

Update on the International Health Partnership and Related Initiatives (IHP+)

Prepared for the Health 8 Meeting

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IHP+ Report on Progress

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IHP+ REPORT ON PROGRESS

Background

Though issues of hunger, child mortality, maternal health, HIV/AIDS, malaria, and other existing and emerging health threats continue to threaten the development of the world's poorest and most vulnerable people, progress towards achieving the health-related Millennium Development Goals (MDGs) is being made. For example, global child mortality rates declined by nearly 25% from 1990 to 2006, with under-5 deaths per 1,000 live births decreasing from 180 to 142 in the least-developed countries (LDCs). However, many experts have concluded that MDG goals 4, 5 and 6 will not be achieved without a revised and streamlined approach to implementation, in line with the 2005 Paris Declaration.

In response to these MDG challenges, the International Health Partnership was launched on September 5, 2007. It calls for all signatories¹ to accelerate action to scale up coverage and use of health services, and deliver improved outcomes against the health related MDGs and universal access commitments. The launch of the IHP came at the same time as a range of initiatives, grouped under the Global Campaign for Health MDGs, were launched at the end of 2007, including the 'Catalytic Initiative' (CI) and the 'Providing for Health Initiative' (P4H), all aimed at accelerating the achievement of the health related MDGs in line with the Paris Declaration². Many countries have been engaged under these different initiatives; those that signed up to the IHP in September are committed to developing 'compacts' with international development partners. A formal request to join the IHP has also been received from Madagascar and many other countries (especially those supported by the Catalytic Initiative) are engaged in preparatory work towards 'compacts'. These compacts are expected to result in (i) an increased focus of national health and AIDS strategies and plans on health-related MDGs; (ii) improved harmonization and alignment of aid; and (iii) long term predictable financing.

In July 2007 the Heads of the Health 8 agencies agreed to take advantage of the growing commitment to provide support to strengthening national health systems in the context of these initiatives, and created a coordination process and a common work-plan called the IHP+ (International Health Partnership and related initiatives). In Africa, the IHP+ builds on work already started through the 'Harmonization for Health in Africa' (HHA) mechanism, launched in 2006 with similar objectives.

Objectives and Progress

The IHP+ work-plan is built around four objectives, and a summary of progress is presented here:

Objective 1: Develop 'country compacts' that commit development partners to provide sustained and predictable funding and increase harmonization and alignment in support of results orientated national plans and strategies that also tackle health system constraints;

Country health sector teams are undertaking **stocktaking exercises** to assist in the design of roadmaps towards development of country compacts. The focus of this stocktaking is on the **existing national health plan and strategies**, the link to broader development plans of the country (PRS, MTEF, etc.), and the **existing structures and processes** (joint reviews etc) in each country. Progress of individual countries is summarized in Annex 1. The details of the 'compact' will vary by country but are all expected to have common elements (see Annex 2). IHP grants are being provided to strengthen coordination capacity, to perform joint analytical work and explore policy options for scaling up services. A country health sector teams meeting is taking place in Lusaka at the end of February to allow development partners, international agencies and government stakeholders in 13 countries³ to share their experiences.

Objective 2: Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services;

¹ IHP global compact signed by eight Ministers from developing country governments (Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal, Zambia, and Mali), nine international organizations (WHO, World Bank, Global Fund, GAVI Alliance, UNFPA, UNAIDS, UNICEF, UNDP, EC), eight bilateral donors (Canada, France, Germany, Italy, the Netherlands, Norway, Portugal and the United Kingdom), and other donors (Bill & Melinda Gates Foundation & African Development Bank).

² A list of initiatives related to the International Health Partnership is provided in Annex 4

³ Eight countries that signed up to the IHP will attend and also Madagascar, Benin, Niger, Ghana and Burkina Faso.

In areas where evidence is weak or where there is lack of a cross-agency consensus for guidance to countries, inter-agency working groups have been established, some building on work started before the IHP+ was developed. Work focuses on: (a) **National plans and strategies**: covering criteria and options for appraisal, and the links between national HIV/AIDS strategies and national plans; (b) **Results based financing**: covering supply and demand side innovations in several countries; (c) **Aid effectiveness and health**: covering preparations for the September Accra Conference (3rd High Level Forum) on aid effectiveness; (d) **Service Delivery**: pulling together WB work on strategies to strengthen service delivery, UNICEF work on scaling up access to services, and the WHO internal task force on service delivery; (e) **Health financing and social protection**: taking forward plans as agreed in a recent Bonn conference on the Providing for Health initiative; (f) **Monitoring and evaluation** (see objective 4).

Objective 3: Enhance coordination and efficiency as well as leverage predictable and sustained aid delivery for health;

At the country level, coordination will be done by existing groups working under a government lead (the 'country health sector teams'). At the global level a **Scaling-up Reference Group** (SuRG) meets monthly to review progress and provide guidance on the IHP+ work-plan, and an **inter-agency Core Team** based in World Bank (Washington), WHO (Geneva) and Brazzaville (WHO AFRO) facilitates the work overall; the unit in Brazzaville facilitates the work of the HHA. An IHP+ **communications strategy** includes regular IHP+ Updates focusing mainly on progress in countries. Various consultations have been held with **civil society organizations**, and detailed comments have been received in the IHP+ work-plan including an open letter from the ITPC⁴; a policy paper for civil society engagement in IHP is being prepared. Bi-monthly **video-conferences** are held with a wide range of development partners to report on progress, in particular at country level. The IHP+ Core Team and HHA also coordinate efforts across agencies and initiatives to strengthen **results based planning and budgeting**, **increased harmonization** and alignment of aid, and build **health systems strengthening capacities**.

Objective 4: Ensure mutual accountability and monitoring of performance.

Agency constraints will be addressed at HQ and regional levels as bottlenecks are identified in-country; the first priority has been to review **procurement policies** across international agencies, in particular the World Bank and UNICEF. An inter-agency group have made significant progress in developing a **unified health sector monitoring and evaluation framework** and several countries have shown interest in considering how this could be implemented, linked to strengthening national institutions; the framework and a summary of progress is in Annex 3. Regarding continued **political engagement**, plans are underway for a high-level event at the World Health Assembly to review progress with Ministers and to formally engage a broader group of development partners in the IHP.

Challenges in 2008

Maintaining political support: During the development of country compacts, it is crucial that international donors realize that signing up to the IHP and related initiatives means commitment to long-term, predictable financing for health systems strengthening. A series of visits to bilateral partners are planned to stress this point. Well coordinated, well prepared joint high-level visits to countries may also provide opportunities to reinforce commitments articulated in compacts.

Widening engagement in the IHP+: The Health 8 group, with support from the SuRG will need to work to engage more key players in the IHP+. Of particular importance are PEPFAR and PMI, and other bilateral organizations that provide significant funds and resources to developing countries.

Adhering to commitments on HIV/AIDS and Reproductive Health: With the move to a more country-led process in line with Paris principles, commitments to scaling up services in more sensitive areas, such as HIV/AIDS and Reproductive Health should not be lost.

Development forums to discuss major bottlenecks in the global health architecture: Those engaged in the IHP+ frequently request forums to discuss some of the more difficult issues related to the Global Health Architecture, such as the mushrooming of partnerships and initiatives. Options for holding such a forum, linked to existing meetings are being explored.

⁴ International Treatment Preparedness Coalition

ANNEX 1 – IHP+ COUNTRY PROGRESS

Country Progress

Burundi completed a joint health sector review during October 23-31, 2007 and agreed a draft MOU between partners. A sector coordination group (CPSD) was created in March 2007 with the mandate to coordinate technical and financial support necessary to implement the PND, as a tool to achieve the MDGs in the framework of the country's PRSP. The CPSD, which is led by the Ministry of Public Health (MPH) has been meeting virtually every month and has identified technical working groups that report regularly to the CPSD.

Cambodia completed a review of its strategic plan for 2003-08 and is currently working with partners to develop the 2008-15 Health Strategic Plan. Immediate actions towards a compact are now being agreed between partners.

Ethiopia produced a draft roadmap for harmonization and alignment of government and partner programs and financing towards attaining the health related MDGs in November 2007. The roadmap aims to (1) provide an update on progress on the national health plan implementation; (2) develop mechanisms for better harmonization and alignment for shared accountability for achieving results, including the signing of a country-level compact; and (3) outline critical areas that require support from development partners to enable Ethiopia to achieve its MDG targets and the objectives for harmonization and alignment.

Kenya is finalizing a draft roadmap towards a compact. For Kenya the added value of a compact relates to the prioritization and acceleration of interventions to scale up health outcomes and the National Health Sector Strategic Plan II (NHSSP II). In mid-November 2007, the Joint Review Mission steering committee had a retreat to endorse key policy actions and their implementation frameworks. It was suggested that the compact should focus on the status of implementation, monitoring, and resource implications.

Madagascar sent a formal request to join the IHP and has started a stocktaking exercise in preparation for Lusaka.

Mali's Partners met and agreed to continue to support Government in its harmonization process around the national health program, common missions, common monitoring meetings, and common indicators, and to come up with a roadmap. Mali plans to have a mid-term review of its strategic health sector plan in May 2008. The mid-term review provides an opportunity to agree on a roadmap towards a compact.

Mozambique plans to meet the conditions required for a compact by July 2009. Government and partners are planning to develop a roadmap based on MDG needs assessment with milestones agreed throughout 2008. During November 26-30, 2007 partner agencies conducted a mission to support the government and partners in undertaking a Medium-Term Expenditure Framework (MTEF) exercise. A number of activities are on-going in the country resulting in a results-based MTEF by July 2009.

Nepal completed its sixth Joint Annual Review of the Nepal National Sector Program during December 3-10, 2007. The review provided an opportunity to discuss the development of a roadmap towards a compact.

Zambia completed a roadmap towards a compact in November 2007, building on a health MoU (signed in 2006) and a Joint Assistance Strategy for Zambia (JASZ). In addition, Zambia already has a One Sector Strategic Plan, Joint Sector Reviews, and Basket Funding mechanism that allows for flexible funding, and a focus on local priorities. Zambia will utilize existing structures for SWAp co-ordination. Currently, only 10% of donor funds go towards health systems strengthening – the remaining 90% goes to priority-disease programs. This will be a challenge to be addressed while preparing a compact implementation.

Benin, Burkina Faso, Ghana and Niger have started exploring possibilities to develop a compact. They have started to take stock of their current existing national health plan and strategies, the link to broader development plans of the country (PRS, MTEF, etc.), and the existing structures and processes (joint reviews etc), in preparation for Lusaka.

ANNEX 2 – COUNTRY COMPACTS

Country Compacts: MOH/MOF in collaboration with development partners will define country level compacts that commit development partners and government to support one results-based national health plan, in a harmonized and aligned way, and ensure predictable long-term financing. The precise content of the compact will vary from country to country, but in all countries will provide a close-to-binding commitment by government, by national partners, and by international development agencies to long term sustainable development of health services. Key steps to developing the compact are:

- **Stocktaking exercise.** All 8 first wave countries of the IHP and the 5 CI supported countries will undertake a stocktaking exercise on national health plans and strategies and status of support to this, so that the global and regional audience all have a common understanding of country status. This is very contextual and depends on the level of progress in the countries.
- **Clarify a road map for defining the country compact.** Discussions led by Ministries of Health and Ministries of Finance with development partners 'country health sector teams' will define the steps for defining the compact. The specific activities that can be supported will be determined through this dialogue. In the short run, work will focus on strengthening results orientation of the existing national health plans (which might not be comprehensive yet) as well as alignment and harmonization of partner support. It is important to note that health plans are not static but dynamic and will be continuously adjusted over time, usually through joint annual reviews.
- **Defining the Value-added.** The first two steps to developing the compact will help identify the value-added of this process at the country level. This will be important as other countries learn from the first wave countries. The expected value-added will be: (i) increased focus of national health and AIDS strategies and plans on health-related MDGs; (ii) improved harmonization and alignment of aid (e.g., aligned procurement mechanisms and harmonized reporting and mission schedules); and (iii) long-term predictable financing of national health plans and strategies (to fill financing gaps).
- **Compact signing.** The signing of a compact will be the international equivalent of ratification of the national health plan by ministries of finance and parliament. By signing the compact, development partners will be bound to implementing the national health plan and agreeing modifications through joint reviews. Mechanisms to strengthen the binding nature of a country compact will develop with time (see 'Ways of working').

Nature of compacts: from initial discussions in countries, some common elements are beginning to emerge, and are summarized here, although actual content will vary country by country:

Commitment of the international organizations, technical agencies and bilateral donors to: Base funding on results-oriented and costed national health plans and policies; Agree with governments on the sources and amounts of long term flexible funding for gaps identified in the national health plans; Share mechanisms for managing and accounting for funds, reporting on progress based on results based performance (one results framework); Harmonize financial flows and disbursements (one budget cycle); Not impose any additional burden/workload to countries - agree on one country based appraisal/joint validation process at the time of the joint review of the health sector, based on the common results framework and joint reporting system. Any need for independent evaluation will be aligned with the annual review process and will be conducted in country; Joint harmonized technical assistance; Ensure staff make this a priority, have incentives and are empowered to work in a coordinated way at country level;

Commitment of the Government to: Develop costed results-oriented national health plans, with different scenarios for scaling up, and clear identification of funding gaps - these national health plans will be embedded in the broader development plan of the country; Develop a common monitoring and evaluation mechanism with clearly quantified outcomes, objectives and indicators, demonstrating significant progress towards reaching the MDGs (criteria with benchmarking on results/ financing/ partnership); Work to ensure increased domestic funding for health care and develop improved financial management and fiduciary mechanisms; Be accountable to all citizens.

ANNEX 3 - A COMMON FRAMEWORK FOR MONITORING PERFORMANCE AND EVALUATION OF THE SCALE-UP FOR BETTER HEALTH

Background

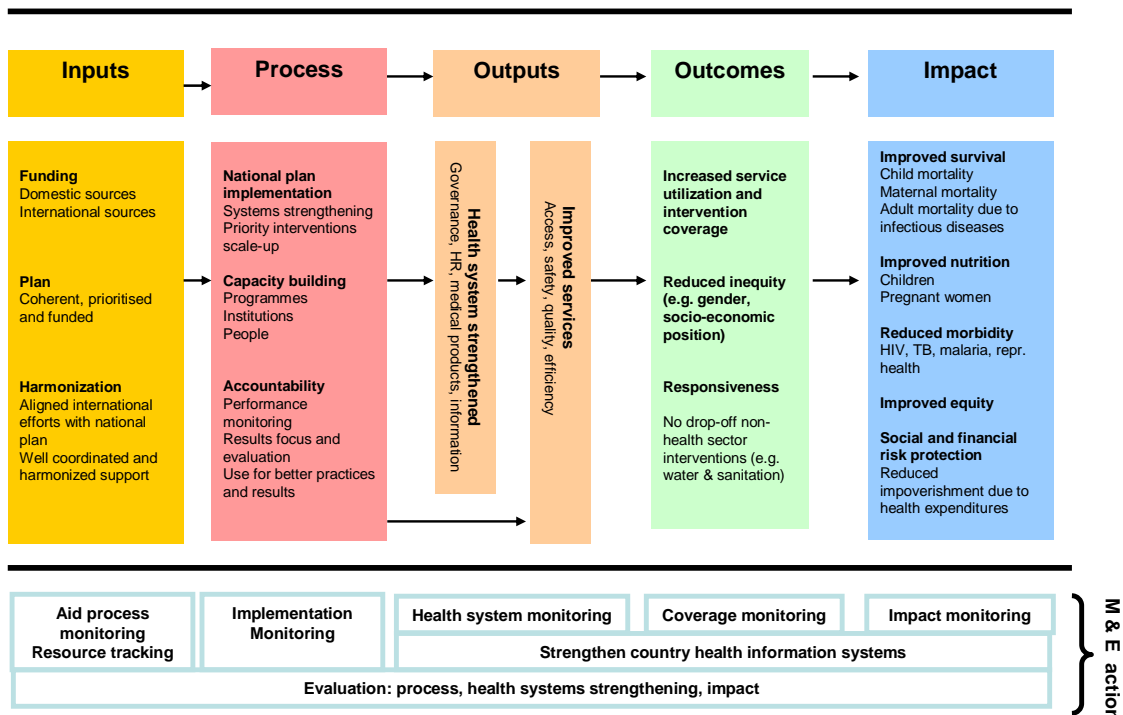
The scale-up for better health is unprecedented in both potential resources and in the number of initiatives involved. Such a grand experiment requires a harmonized monitoring and evaluation effort that reinforces both country and global needs to demonstrate results, secure future funding, and enhance the evidence base for intervention. Eventually, the scale-up efforts will be judged by country progress towards the health-related MDGs, the degree to which major health constraints in countries have been addressed, and adherence to the Paris Declaration on Aid Effectiveness.

Process and progress

- An M&E WG was set up under the auspices of IHP+.
- October - November 2007: WHO and the World Bank, in collaboration with many partners and technical experts, developed a draft background paper with a situation analysis, proposed framework, set of principles and potential application at global and country level.
- December 11 2007: at a meeting of technical experts the framework paper was discussed and subsequently revised.
- January 10-11 2008: the revised framework paper was discussed further at a meeting of representatives from 8 countries, 4 bilateral donors, 4 global health partnerships, and 5 UN agencies. There was strong buy-in from the countries for the draft framework.

Proposed Framework

Framework for monitoring performance and evaluation of the scale-up for better health



The common framework for monitoring performance and evaluation of the scale-up for better health aims to ensure that the demand for accountability and results from single donor and joint initiatives is translated into well-coordinated efforts to monitor performance and evaluate progress and results in country. It also stresses the importance of working in ways that contribute to strengthening country organizational capacity and health information systems, as well as enabling evidence-informed decision making and improved country performance. The top section shows the sequence used in monitoring and evaluation frameworks from inputs and processes to outputs, outcomes and impact. At the bottom of the figure, the proposed actions for better monitoring of performance and evaluation are shown.

The framework for evaluation of the scale-up in the spirit of the Paris Declaration can be translated into the following six principles:

1. **Collective action:** the primary focus should be on the contribution of the collective efforts to scale-up the health sector response in countries.
2. **Alignment with country processes:** monitoring performance and evaluation should build upon national processes that countries have established to evaluate and review progress in the implementation of national health sector plans.
3. **Balance between country participation and independence:** evaluation processes should be driven by country needs but conducted in a manner which maintains their independence.
4. **Harmonized approaches to performance assessment:** evaluations of the scale-up should use common protocols and standardized outcome indicators and measurement tools, with appropriate country adaptations and leadership, minimizing the separate evaluation efforts of individual initiatives, grants and programmes.
5. **Capacity building and health information system strengthening:** systematic involvement of country institutions in performance monitoring and evaluation is necessary to strengthen health information systems and promote local capacity for analysis and application of information and evidence.
6. **Adequate funding:** as a general guide between 5% and 10% of the overall scale-up funds need to be set aside for monitoring performance, evaluation, operational research and strengthening health information systems.

Next steps

Aid effectiveness and health system metrics: build upon the OECD Aid Effectiveness monitoring processes and the WHO/HMN/World Bank health systems metrics working group to determine a core set of monitoring indicators and measurement methods that builds on disease-specific and country experiences (Action: IHP+ management structure with focus on country health sector compacts, health system metrics working group).

Harmonization among major health initiatives: ensure endorsement of the common evaluation framework and its principles, while acknowledging the need for adaptations of the framework to maintain initiative-specific characteristics (Action: H8, bilateral donors, global health initiatives).

Alignment at the country level with national information systems: ensure that data collection and analysis for monitoring performance and evaluation are part of country plans and processes to monitor progress. (Action: develop generic roadmap for IHP+ country meeting, Lusaka February 2008, work with selected countries on this)

Evaluation planning at global and country levels: share information on evaluation plans, work collectively in selected countries and discuss among partners what evaluation is most important and how to manage this across countries, to ensure proper coordination, maximize country benefits and accuracy of evaluation results. (Action: all major scale-up efforts, IHP+ Core Team and Reference Group, focusing on countries that have already welcomed these efforts such as Zambia and Kenya).

ANNEX 4 – INITIATIVES RELATED TO THE INTERNATIONAL HEALTH PARTNERSHIP

The Harmonization for Health in Africa (HHA) mechanism is consolidating itself as the operational and capacity building support modality to countries and development partners to facilitate: (i) evidence- and country-based planning, costing and budgeting for health outcomes; (ii) alignment to country processes and harmonization; and (iii) systems bottleneck analysis and support to overcome them. Developed by the African Development Bank (AfDB), UNFPA, UNICEF, UNAIDS, WHO, and World Bank, the HHA is an Action Framework for 'tackling the barriers to scaling up in health'.

The Catalytic Initiative (CI) aims to intensify efforts to achieve MDGs 4&5 by strengthening the focus of national plans and budgets and the capacity of country-led systems to deliver packages of proven, high-impact and cost-effective health and nutrition interventions for children and pregnant women. Community partnerships are supported to strengthen health systems and to educate and inform families on best practices to care for women and children. The CI should be viewed as a concrete step for country-level scale-up of a continuum of care, community partnerships and health systems for outcomes with a focus on "Programme Monitoring and Results Tracking", in order to demonstrate lessons learned (learning by doing).

The Providing for Health (P4H) Initiative was designed to complement other initiatives and activities that are working with countries to reduce the health system constraints to scaling up. The focus is on the development of national financing plans, strategies and systems that will provide better social health protection. It aims to ensure that domestic funds for health are raised in a way that does not impose financial barriers to access, and does not result in financial catastrophe or impoverishment when people use services.

GAVI's Health System Strengthening (HSS) programme assists countries to overcome bottlenecks which often impact other child and maternal health care initiatives. GAVI's HSS mandate is intended to help countries overcome health system weaknesses that impede sustainable increases in immunization coverage. Though not endemic to all countries, the weaknesses include limited local management and supervisory skills, infrastructure failures (transport or equipment), workforce numbers and motivation and training.

Global Fund - National Strategy Applications. The Global Fund Board decided to enable requests for Global Fund financing consisting of an existing national strategy – which has been certified (or validated) by an independent review mechanism (IRM) – together with minimal additional information (a procedure referred to as "National Strategy Applications"). The aim is to increase aid effectiveness by having partners mobilize around a single common agenda – the development, financing and implementation of robust national strategies. For this reason, the Global Fund Board called upon all partners to develop a shared validation approach for national strategies.

The Health Metrics Network is a global partnership established to help address the lack of reliable health information available in developing countries. The network encourages civil registration as a tool for managing records of births, deaths and marriages in any particular country. These statistics are valuable because they are an indicator of the effectiveness of a national health system as well as a tool for measuring the effectiveness of development aid spending within the country.

The Global Health Workforce Alliance is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. A shortage of health workers is impairing provision of essential, life-saving interventions such as childhood immunization, safe pregnancy and delivery services for mothers, as well as access to treatment for HIV/AIDS, malaria and tuberculosis, chronic disease outbreaks and other health challenges. The GHWFA brings together a variety of actors including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations.

The MDG Africa Initiative recently launched by the UN Secretary-General has three core objectives: (i) Strengthening international mechanisms to support policy design and mobilize financing in health, education, agriculture and food security, infrastructure and trade facilitation, and statistical systems; (ii) Improving the predictability of aid; (iii) Enhancing the coordination of joint country-level work. WHO and UNICEF will coordinate the work of the thematic group on health, and provide the link to existing coordination mechanisms.

ANNEX 5 – UPCOMING HIGH-LEVEL EVENTS RELEVANT TO IHP+

Date	Event
28 th Jan 08	Heads of H8 meeting, Geneva
29 th Jan – 1 st Feb	Ninth African Union Summit, Addis Ababa
13 th -17 th Feb 08 (tbc)	Global Health Summit and other G8 related health meetings, Tokyo, Japan
28 th Feb - 1 st Mar 08	Inter-regional country teams meeting, Lusaka
12 th -13 th April 08	World Bank-IMF Spring Meetings, Washington DC
21 st April 08 (tbc)	Africa Ministerial Review of progress with IHP+
19 th -24 th May 08	World Health Assembly, Geneva
28 th - 30 th May 08	Fourth Tokyo International Conference for Africa Development (TICAD IV)
7 th -9 th July 08	G8 Summit, Hokkaido
22 nd July 08	Meeting of Heads of International Health Organizations (H8), Washington DC
1 st – 5 th Sept 08	Africa Regional Committee, Cameroon
2 nd -4 th Sept 08	High Level Forum on Aid Effectiveness (HLF3) - Accra