

Scaling Up for Better Health

Highlights

Country updates provided from: Burundi, Cambodia, Ethiopia, Kenya, Madagascar, Mali, Mozambique, Nepal, Nigeria, Zambia - First Ministerial review of IHP+ - Updates from inter-agency work on validation of national plans, results based financing and the High Level Taskforce on International Innovative Financing

1. Country Updates

1.1. Burundi

The process of developing a compact for Burundi is under way and involves the preparation of a Medium-Term Plan of Action 2009-2011, Medium-Term Expenditure Framework (MTEF) 2009-2011, the results framework and the single harmonized framework for monitoring and evaluation. [more](#)

1.2. Cambodia

The Royal Government of Cambodia and Development Partners have a 5-year Action Plan for Harmonization, Alignment, and Results. The MoH has proposed a “national equivalent” to a Country Compact, based on existing formal agreements and processes. [more](#)

1.3. Ethiopia

A recently concluded HHA mission noted that “The IHP Compact requires significant behaviour change in the ways of doing business not only on the Government side but also on the partner side... Overall commitment to implement the compact is real. In general, both the Government and partners are serious in implementing their commitments included in the IHP Compact. Despite the short time after the signing, many activities have started to be implemented and are making significant progress”. [more](#)

1.4. Kenya

The former Ministry of Health functions are now addressed through two Ministries for Medical Services and Public Health and Sanitation. The two Ministries agree, in principle, to continue with the key partnership strengthening processes that were ongoing. In 2009, there will be acceleration of this process. [more](#)

1.5. Madagascar

The first step towards the Country Compact was the signing in December 2008 of the Guiding principles of the harmonized sectoral approach. Preliminary results for the MTEF 2009-2011 show that additional expenditure required to achieve reductions of 46% in child and infant mortality, 29% in neonatal mortality and 44% in maternal mortality are estimated to be at least US\$ 7.02 per person from 2010. In 2009, the Ministry’s programmes also require at least 11% of the State budget, while the 2009 budget act proposes 9.2%. [more](#)

1.6. Mali

The Compact will soon be signed and is based on the sectoral programme (PRODESS II 2005-2011) and its medium-term expenditure framework (MTEF). It includes: The Human Resources for Health Development Policy; The Strategic Plan for Strengthening the Health System and the Plan for Consolidating the Health Information System; The National Health Research Policy; and The Health Facilities and Infrastructure Maintenance Policy. It stresses increased predictability of aid and highlights the principles of responsibility and mutual indebtedness between signatories. [more](#)

1.7. Mozambique

Mozambique signed its Country Compact on 16 September 2008. Adaptation of the Costing of Health Sector Strategic Plan (PESS) has been completed. A number of indicators have been included for specific lines of expenditure for key areas, particularly for HIV/AIDS, TB, Malaria, Reproductive and Child Health (with particular focus on vaccination) enabling a direct link between expenditure and results. [more](#)

1.8. Nepal

The Country Compact will soon be signed; the Ministry of Health and Population (MoHP) instituted universal free care at the sub-health and health-post levels, expanded its targeted free care to the PHC and District Hospital levels, and expanded its free provision of listed essential medicines. From mid-January 2009 maternity care is free of charge throughout the country. This scaling up strategy requires ongoing external support for at least the medium-term, and increases in the percentage of the national budget devoted to the health sector. [more](#)

Useful links: | [WHO](#) | [UNICEF](#) | [UNAIDS](#) | [World Bank](#) | [UNFPA](#) | [GAVI](#) | [Gates Foundation](#) | [Global Fund](#) |

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1.9. Nigeria

On May 28, 2008, Nigeria signed the IHP Global Compact, coinciding in the same month with the publication of the Development Partners' Paper Nigeria's Health Sector: Notes on Achieving the Health MDGs. Since September 2008, the government has been working on the development of a costed National Strategic Health Development Plan (NSHDP) and preparation of a country compact with support from the Harmonization for Health in Africa (HHA) initiative. It is expected that the national investment plan will be finalized by March 2009. [more](#)

1.10 Zambia

Zambia will soon sign its compact; in July 2008 Ministry of Health validated the Costing of its National Health Strategic Plan for 2006-2010: it concluded that only 10% of all donor funds for health go to government efforts to support health system strengthening - this leads to highly inequitable distribution, and does not address some of the main problems faced by Zambia - shortage of health workers, weak infrastructure for health delivery, obsolete equipment, and lack of transport and logistics. [more](#)

2. IHP NEWS

2.1. Validation of national health plans and strategies: The IHP+ inter-agency group, involving Global Fund, GAVI, UN agencies and bilateral development partners has completed the development of its [assessment tool](#) and aims to develop a broad consensus on its use through 2009.

2.2. Results Based Financing: The inter-agency taskforce held its [second meeting](#) in the Hague in December 2008, pulling together experience from various countries.

2.3. Strengthening country health sector teams: the inter-agency working group defined good practices, prepared an inventory of tools, and provided options for improving country collaboration. This work will be disseminated and taken forward in Phase II of the IHP+.

2.4. Civil Society Engagement: Through a transparent process based on self-selection, four representatives to the SuRG have been chosen. TORs for a CS advisory Group are being finalized; a call for nominations for the Advisory Group will go out in February 2009; application is open to all qualified members of Civil Society. The IHP+ Civil Society Advisory Group is being established to support the civil society representatives and alternate representatives to the Scaling up Reference Group of the IHP+ in order to effectively represent a broad range of health-focused civil society interests, positions and constituencies.

2.5. Annual reviews of the IHP+ by a North-South Consortium: Following the short term review completed in September 2008, annual reviews of the IHP+ will be taken forward by a recently established North-South Consortium. Following a competitive selection of tenders, the selected North-South consortium is composed of: Responsible Action (South Africa), the London School of Hygiene and Tropical Medicine (LHSTM), Miz Hasab (Ethiopia) and Oxfam Great Britain.

2.6 The Phase II Workplan of the IHP+ is currently under review by all partners. Building on the work and progress of Phase I, the Phase II Workplan has Five Action Areas: (i) development and implementation of country compacts; (ii) expansion of the partnership and increased global political, behavioural and financial support to improve health results; (iii) reinforcement of behaviour change and mutual accountability; (iv) continued generation of knowledge, guidance, and tools to strengthen focus on the poorest and most vulnerable; and (v) development and implementation of an IHP+ communications strategy.

3. UPCOMING EVENTS

First Ministerial Review of the IHP+ 4th & 5th February: The [agenda](#) includes opportunities for all partners to critically discuss and review progress on the Partnership and the commitments made under the IHP+ Global Compact, sharing lessons and considering future challenges. A joint Communiqué is being prepared which will commit all partners to specific actions to deliver on commitments made in the Global and Country Compacts.

High Level Taskforce on Innovative International Financing for health systems: Held its [first meeting](#) in Doha in December; two working groups are now under way: [WG1](#) is looking at constraints to health MDGs and costs, and [WG2](#) is looking at options for expanding innovative financing. The next Taskforce meeting will be held in London on 12th March.

Useful links: | [WHO](#) | [UNICEF](#) | [UNAIDS](#) | [World Bank](#) | [UNFPA](#) | [GAVI](#) | [Gates Foundation](#) | [Global Fund](#) |