

The International Health Partnership (IHP+): Becoming a Partner – Developing Countries

Background:

The IHP was launched in London in September 2007 with four main objectives consistent with the Paris Declaration on Aid Effectiveness:

- (1) Developing results-focused country-led compacts that rally all development partners around one national health plan; one M&E framework; and one review process, thus improving harmonization, alignment, focus on results and mutual accountability;
- (2) Generating and disseminating relevant knowledge, guidance and tools;
- (3) Enhancing coordination and efficiency at country, regional and global levels; and
- (4) Ensuring mutual accountability and monitoring of performance.

The International Health Partnership and related initiatives (IHP+) seeks to achieve better health results by improving the way developing countries, international agencies, and donors work together to develop and implement national health plans.

Becoming a Partner:

The IHP+ is open to all countries and partners willing to sign up to the commitments of the Global Compact (Annex 1). In order to ensure that the IHP+ is not merely a partnership of word, but also of action, the process for becoming an IHP+ partner is demand driven. Those developing country partners who wish to engage in the IHP+ process should first make clear their intentions with partners in country and then formally express this interest by sending a letter to Dr. Margaret Chan (WHO) and Ms. Joy Phumaphi (World Bank).

Dr. Margaret Chan
Director General,
World Health Organisation
Avenue Appia 20
1211 Geneva 27
Switzerland

Ms. Joy Phumaphi
Vice President for Human Development
World Bank
1818 H Street NW
Washington, DC 20433
USA

Once a letter of interest has been received, the IHP+ Core Team will engage with regional partners and country teams. Briefing materials and background documents are available on the IHP+ web-site. Additionally, any further information can be provided upon request.

With a full understanding of the IHP+ process and implications made clear, such as harmonized inclusive partnership, behavior change, increased domestic funding, and improved health results against the health MDGs, new development country partners will be welcome to sign up to the Global Compact.

As stated in the Global Compact, one specific goal of the IHP+ process is also to improve long-term, predictable financing for health. In this context, specific agreements regarding domestic and global financing are expected in the form of negotiated, time-bound, results-oriented Country Compacts.¹ By signing the Country Compact, all

¹ The Country Compact is a strong, measurable agreement with mutual commitments. It is not a legally binding document. The objectives of the Country Compact are to accelerate and scale-up the efforts to achieve the health MDGs; reduce fragmentation and volatility; reduce transaction costs; improve aid effectiveness and provide a framework for increasing total levels of aid; and revamp and energize the multisectoral approach with a global financing framework for results. For more information, see <http://www.internationalhealthpartnership.net/pdf/IHP%20Guidance%20CC.pdf>.

partners agree that all existing and future support is based on one country health strategy. In many cases, this will necessitate behavior change on behalf of both countries and partners.

The report on Phase I of IHP+ and the IHP+ Phase II (up until 2011) have recently been discussed with the SuRG and both can be shared on request.

Upon signing the Global Compact, it is expected that partner countries will continue to:

- take the lead on health sector coordination (Ministry of Health), involving all relevant government agencies, international development partners and civil society (providers and client organizations) in the country team; and
- engage in regional and global consultations, and participate in/provide inputs to annual reviews of the IHP+ (Ministerial Review, -South Consortium, etc.).

IHP+ Partners:

The IHP Global Compact has been signed by a growing list of partners, available on:
http://www.internationalhealthpartnership.net/ihp_plus_about_partners.html

Additionally, Civil Society is engaged fully in the IHP+ process at the global level as well as in country teams. Letters of support have been received from:

- the United States (PEPFAR and USAID) –
http://www.internationalhealthpartnership.net/pdf/USAID_IHP.pdf
- the OECD –
<http://www.internationalhealthpartnership.net/pdf/IAWG/WG1/RBF/OECD.pdf>

More information:

Web-site: <http://www.internationalhealthpartnership.net/>

Phone and email: http://www.internationalhealthpartnership.net/ihp_plus_contact.html

Annex 1: The Global Compact

WE COLLECTIVELY COMMIT:

- To work together in more efficient ways to improve health care and health outcomes in low and middle income countries. Led by country governments acting with their civil society we will tackle the challenges facing country health systems - particularly having enough trained health workers, in the right places and with the motivation, skills, equipment, commodities and medicines to do their work.
- To build on and use the existing systems at country level for planning, coordination, delivery and management of the health sector within the overall national development framework to achieve Millennium Development Goals (MDG) related outcomes.
- To be held to account in implementing this compact.

WE THE INTERNATIONAL ORGANISATIONS AND BILATERAL DONORS WILL:

- Accept national health policies and plans as the basis for providing funding and avoid introducing new plans or projects that are inconsistent with national health plans and priorities.
- Agree and use shared processes to support national health plans at country level. This includes a) a shared approach to reviewing national health plans and sector management arrangements to minimise requirements for further assessments, b) agreement with governments on the sources and amounts of funding for the health plan c) increased use of shared mechanisms for managing and accounting for funds, reporting on progress and reviewing performance.
- Contribute to funding national health plans that address the whole health system - including public and non-state sectors. Funding can be for specific aspects of the plans but where possible, we will give flexible support to the plan, in accordance with our respective funding policies and guidelines. This includes funding for non-government services, either directly or via government and dealing with critical funding gaps.
- Review our policies and procedures at global level to enable better coordinated and longer term support at country level, including support to national plans, flexible use of funds and use of shared appraisal, funding and reporting mechanism.
- Work to ensure that disease and population specific approaches and those to achieve broad health system strengthening are mutually reinforcing. This may include revising existing health and disease specific programmes to make better use of the support.
- Test and evaluate ways to link our support to achieving results at country level, including success in strengthening health systems.
- Ensure our staff make this a priority, have incentives and are empowered to work in a coordinated way at country level.
- Be accountable for delivering the funding and technical support we commit for health. We will report annually on our performance at country and global levels.

WE THE GOVERNMENTS WILL:

- Use our national health plans, that are embedded in our overall development frameworks, to guide development of the health system and use of resources in the sector. Comprehensive health plans will incorporate priority programs such as immunisation, tuberculosis, malaria, reproductive health and the health components of multisectoral HIV/AIDS plans.

- When it is time to update our health plans, we will work with national stakeholders and international agencies to develop a common vision for the health sector, and identify targets and budgets that reflect this vision.
- Engage and involve our citizens and civil society so they know what to expect and can give feedback on performance.
- Implement our health plans as efficiently as we can, through stronger health and financial management systems, tackling misuse of resources, and working with non-government organizations.
- Work to ensure increased public funding for health care and develop improved health financing mechanism including risk pooling based on universal coverage in order to increase access for the poor and the most vulnerable and protect people from excessive health expenditure, within our national budget strategy and macroeconomic constraints.
- Be accountable to our citizens and report to our funders on progress in reaching the targets and disbursing the amounts budgeted in the plan.

WE THE OTHER FUNDERS WILL

- Use our support to further a coordination multilateral approach to strengthening health systems against national plans.
- Hold organizations receiving support - and ourselves - accountable for measuring impact and directing funding toward demonstrated successes.
- Continue to invest in learning and evaluation to ensure the best possible linkages between our support and achieving results at the country level