ihp+
INTERNATIONAL HEALTH PARTNERSHIP + RELATED INITIATIVES

International Health Partnership
& Related Initiatives

# Core Team Report

# 2013-2014



World Health Organization

WORLD BANK GROUP

Aligning for better results

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# 1. Current environment

Better health results for the population is the overarching goal of all actors in the health sector: citizens, governments and development partners. IHP+ partners believe that the most efficient way to reach this goal is through aligned support for good quality country health strategies, and that the key to sustainable success is strengthening and aligning with country systems. With the Paris, Accra and Busan agreements in place, this view is shared by almost all development actors. However, putting this into practice remains harder to achieve.

Development assistance trends noted previously have continued in 2013-14. Traditional development assistance for health (DAH) has risen only slowly since 2010, and commitments – promises of health aid for the future – have fallen since 2009. Emerging economies (BRICS and others) are increasingly influential in global policy discussions and are now donors themselves. Many low-income economies are becoming middle-income, and less reliant on DAH. However, DAH is still important in half of IHP+ partner countries, for whom at least 20% of total health spending still comes from external sources. Progress has been made in advancing the aid effectiveness agenda but major challenges persist.

In health, the rise in development actors – public and private, domestic and international – continues. There are new global health initiatives as the MDG 2015 deadline gets closer; the many Reproductive, Maternal, Newborn and Child Health (RMNCH) initiatives are a good example of this trend. Some global health financing institutions, for example the Global Fund, now have new funds and new financing instruments in place. IHP+ itself underwent changes in 2013, when its new oversight body, the Steering Committee, was created.

Looking forward to post 2015, negotiations on the Sustainable Development Goals (SDGs) have intensified. There will be one health goal. The SDGs will define **what** is to be achieved. The development cooperation principles agreed in Busan are about **how** to deliver on the goals. In health, the need for country governments to set priorities that multiple development partners can align behind (in short, one health strategy) remains as important as ever.

### Box 1: IHP+ partners from 2007-2014

| IHP+ partners | September 2007 | May 2014 |
|---|---|---|
| Low-income countries | 8 | 35 |
| Bilateral donors | 8 | 15 |
| International organizations and foundations | 11 | 13 |
| **Total** | **27** | **63** |

New partners since the 2012/13 Core Team report include: Afghanistan, Myanmar, Denmark, Haiti, Luxembourg and USAID.

# 2. Snapshot of IHP+ achievements in 2013-2014

Here are the highlights of the work of IHP+ during the past year:

- The heads of all major international health agencies committed to intensified action on seven critical behaviours. These behaviours reflect IHP+ principles. Four of the seven behaviours featured as priorities across reviews in four countries: being on budget; financial management; information and accountability platforms; technical assistance.
- Heads of agencies agreed to substantially reduce global health reporting requirements.
- IHP+ launched the new Financial Management Working Group.
- A review of south-south and triangular cooperation in health commissioned by IHP+ found that existing initiatives are not well-known nor experience sufficiently shared between countries or between development partners; there are also significant regional differences in experience.
- A review of the Health Policy Action Fund southern civil society grants programme, supported by IHP+, found that the grants have stimulated greater civil society engagement in national policy processes.
- IHP+ JANS and compact guidance were updated.
- IHP+ introduced new governance and oversight arrangements, which include a Steering Committee and Reference Group.

# 3. Political and organizational action

## 3.1 Intensified action on the seven behaviours

The key message from the IHP+ Country Health Teams Meeting in December 2012 was that while there is progress in putting the internationally agreed principles of effective development cooperation into practice, it is slower than expected. Importantly it was agreed that, overall, countries have gone further than development agencies in doing so.

By May 2013, a response in the form of a twin-track approach was agreed. There would be intensified action to improve performance on seven behaviours that are key to effective development cooperation 1) in countries and 2) in development agencies. This collective effort is expected to lead to more rapid and sustained results. Given that *commitment* to action is already widespread and longstanding, a first step would involve better understanding *why* change is not happening. Ministers from several countries were ready to actively champion this approach, as were leaders from global health agencies.

## The Seven Behaviours

1. Agreement on priorities that are reflected in a single national health strategy and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.
2. Resource inputs recorded on budget and in line with national priorities.
3. Financial management systems harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.
4. Procurement/supply systems harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.
5. Joint monitoring of process and results is based on one information and accountability platform including joint annual reviews that define actions that are implemented and reinforce mutual accountability.
6. Opportunities for systematic learning between countries developed and supported by agencies (south-south/triangular cooperation).
7. Provision of strategically planned and well-coordinated technical support.

*Progress in 2013-2014*

### Country review and action[1]

Over the last year there have been rapid reviews of health development cooperation facilitated by IHP+ in four countries: Senegal, Myanmar, Sierra Leone and Burundi[2]. The seven behaviours have proved a good framework for strategic discussion of current challenges. Priorities for action over the next 18 months have been identified in-country and sometimes also by agencies at global level. In Haiti, which is a new signatory, the seven behaviours were used to frame discussions on initial areas for improvement in health aid effectiveness.

The missions have helped put development cooperation challenges more squarely on the table for both government and development partners. They have stimulated local agency offices to re-examine their engagement on specific issues, and in some instances stimulated agency thinking on the need to adapt ways of working to reflect changing country circumstances. Four issues feature as priorities across reviews so far, where significant progress is wanted and thought most feasible:

- having a greater share of resources recorded on budget
- supporting and using stronger public financial management systems
- one information and accountability platform
- better coordinated technical assistance.

1 Framework for initiating process in fast-track countries

2 Senegal report; Myanmar report; Sierra Leone report;

Harmonization and alignment with national procurement systems have been noted as major issues, but considered hard to tackle. The rapid reviews have helped catalyze selected actions locally, but have been less successful in influencing agency HQ action.

### Agency review and action on the seven behaviours[3]

Some agencies have held discussions on all seven behaviours, but to date this has been limited. Box 2 on the following page provides an example from GAVI.

There is however progress on agency efforts to tackle one of the seven behaviours through massive collective action: improved monitoring of progress and results, based on one information and accountability platform. Global health agency leaders agreed in September 2013 to take a critical look at their reporting requirements, with the goal of reducing the burden on countries. A rapid assessment of the burden of reporting requirements for health monitoring,[4] conducted by a Working Group led by the Director General of WHO, recommended a cut in the current number of indicators from 600 to 300. Other recommendations were to use common, country-led platforms for results measurement and accountability as outlined by IHP+, and develop practical ways to align reporting cycles. During 2014, work will continue to finalise the core global indicators and implement other recommendations from the report (see section 4.1).

Looking forward, the main challenge for countries and agencies has been to maintain an impetus for accelerated action. In January 2014, the first meeting of the IHP+ Steering Committee agreed that the twin-track approach was appropriate and should continue, with some modifications. Given the success of having global health leaders focus on one issue, this approach may be adopted to advance global action on other behaviours.


3 Framework for initiating the process of implementing change by international development partners

4 Rapid review of the burden of indicators and reporting requirements for health monitoring

**Box 2: GAVI: how it has used the 'seven behaviours'**

The GAVI Alliance has used the 'seven behaviours' on development cooperation to assess and improve its work as a development partner. IHP+ interviewed Hind Khatib-Otman, Managing Director of Country Programmes, about how GAVI uses this approach, what difference it has made and what challenges they faced.

"After the Nairobi meeting in 2012, GAVI started looking at the seven behaviours. We asked ourselves what can they teach us? We carried out an extensive exercise. A committee oversaw the updating of our guidelines and over a period of two months, we examined each of the seven behaviours and explored how we could integrate them into the new model.

The seven behaviours are very much an integral part of GAVI's new funding guidelines. The guidelines are out this year partially and in their entirety next year. We have had a major shift of perspective away from starting with vaccines, towards starting with the country. We have changed our reporting, our financial management, our information management and how we communicate. We are not doing extremely well in all the seven behaviours, but in general we are moving towards stronger harmonization and alignment."

Read the full interview here.

## 3.2 Engagement with related global initiatives

Elsewhere in this report, reference is made to working with global initiatives on specific issues. This section summarizes engagement with two initiatives in particular:

### The Global Partnership for Effective Development Cooperation (GPEDC)

There has been active collaboration by GPEDC around the fourth round of IHP+ monitoring of effective development cooperation in health. IHP+ also organized a joint focus session at the GPEDC's first high-level forum in Mexico, '*Turning development cooperation principles into results: experiences from education, health and WASH, and implications for the post 2015 agenda*' together with the Global Partnership for Education, and the WASH partnership[5].

### Key conclusions from the session:

- Post 2015, partnerships will still be important because no government can deliver on its own. The Busan principles will be more relevant than ever, with their emphasis on ownership, inclusion, results and accountability.
- Partnerships will need to adapt, as new partners need to be recognized: civil society and the private sector are key engines for growth; young people also need to be more engaged. International development agencies, including the UN, need to listen and change to remain relevant.
- There are shared outcomes across education, health and WASH. There will be a continued need post 2015 to capitalize on synergies across the three sectors, and break down silos.

5 Health, education and WASH sectors discuss global partnerships

**MDG 4 and 5 related initiatives**

There was a joint session by IHP+ with the Accountability for Women's and Children's Health Stakeholders Meeting, on information and accountability platforms. An update on country compacts was provided for the Accountability for Women's and Children's Health 2014 Progress Report. Discussions were held with Partnership for Maternal, Newborn and Child Health (PMNCH) on approaches to supporting southern civil society engagement in national policy processes. IHP+ core team is an observer on the RMNCH Steering Committee and provided comments on the new RMNCH Task Team Country Engagement Strategy.

# 4. Approaches and tools

## 4.1 One country platform for information and accountability

IHP+ encourages greater use of common country platforms to monitor implementation of national health strategies. It encourages joint investment in those platforms to improve the completeness, quality and use of national data and also more streamlined global reporting requirements. This is reflected in the fifth of the seven behaviours, below:

> *Behaviour 5: joint monitoring of process and results is based on one information and accountability platform, including joint annual reviews, that define actions that are implemented and reinforce mutual accountability.*

### *Progress in 2013-14*

This area has been a priority for IHP+ in 2013-14. Many initiatives have their own accountability and reporting mechanisms, which pose a considerable burden on country governments. As noted in section 3.1, a rapid assessment of agency reporting requirements in early 2014 found that:

- international reporting requirements can easily increase the number of indicators in national M&E plans by an additional 40-50%. Countries also have to deal with diverse indicator definitions, reporting periodicities and formats.
- within many countries, alignment of indicators for monitoring progress in national sector strategic plans and in programme plans is poor.
- investments in country M&E systems are often fragmented and inefficient.

A joint session of the IHP+ Steering Committee with the Accountability for Women's and Children's Health Stakeholder's meeting in January 2014 gave a clear message about the benefit of joint large-scale investment in national information platforms.

### Global dialogue and action

Global health agency leaders reviewed the rapid assessment report's recommendations, together with the draft report on Global Core Indicators for Measurement of Health Results in April 2014. The agreed next steps are:

- core global indicators to be finalized by September 2014.
- a summit on measurement in the post-2015 agenda to be co-convened by USAID, WHO and the World Bank early 2015
- use the IHP+ platform, through a revived IHP+ Monitoring and Evaluation Technical Working Group that includes countries and civil society, to take forward other parts of this agenda.

### Country action

The recommendations of the Commission on Information and Accountability for Women's and Children's Health (COIA) led to accelerated efforts to strengthen accountability for resources and results. Building on the IHP+ common framework for monitoring, evaluation and review of national health strategies, over 60 countries have now developed Country Accountability Frameworks, with a focus on women and children's health.

IHP+ published a review of experience with Joint Annual Reviews in 2013. Based on this it will develop guidance on ways to conduct Joint Annual Reviews during 2014. The IHP+ M&E Technical Working Group will discuss how to make faster progress in operationalising single country-led platforms for results monitoring.

## 4.2 Mutual accountability for commitments and results

Working together to build stronger health systems includes holding each other accountable for commitments and results. This has been a priority of IHP+ since it began. To date there have been three rounds of monitoring of progress by country governments and development partners against commitments made when signing the IHP+ Global Compact, most recently in 2012. The future approach to monitoring of these commitments through IHP+ was agreed by all signatories in December 2012.

Key elements of the agreement were to:

- focus on six rather than twelve issues, to reduce the burden of reporting
- embed the exercise in country-level monitoring and accountability processes
- link closely with the Global Partnership for Effective Development Cooperation (GPEDC) monitoring
- continue to produce a periodic global report of progress.

*Progress in 2013-14*

The IHP+ Mutual Accountability Working Group agreed on indicators for the six issues (see box 4). This included specific work to adapt the civil society indicator. The approach taken for the fourth round of IHP+Results monitoring follows the GPEDC monitoring approach, and will be more country government-led. A competitive tendering process resulted in the contract for supporting the fourth round of monitoring being awarded in early 2014 to a consortium led by hera and comprising ITAD, iDevelopment Initiatives and CHESTRAD. The consortium, called IHP+ Results[6], will focus on helping countries to establish systems to strengthen mutual accountability, as well as produce a global report in time for the next IHP+ Country Health Teams Meeting at the end of 2014.

Twenty-five countries have signed up for the 2014 monitoring round (see box 3), and it is expected that most development partners at country level will participate in the respective country-based processes. This can be interpreted as a strong and increasing interest from countries in strengthening mutual accountability for results.

**Box 3. Countries participating in the fourth round of monitoring**

Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Côte d'Ivoire, Democratic Republic of Congo, El Salvador, Ethiopia, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Togo, Uganda and Vietnam.

**Box 4: Six issues to be monitored**

- Health development cooperation is focused on results that meet developing countries' priorities
- Civil society operates in an environment that maximizes its engagement in and contribution to health development
- Health development co-operation is more predictable
- Health aid is on budget
- Mutual accountability among health development cooperation actors is strengthened through inclusive reviews
- Developing country systems are strengthened and used.

6 The previous consortium was also called IHP+ Results but had a different set of partners involved.

## 4.3 Strengthening alignment with one national health strategy

Alignment with one national health strategy lies at the heart of IHP+ and is reflected in the first two of the seven behaviours:

> *Behaviour 1: Agreement on priorities that are reflected in a single national health strategy and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.*
>
> *Behaviour 2: Resource inputs recorded on budget and in line with national priorities.*

Two tools or approaches to promote greater alignment with sound national health strategies have long been supported by IHP+. These are JANS and country compacts.

**JANS (Joint Assessment of National Health Strategies)**

The JANS approach was developed to assist countries and their development partners in improving national health strategies, to increase confidence in these documents and to reduce transaction costs of multiple assessments. JANS is now well consolidated and a global public good that continues to be used by countries both formally and informally.

**Box 5: What is a JANS?**

Joint Assessment of National Health Strategies, or JANS, is a shared approach to assessing the strengths and weaknesses of a national health strategy or plan based on commonly agreed attributes. Countries are using JANS in order to:

a) enhance the quality and relevance of the national health strategy

b) increase confidence in the strategy and help inform decisions about funding, ensuring that funding is closely aligned to the national health strategy

c) reduce transaction costs at country level and cut down multiple assessments and review processes by different agencies.

### *Progress in 2013-14*

As the JANS tool is publicly available, there is no complete information on its use in countries. Mozambique used the JANS tool to review its new five-year sector strategy, and a number of sub-sector JANS are also reported. For example, it has recently been used for reviewing HIV/AIDS and malaria strategies in Rwanda.

Sudan documented lessons from its JANS exercise in 2013[7], because that gave particular attention to the alignment of the strategies and plans of the major technical programmes with the overall national Strategy. This has been called a 'One JANS' approach. A key conclusion was that the idea of 'One JANS' makes sense and is feasible. It made many officials realize the extent to which vertical programmes had created parallel systems for activities such as training, procurement, supervision and monitoring. It is not however a complete replacement for detailed reviews of programme strategies, which can focus more on technical details.

Based on an analysis of stakeholder needs regarding JANS[8], IHP+ updated two documents in August 2013: the detailed JANS Guidelines (the JANS tool itself remains unchanged from 2011), and the options paper on how to conduct a JANS[9]. IHP+ also developed a checklist[10] to provide those involved in organizing a JANS and JANS team leaders with a mechanism for quality assuring the JANS process and output. The checklist highlights issues that need to be addressed at each stage, while avoiding repeating points covered in the JANS tool.

### Compacts

Country Compacts and similar partnership agreements aim to define the roles of government, development partners and implementing partners in improving health systems and achieving better health outcomes through more efficient use of resources. They outline how domestic and external resources for the health sector will be coordinated and managed to support priorities in the national health strategy or plan. They are not legally binding but carry the moral power of a negotiated agreement.

#### *Progress in 2013 – 14*

To date, 22 IHP+ countries have signed national compacts. These countries have different histories of health aid coordination: some have maintained existing agreements and some have updated agreements. Others have developed compacts for the first time. Since January 2013, three more IHP+ countries have signed a compact: Burkina Faso, Cape Verde and Senegal. In addition, Zambia and Vietnam have updated their existing partnership agreements and Benin is in the process of doing so. Based on the 2012 review of experience with country compacts, the guidance note on 'How to Develop a Compact' was updated in September 2013[11].

7 Lessons from the JANS on Sudan's National Health Sector Strategic Plan

8 JANS: a review of stakeholders' needs

9 Options for conducting a JANS, version 2, 2013

10 JANS quality assurance checklist 2013

11 Guidance note for developing country compacts, updated 2013

## 4.4 Financial Management and procurement harmonization and alignment

Financial management and procurement constitute two of the Seven Behaviours:

> *Behaviour 3: Financial management systems are harmonized and aligned; requisite capacity building done or underway and country systems strengthened and used.*

> *Behaviour 4. Procurement/supply systems harmonized and aligned; parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.*

### Financial management harmonization and alignment

Sound financial management in developing countries is critical to ensure that scarce resources are used efficiently. IHP+ has been advocating conducting Joint Financial Management Assessments of country systems as the basis for agreeing on strengthening needed for partners to use a country's financial management systems. This would not only improve efficiency and accountability of the use of donor funding but also of the much larger domestic funding.

#### *Progress in 2013-14*

IHP+ has worked on financial management issues for a number of years, but work was accelerated from October 2013 when the Core Team was strengthened by a Senior FM Specialist from the World Bank. The IHP+ Steering Committee in January 2014 identified work on FM harmonization and alignment as a priority for IHP+. It later approved the Terms of Reference for the IHP+ Financial Management Working Group (FMWG), which became operational in June chaired by a FM Sector Manager from the World Bank (Renaud Seligmann). Expected deliverables from the IHP+ FM working group are:

- documenting bottlenecks to FM harmonization and alignment among donors, and best practices of harmonization and alignment, as well as the effect of FM harmonization and alignment on achieving improved health results
- establishing IHP+ harmonization and alignment principles
- support for FM harmonization and alignment to countries facilitated
- simplified communication on what FM harmonization and alignment means.

The experience of Sierra Leone illustrates recent progress at country level, and some lessons learned. Building on the 2012 Joint FM assessment supported by IHP+, Sierra Leone continues to make steady progress towards health sector Financial Management harmonization and alignment, and is receiving ongoing support from IHP+ in the process. One important contribution was the November 2013 IHP+ mission as part of the rapid review of the seven behaviours. The mission gave especial attention to financial management, including supporting a multi-partner workshop to discuss ways to strengthen FM, and the creation of an Integrated Health Projects Administration Unit (IHPAU).

**Box 6: Lessons from Sierra Leone**

Some lessons from Sierra Leone include:

- Country leadership is important. In Sierra Leone, not only the leadership of the Ministry of Health and Sanitation but also the strong involvement of the Ministry of Finance and the Controller & Accountant General's Office made a difference.
- The Financial Management team was made stronger with representation from the government and development partners.
- Facilitation was in a sense 'neutral', which made the process work better. In this case IHP+ Financial Management experts were the facilitators.

### Harmonization and alignment of procurement

In the rapid reviews of the seven behaviours in four countries, harmonization and alignment with national procurement systems has been identified as an area in which countries would like to see more progress, but it is also an area in which it has proved difficult to find a clear role for IHP+.

In January, the IHP+ Steering Committee decided to have further discussions on the added value of IHP+ in promoting collective assessments of procurement agencies, using the Model Quality Assurance System for Procurement Agencies (MQAS) tool, which has been endorsed by multiple agencies. The Core Team is following up.

## 4.5 CSO engagement in national health policy 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.

### *Progress in 2013/14*

### CSO action at country level

This has been supported in part by the Health Policy Action Fund (HPAF) Small Grants Programme. In 2009 IHP+ established this programme to strengthen civil society engagement in national health policy, monitoring and accountability. HPAF has been managed by Oxfam, and there have been two rounds of grants: 13 grantees from ten IHP+ countries in 2010, and ten grantees from eight IHP+ countries in 2012. In total, over four years, IHP+ has allocated US$1 million to the Fund.

In late 2013, Dalberg Consulting undertook a review of HPAF[12]. Their main conclusions were:

- HPAF has played a unique and positive role in stimulating CSOs to engage in national health policy, monitoring and accountability processes. There are very few alternate sources of funding for the types of activities supported through HPAF.

12 Read the report here

- HPAF enabled grantees to engage in health policy dialogue in ways that leveraged their ability to bring different constituencies' voices to the table.
- The impact could be greater if IHP+ support was more than just financial: capacity building is important for grantees and the coalitions in which they work. While some capacity building took place, in the form of sharing and learning events, this was not the main focus of support.

The review outlined options for going forward, which will be discussed by the Steering Committee in June 2014.

### Measuring Civil Society engagement in national policy processes

In preparation for the fourth round of IHP+ monitoring, the existing civil society indicator was reviewed by the Mutual Accountability Working Group, along with a search for better alternatives. The group concluded that, with one modification, the existing indicator should be used again.

### CSO action at global level

The IHP+ Civil Society Consultative Group (CSCG) met in December 2013 and identified priorities for the coming year:

- improve meaningful civil society participation in health policy and decision-making processes
- strengthen accountability of IHP+ signatories to aid effectiveness principles
- raise the profile of IHP+ and aid effectiveness principles.

The CSCG also developed a position paper[13] on the post-2015 framework. This has a set of principles based on Paris and Busan, that it proposes the new framework should include.

## 4.6 Technical assistance and south-south and triangular cooperation

These are two new areas of focus for IHP+, arising from the 2012 Country Health Teams Meeting. They are included in the seven behaviours:

*Behaviour 6: Opportunities for systematic learning between countries developed and supported by agencies (south-south/triangular cooperation).*

*Behaviour 7: Provision of strategically planned and well-coordinated technical support.*

### *Progress in 2013/14*

### South-south and triangular cooperation

An informal IHP+ working group brainstormed on the role of IHP+ in this area and produced a note for discussion for the IHP+ Executive Team in March 2013. The group proposed a first diagnostic step to better understand current demand, experience, activities and platforms already enabling south-south collaboration.

13 IHP+ Civil Society Position on Aid Effectiveness in Health post 2015

Based on this, IHP+ commissioned an analytic review of current practice in south-south and triangular cooperation in 2013, with three elements:

- to summarize current thinking on south-south and triangular cooperation, and compile an inventory of selected regional and global initiatives that support south-south knowledge exchange in health
- to review selected country experience, focusing on enabling more systematic learning between countries
- to assess traditional development partner rules and practices in terms of facilitating or hampering south-south and triangular cooperation.

The report was delivered in June 2014. The conclusions are relevant to the work recently initiated on technical assistance. A next step is to bring these two strands of work together where appropriate.

### Technical Assistance

One message from the Country Health Teams Meeting in 2012 was that the way in which technical assistance (TA) is provided needs to be reconsidered. The ultimate purpose of TA in health is to enable better delivery of services. Expenditure on TA represents a large proportion of development expenditure. But there are increasing concerns that this investment and its costs in terms of staff time and opportunity cost is not as effective as it could be. Agreed principles around TA are not being put into practice. Moreover, as thinking about development cooperation is changing, and as middle- and low- income countries become more informed consumers of technical assistance, old models of TA are being rethought.

IHP+ has recently begun a programme of work on TA to look more closely at current efforts to make TA more country-led, better coordinated and more effective. An exploratory consultation of international experts took place in early 2014, and agreed that the focus of work should be on the match between demand for and supply of TA. Interviews on current practice are being carried out during 2014 in six countries. Questions being considered include:

- which mechanisms for matching TA needs with TA supply are most effective at country level?
- what systems for decision making can improve accountability?
- what approaches to TA reduce the information asymmetry that exists?

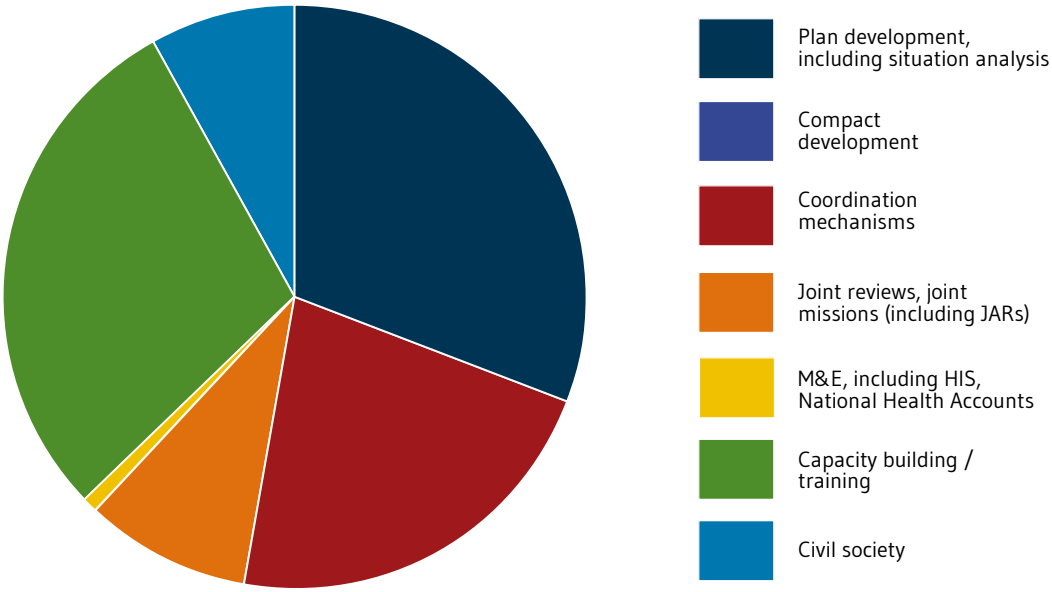
This initial work is being undertaken by the Overseas Development Institute, UK in collaboration with experts from other institutions. A consultation on possible approaches to improving TA, including south-south cooperation, will be held with country, agency and civil society representatives in late 2014. This will help frame the issues for discussion at the fifth IHP+ Country Health Teams Meeting in December 2014.

## 4.7 Country grants

From January – December 2013, there have been seven active country grants totaling $347,000[14][15]. Most grants are now $50,000 - $100,000, which is significantly less than in the early days of IHP+. Countries that have received several tranches of funding are being encouraged to find alternative local sources and given smaller amounts. However, many still value IHP+ grants as a flexible source for funds for commonly under-funded types of activities. Narrative and financial grant reports are provided annually.

The types of activities countries choose to use IHP+ funds for are shown in Figure One: overall, funds are primarily spent on activities related to national plan development, capacity building, partnership coordination mechanisms and joint reviews.

Figure One: Types of expenditures from the IHP+ grants, 2013




14 Burundi, Cambodia, Cape Verde, Ethiopia, Gambia, Guinea, Guinea-Bissau, Mali, and Nigeria

15 2012 grant expenditure was reported in last year's Core Team report. Expenditure on grants for the whole of the Phase III workplan is shown in section 6.

# 5. Management and communications

## 5.1 Revising the IHP+ governance arrangements

In 2013 IHP+ revised its governance arrangements. The new arrangements can better sustain the high-level political commitment necessary to achieve many of IHP+'s goals, improve oversight and accommodate the increase in the number of signatories (especially countries) that have joined since IHP+ started in 2007. The last revision of IHP+'s governance structure was in 2009.

Three steps were involved in deciding the new arrangements. First, the Core Team organized a review of current IHP+ governance and management arrangements. This concluded that some modifications were needed to improve IHP+ oversight and to improve representation of different stakeholders, at the same time as maintaining the inclusiveness that is a hallmark of IHP+. Options for new arrangements were then discussed with the institutions on the IHP+ Executive Team. The key change recommended by the Executive Team was to create a high-level Steering Committee, that would represent all IHP+ constituencies and in particular have stronger country representation. To ensure clear division of responsibilities, the other main change was to abolish the Executive Team and establish a Reference Group as a forum for discussion and sharing of information. These proposed changes, together with updated Terms of Reference for the different IHP+ bodies, were then sent to all IHP+ partners requesting agreement or indication of no objection by the end of November 2013.

### *IHP+ Structures in 2014*

The **IHP+ Steering Committee** is responsible for setting overall strategic directions and oversight of IHP+. It approves the IHP+ work plan and budget. It approves IHP+ Working Groups, reviews their recommendations and agrees on actions to be taken. It meets twice a year and has 16 members including six countries, four multi-laterals, four bi-laterals and two CSOs. The Steering Committee held its first meeting in January in Geneva, Switzerland[16].

The **Country Health Teams Meeting** is a meeting of all IHP+ signatories at least once every two years. Partners review progress to improve development effectiveness in health, share lessons from experience and debate new issues. The last CHTM took place in 2012[17]. The next CHTM will be in Siem Reap, Cambodia in December 2014.

16 January 2014 Steering Committee meeting

17 4th IHP+ Country Health Sector Teams Meeting, Nairobi, Kenya

The **IHP+ Reference Group** supports the IHP+ Core Team in implementing the IHP+ work-plan. It serves as a forum for information exchange and collaboration. Members include senior technical staff from the institutions on the Steering Committee and others. Teleconferences are held alternate months. It held two meetings in the first quarter of 2014.

**IHP+ Working Groups** are time-limited groups of technical experts, drawn from countries, agencies and CSOs. The groups develop collective guidance and/or recommendations on specific topics related to development effectiveness in health. Working Groups report to the Steering Committee. Currently active groups are the Technical Working Group on Mutual Accountability, chaired by Tim Martineau, UNAIDS; on Monitoring and Evaluation chaired by Ties Boerma, WHO; and on Financial Management, chaired by Renaud Seligmann, World Bank.

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. IHP+ mainly works through staff of partner organizations to implement the agreed plan of work[18].

18 Strategic directions and work programme for IHP+ 2014/15

## 5.2 Communications within IHP+ and beyond

IHP+ communicates with its partners and other interested parties through the main communication channels of the website and the bi-monthly newsletter. In 2013/14 the website has been further developed to include a document store for IHP+ reports and articles. It also has a new video section, where short interviews with different IHP+ partners can be viewed. 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.

**Box 7: IHP+ publications**

New or updated IHP+ publications in 2013-14 include:

- Joint Annual Health Sector Reviews: a review of experience, February 2013
- Joint Assessment of National Strategies: a review of stakeholders needs April 2013
- Joint Assessment of National Health Strategies and Plans: Combined Tool and Guidelines Version 3, August 2013
- How to conduct a joint assessment of a national health strategy, based on country experience: working document on options. Version 2, August 2013
- Development of a Country Compact: Guidance Note version 2, September 2013
- Uniting for a healthier future (IHP+ brochure) (EN/FR), 2014
- South-south and triangular cooperation in health: current status and trends June 2014

In 2013-14, in addition to improving the IHP+ website, the main communication focus has been on:

- providing communication support to the CSO representatives and the Civil Society Consultative Group, especially around mobilizing CSOs to encourage IHP+ partners to participate in the 2014 round of IHP+ monitoring.
- Communicating on the seven behaviours, for example in the new IHP+ brochure. This is also covered in section 3.1.

In 2013 the Core Team was strengthened by a part-time communications consultant.

IHP+ held numerous meetings about development cooperation effectiveness in health in 2013-2014 and these are detailed in Annex three.

# 6. IHP+ Finances

The IHP+ phase III workplan, January 2012 - December 2013, was fully funded after much uncertainty in early 2013. IHP+ funders for Phase III included the European Commission, DFID, Germany, Norway, Sweden and Spain.

This section reports on income and expenditure for the biennium up to end 2013. Future Core Team reports will use calendar years for reporting, from January 2014.

The table shows that expenditures were broadly in line with budget allocations. There were two areas of underspend. In Area 4, this is because the contract for independent monitoring of progress on aid effectiveness commitments was not issued until early 2014. In Area 1, fewer funds were spent on country grants compared with previous years for two reasons: individual grants were reduced because of uncertainty over incoming resources, and also because fewer countries requested grants.

IHP+ Phase III workplan income and expenditure January 2012–December 2013

| | | Budget ($) | Expenditure ($) |
|---|---|---|---|
| Area 1 | **Consolidating alignment with one plan at country level*** Country grants; JANS; compact support | 3,550,000 | 2,053,300 |
| Area 2 | **Consolidating and accelerating change through global action** Financial management harmonization; greater engagement with related global health initiatives; documentation of lessons learned | 650,000 | 541,680 |
| Area 3 | **Improving civil society engagement in IHP+**** IHP+ civil society consultative group; civil society communications on the IHP+ approach; Civil Society Health Policy Action Fund | 700,000 | 766,840 |
| Area 4 | **Enhancing accountability for results** One M&E platform; independent monitoring of progress against compact commitments; 4TH IHP+ country health teams meeting | 2,700,000 | 1,487,300 |
| Area 5 | **IHP+ management and communication** Core team operations and communications | 2,250,000 | 2,430,580 |
| | **TOTAL $** | **9,850,000** | **7,279,700** |

* 85% allocated to country grants
** Primary expenditure Health Policy Action Fund

At the beginning of 2014, IHP+ was able to carry forward funds that almost, but not completely, cover its Phase IV programme of work[19].



19 IHP+ work programme 2014-2015

# 7. Looking ahead

Countries will only achieve optimal results by having a good quality health strategy that all partners can support in a harmonized way, and with efficient health systems to deliver it. The IHP+ strategy for 2014-15 notes that this will require:

- high-level political commitment and concrete organizational action to change partners' behaviour
- technically sound approaches and tools to support high quality plans and effective, robust systems
- accountability for results, at country level.

The 'seven behaviours' are not new but they crystallize key areas for action that will, if implemented, lead to visible results.

This report has documented actions taken over the last year through IHP+ to move forward on all three fronts. It has been a year of change and of consolidation. Two areas of work have been intensified - on information and accountability platforms, and on financial management. Two new areas of work have been initiated - on technical assistance and south-south cooperation. Established approaches such as JANS, compacts and work with CSOs have been consolidated and updated. New governance arrangements have been introduced.

Progress requires continued action by country governments, by international development partners and by civil society organizations and other non-state actors.

The upcoming Country Health Teams Meeting in December 2014 will be an opportunity to take stock of progress with all partners. It will discuss the results from the fourth round of monitoring of progress on aid effectiveness commitments, currently underway. It will reflect on global and country-level action on each of the seven behaviours, and on how to overcome obstacles to progress. It will also discuss the place of IHP+ in the post-2015 agenda, which will serve as a useful input into the third meeting of the IHP+ Steering Committee in early 2015.

The continued commitment to the IHP+ principles by countries and by global health agency leaders provides the impetus for all IHP+ partners, the Steering Committee and the Core Team to decisively move forward on this very ambitious and necessary agenda.

# Annex one: IHP+ partners May 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 |
| 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 |

| Partner Country/ Organization | Partner since |
|---|---|
| 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: IHP+ Steering Committee members, May 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

Dr 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, Save the Children, UK

## 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 Nordström, 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)

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

# Annex three: IHP+ briefings on effective health development cooperation in 2013-14

| | |
|---|---|
| **May 2013:** | World Health Assembly Technical Briefing: Aligning for Better Results |
| **June 2013:** | IHP+ Mutual Accountability Working Group virtual meeting, to agree indicators |
| **July 2013:** | Update for WHO-GAVI HSS focal points on IHP+ |
| **September 2013:** | Informal meeting of global health agency leaders, to discuss reducing global reporting requirements |
| **October 2013:** | Geneva Graduate Institute panel on aid transparency |
| **November 2013:** | IHP+ briefing to Sciences Po students |
| **December 2013:** | IHP+ Civil Society Consultative Group meeting |
| **January 2014:** | IHP+ Steering Committee first meeting, including joint session with COIA stakeholders |
| **February 2014:** | RBM Malaria Advocacy Working Group meeting dialogue with global health partners |
| **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:** | Focus session at first high-level forum of the Global Partnership for Effective Development Cooperation, Mexico: Turning development cooperation principles into results: experiences from education, health and WASH, and implications for the post 2015 agenda. |
| **April 2014:** | Global induction of Heads of WHO country offices: panel on working with health development partners using effective development cooperation principles |
| **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 UHC: 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 |

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