

## Phase I Progress Report on the International Health Partnership and related initiatives (IHP+) (5 September 2007 to 31 March 2009)

In order to move forward, this document considers the achievements made and challenges faced during Phase I of the IHP+ process and can be seen as a companion document to the forthcoming Phase II Workplan.

A summary of the achievements in the first Phase include:

- Three Country Compacts have been signed: Ethiopia, Mozambique, and Nepal; Widened engagement to new signatories of the IHP Global Compact (most recently Rwanda and Uganda);
- Increased engagement of Civil Society as a partner through increased voice and participation at global and country level;
- Development of common frameworks for 1) results in the health sector, 2) monitoring and evaluation;
- Completion of the first independent review of the IHP+; contracting completed for the longer-term North-South Consortium for annual reviews of progress on implementation;
- Launch of the High-Level Taskforce on Innovative International Financing for Health Systems;
- Completion of a list of essential attributes of good national health strategy and development of a tool for joint assessment of country health strategies;
- Recommendations agreed across agencies to strengthen country teams (Phase II for implementation); and
- Agreement between WB and UNICEF of an Agreement to harmonize procurement policies in health

The successes of Phase I are due to the efforts put forth by all IHP+ partners. In addition to the technical and administrative support provided through participation in inter-agency working groups and the Scaling-up Reference Group (SuRG), noted in Section I, and the overall financial support provided for implementation of Phase I, noted in Section II, many agencies have supported the IHP+ process and implementation of its objectives by providing financial and technical support beyond what is reported in this document. In many cases, partners have effectively integrated the objectives and tasks of the IHP+ into their own workplans and are dedicating individual agency resources to deliver on these objectives.

As Margaret Chan, Director General of WHO, stated in her closing remarks at the First Ministerial Review, the *"IHP+ may not be perfect, but it has brought to the surface, out in the open, the key issues that must be addressed in any honest and fruitful discussion."* In this spirit, a narrative and financial report of Phase I activities, challenges, and milestones has been prepared for consideration by partners in the lead-up to Phase II.

### I. Narrative Report - Major Activities & Milestones

Area for Action 1: Develop 'country compacts' that commit development partners to sustained and predictable funding and increase harmonization and alignment in support of costed results-oriented national plans and strategies that tackle health system constraints	
Outputs and activities	Major activities and milestones
<p><b>1.1 Develop country level compacts in at least 8 countries:</b></p> <ul style="list-style-type: none"> <li>• Complete a stocktaking exercise of sector work</li> <li>• Prepare a road map for defining the country compact</li> <li>• Signing of country compacts</li> <li>• Start preparatory work in other countries that show interest in developing a compact</li> </ul>	<ul style="list-style-type: none"> <li>• In Sept 2007, the IHP Global Compact was signed by eight countries (Burundi, Cambodia, Ethiopia, Kenya, Mali, Mozambique, Nepal, and Zambia), eight bilateral donors (UK, Norway, Germany, France, Italy, Portugal, Canada and Netherlands), nine international organizations, and other donors. The 8 IHP+ countries completed stock-taking reports by March 2008, and in-country discussions held on 'roadmaps' to compacts.</li> <li>• Three Country Compacts have been signed to date: Ethiopia, Mozambique, and Nepal; with additional Compacts expected by June in Zambia and Mali. Progress is being made in other countries; however some timelines have slowed due to political unrest and changes in key political leadership (Kenya, Madagascar, etc.).</li> <li>• In May 2008, new signatories included two new countries (Nigeria and Madagascar) and three new bilateral agencies (Australia, Finland and Sweden). In February 2009, new signatories included two new countries (Rwanda and Uganda). Madagascar has recently completed a roadmap to Country Compact</li> </ul>

	<p>(January 2009), while Nigeria, Rwanda, and Uganda are discussing mechanisms to take forward the IHP+ agenda at the country level. Roadmaps for these countries are expected by June 2009 and will likely be presented at the next Country Teams Meeting, June 2009.<sup>1</sup></p> <ul style="list-style-type: none"> <li>• An analysis of financial support provided to 7 country health sector teams during Phase I (approximately half of the Phase I budget, see "II. Financial Report") is currently underway. Under Phase I, 7 countries submitted proposals for financial support to activities such as costing and budgeting exercises and civil society consultations. This report is meant to delineate spending of each of the 8 country health sector teams on activities in support of the IHP+ process at the country level. Upon completion of this report, IHP+ partners will consider mechanisms for financial support during the budgeting process for Phase II.</li> </ul>
<p><b>1.2. Strengthen country level coordination mechanisms:</b></p> <ul style="list-style-type: none"> <li>• Share current composition, ways of working and plans to streamline, as part of compact road map</li> <li>• Prepare plans to strengthen ways of working: e.g. <ul style="list-style-type: none"> <li>– Strengthened coordination in agency &amp; govt</li> <li>– Perform system/constraints analysis</li> <li>– National dissemination of knowledge, learning events &amp; consensus building on HSS policy options</li> </ul> </li> <li>• Contribute to development of guidance on good practice for country health sector planning &amp; coordination, e.g.: <ul style="list-style-type: none"> <li>– Composition, including civil society engagement</li> <li>– Preparation of proposals for GHPs/HSS/sector investment</li> <li>– MoUs, Codes of Conduct, Joint sector planning and reviews</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Composition of country teams defined in late Feb 2008 as part of preparations for Lusaka country health sector team meeting which also included the way forward and key milestones to be achieved in the coming months.</li> <li>• As of March 2009, 7 countries (Burundi, Ethiopia, Cambodia, Kenya, Mali, Mozambique, Nepal) have submitted proposals to strengthen work in country. Proposals for financial support have detailed objectives and deliverables, with milestones and timelines. These have been approved by WHO &amp; WB<sup>2</sup> and funds have been transferred to country teams via WHO (in total US\$ 2800k). Proposals are available on the IHP+ website (<a href="http://www.internationalhealthpartnership.net/ihp_plus_countries.html">http://www.internationalhealthpartnership.net/ihp_plus_countries.html</a>). A short summary of progress in countries is provided in Annex I.</li> <li>• An analysis of the practices of country teams was prepared; recommendations were made regarding mechanisms to strengthen ways of working of partners at the country-level through strengthening existing country teams. An analysis and summary of relevant tools for strengthening country teams was also prepared. This work was strongly supported by all IHP+ partners. Follow-up work on strengthening country teams will be taken forward in Phase II.</li> <li>• A note on Civil Society engagement in Country Health Teams has been completed by the SuRG and disseminated. Steps are being taken to increase CS engagement at the country level, namely through strengthening lines of communication and partnership with a specific proposal to be taken forward in Phase II.</li> <li>• A guidance note for developing country compacts was completed in June 2008 and has since been widely circulated to all country teams and other IHP+ partners.</li> </ul>
<p><b>1.3 Agree on preferred mechanism for mobilizing resources for strengthening health systems:</b></p> <ul style="list-style-type: none"> <li>• Using existing mechanisms (SWAp reviews, costings, MTEF etc) make the case for additional investment of international and domestic resources</li> <li>• Agree on preferred mechanism for mobilizing resources</li> </ul>	<ul style="list-style-type: none"> <li>• In September 2008, the UK announced its support (£450 million) for countries engaged in IHP+, to be made available once compacts are completed.</li> <li>• In October 2008, the US announced its support to IHP+ in a joint letter from head of PEPFAR and USAID. PEPFAR has committed to provide USD \$2 billion over 5 years to national health workforce strategies in four countries engaged in the IHP+ - Mozambique, Ethiopia, Kenya and Zambia.</li> <li>• The High-Level Taskforce on Innovative International Financing for Health Systems was established in September 2008 with the intent to work with partners to contribute to filling national financing gaps to reach the health MDGs through mobilizing additional resources; increasing the financial efficiency of health financing; and enhancing the effective use of funds. The Taskforce has met twice (November 2008, March 2009) and is working to develop final recommendations for May 2009.</li> </ul>

<sup>1</sup> This Country Teams Meeting will be for African IHP+ Countries – date and location TBD. A separate Country Teams Meeting will be planned for Asian IHP+ Countries at a date TBD.

<sup>2</sup> Guidelines/criteria for proposals available at:  
<http://www.internationalhealthpartnership.net/pdf/IHP%20Update%2013/IHP+%2016/International%20Health%20Partnership.pdf>.

<p><b>1.4. Regular liaison with IHP+ inter-agency Core Team (CT):</b></p> <ul style="list-style-type: none"> <li>• Report on any health system and development partner bottlenecks that hinder progress as soon as they occur</li> <li>• Regular dialogue with Core Team and to allow contribution to progress reports</li> </ul>	<ul style="list-style-type: none"> <li>• Regular dialogue with the Core Team (WHO, WB and HHA) occurs on almost a daily basis, with informal exchange of intelligence across agencies and development partners. Formally, the Core Team meets weekly by teleconference to track ongoing work, respond to the needs of Country Teams, liaise with all other IHP+ partners, and to consult on all aspects of the IHP+ process. A Core Team meeting was held in Washington D.C. in November 2008 to re-assess the roles and responsibilities of the Core Team in the context of the ever-changing work program and diverse related agendas (The Taskforce, etc.).</li> </ul>
<p><b>Area for Action 2:</b> Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services<sup>3</sup></p>	
<p><b>2.1 Health Systems Strengthening communication strategy</b></p>	<ul style="list-style-type: none"> <li>• HSS communication strategy defined in Dec 2007 as part of the roll out of WHO's Everybody's Business<sup>4</sup>.</li> </ul>
<p><b>2.2 Priority areas for evidence and knowledge generation</b></p> <ul style="list-style-type: none"> <li>• National plans, strategies and budgets</li> <li>• Health service delivery</li> <li>• Results-based financing</li> <li>• Aid-effectiveness and health ("Health as a Tracer sector")</li> <li>• Monitoring and Evaluation</li> <li>• Health financing and social protection (link with P4H)</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement on attributes for appraisal/validation of national plans, options for their appraisal to facilitate common donor investments, and the links between HIV/AIDs and Health Plans will be completed following country consultations by June. Work being used to support the development of National Strategy Applications in the Global Fund.</li> <li>• This interagency working group has recently been formed. The workplan is included in the Phase II action plan.</li> <li>• The inter-agency working group has met twice (March and December 2008) since the launch of IHP+. Country-level workshops have now been held (2 Africa, 1 Asia). An interim results-based financing web site was launched by the Bank in August 2008 (<a href="http://www.worldbank.org/hnp/rbf">www.worldbank.org/hnp/rbf</a>). A more comprehensive Web site will be launched in 2009. A regular RBF newsletter is circulated to partners quarterly.</li> <li>• The inter-agency working group prepared for the Accra HLF in Sept 2008 and helped to organize Roundtable 8. A detailed report on "health as a tracer sector" was presented. OECD/DAC will continue its work on health, reporting back on progress to its broader donor constituency.</li> <li>• The inter-agency group has agreed on a common framework to monitor performance and evaluate progress in countries, including common indicators of health systems performance. The practical implications of the common M&amp;E framework are being taken forward country by country.</li> <li>• Following the Bonn Conference in Nov 2007, France arranged a high level meeting on health financing in May 2008. A meeting in January 2009 agreed to key activities as: (i) financial protection for health incorporated in health plans; (ii) harmonization of external assistance for financial protection; (iii) increased and improved utilization of domestic/international resources; (iv) increased cross-country learning; and (v) enhanced capacity for evidence-based decisions. An analytical framework for financial protection for health in developing countries is being developed and pilot countries selected.</li> </ul>
<p><b>2.3 Harmonization &amp; alignment of Health Systems Research</b></p>	<ul style="list-style-type: none"> <li>• A concept paper is in development examining the possibilities for increasing synergies between ongoing health systems research, which will be considered in Phase II of IHP+.</li> </ul>
<p><b>2.4 Synthesis and dissemination of experiences:</b></p> <ul style="list-style-type: none"> <li>• Scaling-up Reference Group: monthly video conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly videoconferences are held with the SuRG, which has recently expanded to include CSOs (see 3.1)</li> </ul>

<sup>3</sup> The lead agencies need to ensure knowledge dissemination through regular meeting with interested parties.

<sup>4</sup> WHO's Framework for Action: Strengthening Health Systems to Improve Health Outcomes, WHO Geneva 2007. Available online at: <http://www.who.int/healthsystems/strategy/en/>

<ul style="list-style-type: none"> <li>• Establish IHP+ web-space for sharing documentation</li> </ul>	<ul style="list-style-type: none"> <li>• The IHP+ website was launched in April 2008. <a href="http://www.internationalhealthpartnership.net/index.html">http://www.internationalhealthpartnership.net/index.html</a></li> </ul>
<ul style="list-style-type: none"> <li>• Review of Regional Health Systems Observatory models</li> <li>• Review of lessons from UNAIDS GTT experience</li> <li>• Cross-country sharing of lessons and experience</li> <li>• Consultation on Private Sector engagement</li> <li>• Use of lessons learnt to develop 2nd phase of IHP</li> </ul>	<ul style="list-style-type: none"> <li>• Discussions were held with EURO Observatory in Jan 2008, and options for another regional observatory are being pursued in WPRO and AFRO with the HHA.</li> <li>• Seminar organized by UNAIDS GTT in April 2008 on experience of HIV/AIDS investments and health systems strengthening.</li> <li>• The IHP+ Country Teams' Meeting took place in late Feb 2008 in Lusaka and was the first opportunity to review progress by all IHP+ countries, and to discuss progress and challenges in the IHP+ process with donors and civil society. The second and third meetings of IHP+ Country Health Sector Teams (Africa, Asia) are expected to take place between May and September 2009.</li> <li>• No formal consultations have been held yet. Terms of Reference for taking forward this work have been drafted.</li> <li>• Phase II Workplan developed and under consideration by all partners. Formal endorsement expected in March 2009 (see 3.1).</li> </ul>
<p><b>Area for Action 3: Enhance coordination and efficiency and leverage predictable and sustained aid delivery for health</b></p>	
<p><b>3.1 Complete proposal for Core Team including staffing, ways of working, plans &amp; budget</b></p> <ul style="list-style-type: none"> <li>• Strengthen regional mechanisms for harmonization of technical assistance and capacity building - Africa and Asia</li> <li>• Synthesize lessons and plan with partners for IHP Phase II</li> </ul>	<ul style="list-style-type: none"> <li>• The IHP+ Core Team's Terms of Reference were completed and approved by the SuRG in Nov 2007. The Core Team will assess its role and responsibility on a bi-annual basis through regular meetings (see 1.4).</li> <li>• IHP+ funds have been successfully transferred to country level (US\$ 2800k), regional level HHA (US\$ 500k), to WHO &amp; WB technical departments (US\$ 1231k) and World Bank HNP hub (US \$ 925 for country work, core team and technical work).</li> <li>• A full-time staff in Brazzaville was employed for HHA in early 2008 with support of a grant from IHP+. Discussions in Asia have not yet concluded.</li> <li>• In line with the goals of the IHP+, the World Bank announced the establishment of two hubs for health systems expertise in Dakar and Nairobi to strengthen the work of partners involved in the IHP+ and Harmonization for Health in Africa initiatives. This aims to provide high quality technical assistance to national governments in the development of costed, results based plans for reaching the health MDGs.</li> <li>• A Workplan for Phase II of the IHP+ has been developed and is currently under review by all IHP+ partners. The Phase II Workplan will begin in April 2009 and run through December 2011, at which time the relevance and need for a Phase III will be considered by all partners (see 4.3)</li> </ul>
<p><b>3.2 Establish IHP+ communication strategy:</b></p> <ul style="list-style-type: none"> <li>• Prepare communication documentation &amp; mechanisms</li> <li>• Regular international forums with all stakeholder groups to discuss progress and address issues that may be hindering it in countries <ul style="list-style-type: none"> <li>– Partnership secretariats</li> <li>– Civil Society</li> <li>– Development partners</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• IHP+ Updates are produced monthly and disseminated via e-mail to development partners, civil society groups, country offices and across WHO and the World Bank.</li> <li>• Communication materials, including an IHP+ brochure, FAQs, etc. have been developed and are available on the IHP+ website.</li> <li>• The IHP+ web-site was launched in April 2008. <a href="http://www.internationalhealthpartnership.net/index.html">http://www.internationalhealthpartnership.net/index.html</a></li> <li>• A more details IHP+ Communications strategy will be completed by mid-2009. This includes support strengthening of communications at the country level. Forthcoming work in 2009-10 has been planned with the objectives to collect and disseminate information in IHP+ countries.</li> <li>• A meeting with Partnership secretariats was held in December 2007 and follow up made on a one to one basis with the secretariats, through briefing the SuRG and through the IHP+ Update.</li> <li>• Business SuRG Videoconferences are held monthly with representatives of international health agencies and civil society.</li> <li>• Steering SuRG videoconferences are held every two months with agencies, civil society and development partners.</li> </ul>

<ul style="list-style-type: none"> <li>Regular progress reports of IHP+ workplan</li> </ul>	<ul style="list-style-type: none"> <li>A Civil Society Forum was held in Geneva, on 23 May and engaged over 80 CSOs, particularly from developing countries. A regular Civil Society network is overseen by Civil Society representatives to the SuRG and maintained independently through the IHP+ Civil Society email list serve.</li> <li>The Director-General of WHO started informal meetings with Development Partners in summary 2008(See Point 1.3).</li> <li>Four progress reports have been prepared for various key IHP+ related events, including meetings of the H8, the World Health Assembly, and the IHP+ Ministerial Review.</li> <li>Other informal reports and briefings are prepared regularly (such as this report), including informal updates and reports to the SuRG.</li> </ul>
<p><b>3.3 Facilitate solutions to agency constraints:</b></p> <ul style="list-style-type: none"> <li>Study of institutional incentives to support Paris Principles in the health sector</li> <li>Country specific constraints: TBC</li> </ul>	<ul style="list-style-type: none"> <li>Work on donor constraints was completed by WHO and WB as part of preparations for the Accra meeting.</li> <li>Agency constraints, as perceived by IHP+ partners, were assessed as part of the independent review of the IHP+ in September 2008. A response was developed and served to inform the commitments of partners in the Communiqué of the Ministerial Review and to provide a baseline understanding of agency bottlenecks for the N-S Consortium.</li> <li>The Bank recently reached agreement with UNICEF on the use of a procurement template, to be used by the Bank's borrowers when UNICEF provides them with health goods and related services financed by the Bank. A similar procurement arrangement with UNFPA will be signed by May 2009. The Bank is taking steps to design similar templates with other UN agencies, with a high priority being accorded to procurement related to TB.</li> </ul>
<p><b>3.4 Improve agency capacity to strengthen results based planning and budgeting, increase harmonization and alignment of aid, and build health systems strengthening capacities:</b></p> <ul style="list-style-type: none"> <li>Health systems professional network</li> <li>Tools, inventories and events for staff development</li> </ul>	<ul style="list-style-type: none"> <li>The design of a database for a Health Systems Professional Network was completed in July 2008 but has not yet been operationalized because of staffing constraints.</li> <li>A capacity development strategy will be defined in 2009 with the HHA.</li> </ul>
<p><b>Area for Action 4: Ensure mutual accountability and monitoring of performance.</b></p>	
<p><b>4.1 Accountability for implementing country compacts:</b></p> <ul style="list-style-type: none"> <li>Develop accountability framework at global level</li> <li>Mutual assessment of progress at country level</li> <li>Civil Society cross-country review of progress in implementation of compacts</li> </ul>	<ul style="list-style-type: none"> <li>A joint Communiqué was issued at the close of the first Ministerial Review meeting of the IHP+, in which all partners committed to specific actions to deliver in order to strengthen adherence to the Global IHP Compact. Progress against the Global IHP Compact and subsequent Communiqué will be considered in the annual reports of the N-S Consortium and at the next Ministerial Review meeting (2010).</li> <li>The first assessment of progress in implementing a Country Compact was completed in Ethiopia to feedback to the first Ministerial Review.</li> <li>The North-South Consortium includes Civil Society (See 4.2).</li> </ul>
<p><b>4.2 Monitoring and evaluating country progress:</b></p> <ul style="list-style-type: none"> <li>Consensus on country M&amp;E framework: progress &amp; aid effectiveness</li> <li>Appraisal of options for independent assessment of results</li> </ul>	<ul style="list-style-type: none"> <li>A common strategic framework to monitor performance and evaluate progress in countries has been developed after extensive consultation with countries (see 2.2).</li> <li>An independent review of progress was completed September 2008 and a response drafted by IHP+ partners outlining key behaviour change to be undertaken at the agency level.</li> <li>A North-South consortium of agencies has been selected (Responsible Action –</li> </ul>

	South Africa, LSHTM – UK, Miz Hasab – Ethiopia, Oxfam GB – UK) to assess IHP+ progress and deliver annual reviews, reviewing country and global level achievements, adherence to commitments made in the Global and Country Compacts and recommending action areas for change.
<b>4.3 Prepare progress for high level events</b>	<ul style="list-style-type: none"> <li>• Four progress reports have been completed (See Point 3.2).<sup>5</sup></li> <li>• Inputs have been prepared for the G8 in July 2008, the HLF in Accra in Sept 2008, the UN SG high-level meeting in Sept 2008, and the SG MDG initiative in Africa.</li> <li>• The one-year Ministerial Review of progress took place in February 2009, at which all signatories to the Global IHP Compact gathered to exchange views on progress to date and address existing challenges.</li> <li>• At the close of the First Ministerial Review, the IHP+ Ministerial Review Communiqué was adopted by all participants, identifying six areas for future efforts.<sup>6</sup></li> </ul>

## II. Financial Report

The IHP+ Phase I Budget totalled 14 million USD for the 16-month period from September 2007 to March 2009. Beyond this specific budget, individual signatories have further programmed their own resources in support of the IHP+ process. Thus, the actual budget is significantly higher but quantifying this is beyond the scope of this report. Over half of the IHP+ Phase I Workplan budget (7.35 million USD, 53.5%) was designated for country work described in Action Area 1 and the remaining budget was split across the remaining three Action Areas such that:

Action Area	Budget	% Total
1. National Plans & Country Compacts	7.35 million	53.5%
2. Health systems knowledge, guidance, and tools	2.63 million	19%
3. Coordination & aid delivery for Health	3.02 million	22%
4. Mutual accountability & monitoring performance	1 million	7%
<b>Total</b>	<b>14 million</b>	<b>100%</b>

### *IHP+ Donor Funds*

Funds were mobilised and received from seven major developing partners as listed in Table 2. The total of all funds covers the entirety of the IHP+ Phase I Workplan of which 9,546 USD (68%) has been transferred to relevant implementing units including country teams, WHO and World Bank country offices, Inter-Agency Working Groups (IAWGs), and the Core Team in the WHO, the World Bank and the Harmonization for Health in Africa. From the total 14 million budget, 4,994 (36%) has been encumbered/expended. This figure is likely to increase as, due to constraints of the new WHO financial system, actual encumbrances/expenditures at the country level are not readily accessible from headquarters. A review is currently being performed with direct contact with the WHO and World Bank country offices in order to provide a summary of the performance of these proposals in terms of finances as well as process and meeting deliverables. This will be completed in mid-April 2009.

IHP+ Donor	Date Received	Amount Received	Transferred <sup>7</sup>	Encumbered/Expended <sup>8</sup>	% Transferred	% Encumbered/	Balance
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<sup>5</sup>

<http://www.internationalhealthpartnership.net/pdf/IHP%20Update%2013/MINISTERIAL/IHP%20draft%20Jan27.pdf>

<sup>6</sup>

<sup>7</sup> Monies sent to the implementing unit and available for encumbrance/expenditure.

						<b>Expended</b>	
WHO	Jan 2007	960	901	512	94%	53%	59
GAVI	Sept 2007	539	327	281	61%	52%	212
Norway	Nov 2007	991	706	374	71%	38%	285
UK	Dec 2007	7,114	6,605	3,767	93%	53%	509
Australia	April 2008	1,914	650	59	34%	3%	1,264
Sweden	Nov 2008	1,131	0	0	0%	0%	1,131
Netherlands	Jan 2009	1,351	357	0	26%	0%	994
<b>Total</b>		<b>14,000</b>	<b>9,546</b>	<b>4,994</b>	<b>68%</b>	<b>36%</b>	<b>4,454</b>

#### **Fund use across IHP+ Action Areas**

Approximately 67% of the total 14 million USD budget has been transferred to relevant implementing units. A breakdown by Action Area of funds transferred and encumbered/expended are as follows:

**Table 3: Amounts Transferred and Encumbered/Expended (in thousands of USD)**

<b>Action Area</b>	<b>Budgeted</b>	<b>Transferred</b>	<b>Encumbered/Expended</b>	<b>% Transferred</b>	<b>% Encumbered/Expended</b>
1. National Plans & Country Compacts	7,350	4,466	1,837	61%	25%
2. Health systems knowledge, guidance, and tools	2,630	969	762	37%	29%
3. Coordination & aid delivery for Health	3,020	2,882	2,083	95%	69%
4. Mutual accountability & monitoring performance	1,000	999	549	100%	55%
<b>Total</b>	<b>14,000</b>	<b>9,316</b>	<b>5,231</b>	<b>67%</b>	<b>37%</b>

**The majority of funds transferred and encumbered/expended for Action Area 1 went to support countries in the development of country-level compacts in the eight first-wave IHP+ countries.** Specifically, 50,000 USD were transferred to each country offices of the WHO and the World Bank to cover the costs of in-country meetings and events related to the IHP dialogue, e.g. the Lusaka team meeting in February 2008. Funds were also used to implement joint country office proposals detailing how they would strengthen health coordination in country. Seven of the eight first-wave countries submitted proposals to this effect: Ethiopia, Burundi, Cambodia, Kenya, Mozambique, Mali, and Nepal (i.e. as of March 2009, Zambia has not submitted a proposal). The first instalment of grants amounting to 400,000 USD, or 50% of the total grant, were transferred to WHO country offices for further distribution to joint implementers. The second instalment will be transferred upon full expenditure of the initial 400,000 USD and in response to country requests<sup>9</sup>. As mentioned above, actual encumbrances/expenditures at the country-level will be updated in mid-April 2009.

**Transfers and encumbrances/expenditures of funds related to Action Area 2 were primarily directed to support the activities of the IAWGs.** More specifically, 270,000 USD was transferred to support activities related to the IAWG on joint assessment of national plans and 295,000 to the IAWG on Monitoring and Evaluation. A further 375,000 USD was transferred to support activities on Service Delivery. From these transfers, encumbered/expended rates were at 76%, 100% and 41%, respectively.

**The majority of funds transferred and encumbered/expended for Action Area 3 went to support the communication and management of the IHP+.** These included communication and logistical arrangements for the first country team meeting in Lusaka (275,000 USD). Products

<sup>8</sup> Encumbered are monies committed by the implementing unit for expenditure.

Expended are monies disbursed by the implementing unit.

<sup>9</sup> This amounts to 2.8 million (i.e. 400,000 USD x 7 first-wave countries). If Zambia submits a proposal, total projected transfers would total 3.6 million (i.e. 2.8 million + 800,000 USD). Projected transfers will be covered by the remaining balance from Action Area 1 and, if needed, will be further covered by the remaining balance from Action Area 2.

related to the communication strategy including 15,000 USD to support the creation of the IHP+ website as well as to the preparation, printing, translating and dissemination of key communication documents. An additional 30,000 USD went to support the development of a database of the Health Systems Professional Network. The majority of remaining expenditures went to support the management structures of the IHP+ Core Team in the WHO, World Bank and Harmonization for Health in Africa for the period September 2007 to March 2009.

**Transfers and encumbrances/expenditures of funds related to Action Area 4 were primarily directed to support the external review of the IHP+ and high-level events designed to monitor, evaluate and report on progress.** These included the external consultancy that led on performing the first Short-Term external review of the IHP+ in September 2008 (128,000 USD) as well as the civil society consultation in May 2008 (180,000 USD) and the Ministerial Review in February 2009 (350,000 USD).

## **Annex 1: Country Progress (up to February 2009)**

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, results framework and the single harmonized framework for monitoring and evaluation.

Cambodia – The Government and Development Partners have developed 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

Ethiopia – Ethiopia signed the first IHP+ Country Compact, which was recently reviewed independently.

Kenya - The former MoH functions are now being addressed through two Ministries for Medical Services and Public Health Sanitation.

Madagascar – The first steps towards the Country Compact was the “guiding principles” document, signed in December 2008, however the political situation in Madagascar may disrupt the process.

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).

Mozambique – Mozambique signed its Country Compact in September 2008. An Adaptation of the Costing of the Health Sector Strategic Plan (PESS) has been completed.

Nepal – The Nepal Country Compact was signed in February 2009. Additionally, The Ministry of Health and Population also instituted universal free care at various levels.

Nigeria – Nigeria joined the IHP+ in May 2008 and has been working on developing a costed National Strategic Health Development Plan (NSHDP).

Rwanda and Uganda – Both Rwanda and Uganda signed the IHP Global Compact in February 2009.

Zambia – Zambia will sign its Country Compact shortly, based on the plan and budget of the recently costed National Health Strategic Plan for 2006-2011.