil society representatives

Mr Mayowa Joel, Program Director, Communication for Development Centre, Nigeria

Ms Louise Holly, Senior Health Policy & Advocacy Adviser, Save the Children, UK (to June 2014)

Christian Acemah, Director for Strategy and Program Development, African Science Academy Development Initiative of the U.S. National Academies, USA (from June 2014)

Bilateral development agencies (4 members, one rotating observer)

Ms Jane Edmondson, Head of Human Development, DFID, UK

Ms Veronique Lorenzo, Head of Unit – Directorate General EuropeAid, Development and Co-operation (DEVCO), European Commission (Committee co-chair)

Ms Birgit Wendling, Deputy Head of Division, Health, Population Policy, Federal Ministry for Economic Co-operation and Development, Germany

Dr Anders Nordstrom, Ambassador for Global Health Department for Multilateral Development Cooperation, Ministry of Foreign Affairs, Sweden

Mr Wade Warren, Senior Deputy Assistant Administrator, Bureau for Global Health, USAID, USA

UN agencies and financing institutions

Dr Hind Khatib-Othman, Managing Director, Country Programmes, GAVI (representing GAVI and the Global Fund)

Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation, WHO (representing WHO and UNAIDS)

Ms Anne-Birgitte Albrectsen, Deputy Executive Director, Management, UNFPA (representing UNICEF and UNFPA)

Dr Timothy Evans, Director, Health, Nutrition and Population, World Bank (representing World Bank, AfDB and Gates Foundation)

Annex three: IHP+ meetings and other events where IHP+ Core Team presented on development cooperation effectiveness in 2014

- **January 2014:** IHP+ Steering Committee first meeting, including joint session with Commission on Information and Accountability for Women's and Children's Health stakeholders
- **February 2014:** Roll Back Malaria Advocacy Working Group meeting dialogue with global health partners
- **February 2014:** IHP+ Meeting on Technical Assistance, Geneva
- **March 2014:** WHO/EMRO GHI and health system focal points meeting, Lahore: update on trends in health development cooperation
- **April 2014:** Global health agency leaders meeting, Washington DC
- **April 2014:** Turning development cooperation principles into results: experiences from education, health and WASH, and implications for the post 2015 agenda. Focus session at first high level forum of the Global Partnership for Effective Development Cooperation, Mexico
- **April 2014:** Global induction of Heads of WHO country offices: panel on working with health development partners using effective development cooperation principles
- **April 2014:** World Bank HNP Civil Society Consultative Group, Washington
- **May 2014:** Briefing of UNFPA staff on IHP+, New York
- **May 2014:** IHP+ lunch meeting with RMNCH Steering Committee: Strengthening information & accountability, Geneva
- **May 2014:** Briefing for World Bank health anchor staff on IHP+, Washington DC
- **May 2014:** Briefing meeting for UNFPA staff, New York
- **May 2014:** Briefing on IHP+ for Rockefeller Foundation, New York
- **May 2014:** Strengthening Information and Accountability: IHP+ side event, World Health Assembly
- **May 2014:** Accountability under Universal Health Coverage: What role Civil Society must play. Fringes of WHA
- **May 2014:** Budget tracking workshop for southern CSOs and parliamentarians, Dakar: briefing on IHP+ and 4th round of monitoring
- **June 2014:** Update on IHP+ to Health Policy Action Fund CSO grantees
- **June 2014:** IHP+ Financial Management Working Group first face-to-face meeting
- **June 2014:** IHP+ Steering Committee second meeting
- **June 2014:** Briefing of IHP+ To GAVI HSS focal points

- **June 2014:** Presentation on IHP+ to post-doctoral students from University of Central Michigan, School of Health Sciences visiting Geneva
- **August 2014:** Working Group on Indicators & Reporting Burden, Geneva
- **September 2014:** Universal Health Coverage Partnership. Technical Meeting, session on Aid effectiveness, Hammamet, Tunisia
- **October 2014:** IHP+ Financial Management Working Group meeting
- **October 2014:** IHP+ Strategy Meeting of the Civil Society Consultative Group, Geneva
- **October 2014:** IHP+ Consultation on Technical Assistance, Geneva
- **October 2014:** Everything you wanted to know about compacts but were afraid to ask, IHP+ Seminar, WHO
- **October 2014:** Workshop on Universal Health Coverage policies and strengthening of the African CSO network for Universal Health Coverage. Introduction to IHP+ and effective development cooperation principles (by skype)
- **September 2014:** "A Debate on the Future of the Global Health Architecture" Center for Global Health & Diplomacy event in fringes of UNGA, New York
- **September 2014:** "Universal & Accountable Health Systems – The heartbeat of what we do", CSO meeting in fringes of UNGA, New York
- **December 2014:** Meeting of the Civil Society Consultative Group, Siem Reap, Cambodia
- **December 2014:** 5th IHP+ Country Health Teams Meeting, Siem Reap, Cambodia
- **December 2014:** Presentation on IHP+ during USAID "State Of The Art" meeting for Asia staff, Phnom Penh
- **December 2014:** IHP+ Steering Committee third meeting

Annex four: Key Messages from the Country Health Teams Meeting

At the 2014 Country Health Teams Meeting there was a strong message that **political action is essential** to move this agenda. In the last two years, WHO's Director General and the World Bank's President have helped get all major development agencies to agree to a core list of 100 indicators (down from over 600) in order to streamline global reporting requirements. This is an important and highly appreciated step towards easing the reporting burden on countries.

Other areas would benefit from similar support. **Improving performance requires action by all partners** – by governments; development partners at headquarters and country level; CSOs; the private sector and new development actors such as the BRICS. There remains a need to better understand the underlying causes of poor performance, and incentives for change within different organizations. Frank and transparent dialogue to address longstanding persistent issues was called for.

Priority actions were identified for four areas where there is both need and opportunity for greater progress:

1. **Strengthen and use country information and accountability platforms.**
   Good decisions need good information on health sector performance and results. Country information systems are improving but progress remains slow. In 2014, heads of development agencies agreed to tackle uncoordinated efforts to strengthen national M&E systems by combining support behind one single country information platform. Now this needs to happen in more countries. Two actions were reinforced in discussions in Siem Reap. Sound national information system investment plans need to be developed by government together with partners. And development partners need to increase joint investment in those country plans. A related point was that joint sector performance reviews would benefit from the more effective engagement of CSOs, the private sector and new development partners.

2. **Strengthen and use country financing and financial management systems.**
   Opportunities for action to strengthen and use country financial management (FM) systems are greater today than before: FM is more explicitly recognised as a major issue by both governments and development agencies, as are the transaction costs and wasted resources from multiple separate FM assessments and funding arrangements. There are tools available, and progress has been shown to be possible even in fragile states. Three priority actions were identified in Siem Reap. First, there was a call for joint financial management assessments to become standard practice, followed by development of a national FM system strengthening plan by government in consultation with development partners, in which multiple partners can invest. Second, civil society organizations and formal elected bodies need to play a stronger role in scrutinising use of funds. Third, being on budget needs to become the default mode for all development agencies. This requires governments to prepare timely and transparent budgets. It also requires agencies to give stronger messages to their country staff that providing financial information in time for the annual country budget process, so it can be recorded on budget, should be standard practice.

3. Improve technical assistance (TA) including south–south cooperation

There remains a need for TA to be more country-led, strategically planned and well-coordinated, and new ways of looking at TA are needed. Approaches to technical cooperation are changing, with increased assistance provided by emerging economies. Three actions were identified. TA needs to be more clearly based on health sector priorities, and more demand-driven: country governments need to articulate TA needs more clearly, and engage in open dialogue with DPs based on those needs. Development partners could be much clearer to governments about what TA is available and how to access it, including through support for south–south and triangular cooperation. Third, terms of reference should be jointly defined with clear lines of accountability; and explicit capacity building objectives, and better ways to monitor the relevance and quality of TA developed. New approaches to assessing the impact of TA on building and sustaining individual and institutional capacity need to be explored and adopted.

4. Enhance mutual accountability.

The fourth round of IHP+ performance monitoring has just been completed, with higher participation than before: 24 countries, 37 development agencies and international NGOs. Four actions were identified in Siem Reap. The shift in 2014 towards more country-level and country-led mutual accountability processes is positive and should continue. The IHP+Results scorecards can provide a useful starting point for in-depth discussion about areas in which there is less progress, why and what can be done: governments need to ensure local dialogue on the 2014 findings, and explore incentives to change behaviour in areas with poor progress. Looking forward, selected aid effectiveness indicators could usefully be included in national M&E frameworks. Development agency headquarters should also discuss findings from the 2014 round of monitoring, and consider actions that could be taken, and incentives needed. CSOs have a major role to play by focusing on accountability of both governments and development partners for progress on the seven behaviours.

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ISBN 978 92 4 150854 4