

## Videoconference Note-for-the-Record

### **International Health Partnership and Related Initiatives (IHP+) Meeting of WHO's Director-General and Development Partners**

#### **Participants included representatives from:**

- 5 June with Director-General (DG): Australia, Italy, France, Germany, Netherlands, Norway
- 3 July with Assistant DG/Health Systems and Services: Canada, UNICEF, World Bank

#### **1. Feedback from discussions during the World Health Assembly**

Overall, there is a great deal of interest and positive momentum building around the IHP and related initiatives. **Four major expectations which countries repeatedly emphasized** were the need to:

- **Build on existing processes and structures** (e.g. national health plans, MoUs, codes of conduct), rendering them more robust and linking resources needed to expected outcomes; **introduce more effective mutual accountability** with partners and CSOs.
- **Focus on health systems strengthening** with recent attention focused on the health workforce. Equal attention should be given to the other building blocks of health systems, e.g. domestic health financing, information systems, logistics, etc.
- **Widen the circle of partners** already supporting national plans and strategies by using the IHP+ as a means to bring in additional partners. Reference was made to the involvement of the GFATM in the work on validating national plans and strategies.
- **Ensure resources flow** to meet the gaps defined in national plans and strategies. Countries have strong expectations that the IHP+ will lead to additional resources. At the same time, development partners are looking for clear correlations between the resources provided and improved health outcomes.

#### **2. Update on 'country compacts' for fast-moving countries**

Some countries (i.e. Ethiopia, Mali, Zambia, Cambodia and Nepal) were highlighted as moving quickly towards completing country compacts, and all aim to finalise their compacts during the third quarter of 2008. Ethiopia has already circulated a draft compact for discussion with partners; Mali has developed a timetable for completing its compact by September; Zambia is undertaking a costing exercise and reviewing its MoU in preparation for its Mid-Term Review in August, after which it aims to develop a compact by September; Cambodia has finalised its strategic plan and multi-donor SWaP is in effect the country compact which it intends to use to expand the existing small group of donors, as intended in Nepal also. Country compacts are based on a single national

health plan and results framework, and many delegates repeatedly stressed this as the basis for alignment of partners in countries involved in IHP and other related initiatives.

### 3. Expectations from development partners for individual agencies

With growing political momentum and engagement in the IHP+, the Director-General recognized the opportune moment to hear from partners about their expectations for individual agencies. Key expectations include:

- **Stronger leadership, particularly by WHO, World Bank and UNICEF at country level.** Although good leadership has been demonstrated at the global-level, there is still room for improvement for (i) the three agencies to better demonstrate unity of purpose and (ii) for the UN to play the role as an honest broker, reconciling the expectations of recipient and donor countries.
- **Better communications, particularly at country level.** There is still confusion of what the IHP+ means, what it aims to achieve, and how it relates to other similar initiatives (e.g. Catalytic Initiative<sup>1</sup>, Providing for Health, etc.) and existing processes (e.g. CCMs), particularly at country level. We urgently need to better identify the IHP+ as the "umbrella" or unifying framework that brings together the different initiatives, each with their own strengths, to work with countries to achieve better health outcomes. The IHP+ should consider: Developing a common information packet and provide briefings to country representatives; Leverage existing meetings as opportunities to educate staff (e.g. WHO regional committees); Map country involvement in related initiatives.
- **Convergence of related initiatives.** Any convergence of related initiatives is extremely politically sensitive and must be approached carefully. The SuRG have requested the IHP+ core team to prepare a paper on this with the support of all development partners. Convergence at country level remains the first priority.
- **Reduction of transaction costs.** The IHP+ should be the mechanism to reduce transaction costs by linking all related initiatives through its coordination process and having a common global work-plan. The workload, including discussions and meetings, will initially increase to successfully reach IHP+ objectives, however, once streamlined, should bring reduction in fragmentation and transaction costs for all parties.
- **Further development of monitoring and evaluation.** While a common monitoring and evaluation (M&E) framework has been developed, progress in developing a common national M&E framework varies across countries and much more work is still required. Some would favour waiting for a common M&E framework to be agreed before a compact was signed, but this would not be politically feasible, and a more practical way is to have a common M&E written into the commitment made by partners, including a timeframe to have it established.
- **Work towards one validated health plan and strategy.** The IHP+ inter-agency working group is finalising options for validating national plans and strategies at country level and work needs to be accelerated in countries. Validated national health

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<sup>1</sup> The Catalytic Initiative (CI) is a group of partners working for the common objective of strengthening national capacity for delivering essential services. The CI has strong M&E components and is based on a results-based and learning-by-doing approach. There are 6 African countries under CI.

plans and strategies, will be based on frameworks for achieving MDGs 1b-4-5-6. Plans should be comprehensive and include HIV/AIDS and reproductive health.

- **Behaviour change.** Behaviours need to change such that partners, recipient countries, and UN agencies are better aligned and harmonised.

#### 4. Managing expectations from countries

**Financing options:** With some countries moving fast to develop compacts, there is growing expectations for long-term, predictable and sustainable funding to validated national health plans and strategies. The IHP+ partners need a common understanding and way of managing such expectations that demonstrates to countries their support and trust. Funds could come from different sources:

- **Increased domestic funding:** The first priority for sustainability is in terms of national institutions and domestic funding.
- **Ongoing bilateral funding:** Some countries prefer to use have existing bilateral agreements<sup>2</sup>, and the added value of the IHP+, through country compacts, will be to bring in additional partners (e.g. China, PEPFAR, Japan) around a common agenda and process. While the US is not likely to sign the Global Compact, there are good indications that they can engage through agreements at the country level.
- **Existing global health partnerships (e.g. GAVI, GFATM):** Partners recognise that it is not just about raising new funds for health systems but about better using existing funds. To this end, GAVI, and the Global Fund are key members of the IHP+, working on common validation process (to include the national strategy applications of the Global Fund) and common approaches to monitoring and evaluation.
- **Other funding modalities closely related to IHP+:** Other possible funding modalities are being discussed, including IHP+ linked funding via innovative mechanisms and/or a WB trust fund, to avoid the problems of multiple bilateral funding. The UN Secretary-General has now taken on an adviser for innovative financing for development, and the IHP+ will also link up with that development.

**Addressing increases and predictability of funding:** Some partners have difficulties in ensuring predictability of funds due to their financial cycles, whereas other partners noted that getting support to increasing levels of funding was difficult. For example, Germany's outlook is towards an increase in financing for health but maintaining its predictability is more difficult; Netherlands recently developed multiyear strategic plans<sup>3</sup> with commitments for four years but amounts will generally not increase as they currently

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<sup>2</sup> Germany currently has bilateral agreements with Cambodia, Kenya and Nepal (as first wave IHP+ countries) in addition to health sector support in 11 more countries; Netherlands with Mali, Ethiopia and Zambia (as first-wave IHP+ countries) in addition to health sector support in 5 more countries; Norway with Malawi, Tanzania and other Global Campaign countries.

<sup>3</sup> General strategic plans for bilateral cooperation. Health sector support is additionally provided for by the Netherlands in 12 countries: Vietnam, Bangladesh, Jemen, Ethiopia, Tanzania, Zambia, Mozambique, Ghana, Burkina Faso, Mali, Nicaragua and Surinam.

dedicate 0.8% of GNP to development cooperation; UK recently announced a commitment of 7 billion GBP over 7 years for health spending<sup>4</sup>.

**Influencing other multilaterals:** As well as bilateral arrangements, many partners will continue to contribute to other multilaterals/global health initiatives and advocate their support for one single validated national health plan.

**Expanding IHP+ work** beyond the first-wave countries, e.g. Asia-Pacific. The Director-General stated that the intent is to initially focus on first-wave countries to learn from experience and thus better ensure that expectations from other countries can be fulfilled.

## 5. Closing

- The IHP+ is at a critical point in its development, and the first "test" is Ethiopia. We all need to "walk the talk". Countries have shown initiative in developing compacts and need to demonstrate results to get partners' confidence and trust. This is a process - in the beginning, we need to recognise that not all donors will be able to commit to longer term financing, but hopefully they could move towards this in the longer term. Partners should support compacts as a springboard for demonstrating commitment, preferably with tangible outcomes in time for high-level events in September.
- As the value of such discussions was echoed by all partners, it was proposed to hold regular Director-General meetings with development partners (frequency TBD) to provide updates on progress, address concerns and obtain guidance. The next meeting could focus on the M&E work and possibly take place before the Sept 08 high-level meetings.
- These discussions need also to continue in the first-wave recipient counties at an appropriate time to ensure all are kept abreast of this dialogue.

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<sup>4</sup> Of which 6 billion GBP is total health spending for bilateral agreements, global health partnerships, UN agencies and 1 billion GBP for the GFATM; represents an increase from 2005-07 health spending.  
<http://www.dfid.gov.uk/news/files/pressreleases/aids-strategy-universal-access.asp>