

**International Health Partnership and related Initiatives (IHP+)
Harmonization of Health in Africa (HHA)**

Interregional Country Health Sector Teams Meeting

Lusaka

28 February – 1 March 2008

Proposed Way Forward

1. Introduction

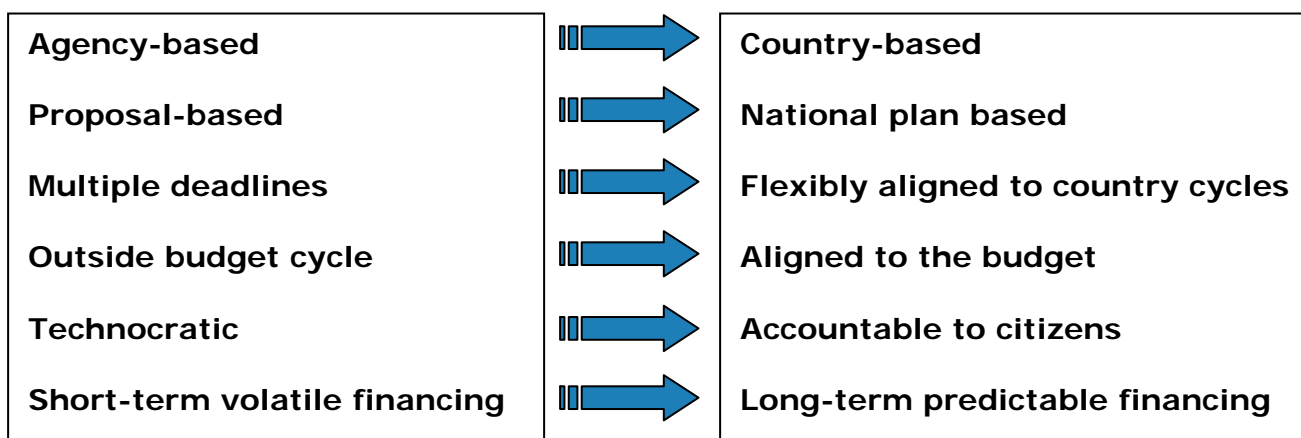
Thirteen country teams involved in the International Health Partnership and related initiatives, and the Harmonization for Health in Africa Initiative met with development partners, and civil society representatives between 28th February and 1st March. The objectives were to:

- Share experience and promote learning about sector-wide approaches and harmonization and alignment of national and international agencies in support of the national health plans, strategies and budgets, including MoUs, codes of conduct and compacts.
- Share experience about bottlenecks caused by development partners that hinder the effective strengthening of national health plans to achieve their results.
- Hear from the international community on how they are planning to change their ways of working in order to support partner countries achieving the MDGs.
- Consider how in-country coordination of different global and regional initiatives could be further improved to strengthen health services, and what actions are required at country, regional and global level for these improvements to take place.
- Provide feedback on global inter-agency policy work currently underway aimed at improving international assistance to national health plans and strategies, and strengthening country mechanisms for monitoring and evaluation.

The following sections describe a proposed way forward on issues discussed during the meeting.

2. Current understanding on what is a 'compact'

Central to the compact is the national strategic plan and how it will be used in the new aid environment:



The meeting brought more clarity around the components of a country compact that commits development partners and governments to support one costed, results-oriented national health plan in a harmonized way that will ensure predictable, long-term financing from both national and international sources. It was agreed that a compact is a contract, through which the international community and the recipient country reach a broad agreement on concrete agreed on results, based on mutual accountability with obligations on both sides (see checklist below). The benchmarks represent the “teeth” to this process and will be monitored and evaluated in an open and transparent way.

However, the most important aspect of the compact is its process of development in country, building trust and common systems and ways of working. This process is by no means exclusive but should rather be seen as an inclusive engagement of all partners wishing to contribute to the achievement of results at country level.

The following elements were proposed for a checklist for the completion of a country compact. The final checklist will be distributed by mid March, noting that not all aspects have a consensus across all partners:

- a. **ONE single country health plan** that includes the scaling up for health, nutrition, MCH, malaria, tuberculosis and HIV MDGs (MDGs 1,4,5 and 6). This plan needs to be integrated with other planning processes, such as the multi-sectoral plans for AIDS, and into the country macro-economic framework.
- b. **ONE single results framework** which is the basis for the monitoring process of the plan and the compact. This results framework will need to be linked to the plan, the budget, and include a data validation process. It will specify clearly quantified results (outcomes/outputs), objectives and indicators which can be used to demonstrate progress towards reaching national health targets and the health-related MDGs
- c. **One single policy matrix** which summarizes the key pieces of analysis and decision making required for the plan to be successfully implemented.
- d. **ONE single budget** that will be the basis for funding. All external funding will be harmonized with the country’s budget cycle. This does not mean that all funding needs to be in the form of budget support (see bullet i) but it will allow donors who traditionally do not contribute to pooled funding mechanisms to allocate resources according to priority areas in the national health plan and budget.
- e. **ONE single mutual monitoring process** shared by all parties that forms the basis for the accountability of both national and international stakeholders.
- f. **ONE single country-based reporting and validation process** which includes key stakeholders and is accountable to citizens.
- g. In some instances, ONE single fiduciary framework with a shared procurement and financial management procedure that should be aligned with country systems.
- h. **Benchmarks for government performance**, which includes
 - i. Measurable results targets for high impact interventions contributing to the health-related MDGs;
 - ii. Costed scenarios for scaling up (at least three scenarios: needs based, resources based; and results based) and a phased budget that identify the financing gap;

- iii. Government commitments on domestic and general budget support allocations to health
- i. Benchmarks for development partner performance**
 - i. Level of partner commitment to fund the financing gap as per agreed upon scenario. This commitment should be in line with the medium term expenditure framework
 - ii. Clear cross-partner agreement on a disbursement schedule linked to timetable for MTEF & national plan
 - iii. Commitment to alignment to country planning and budgeting process
- j. Agreement on aid modalities.** The aid modalities need to be agreed upon with the appropriate country institution (Parliament, Cabinet, Ministry of Finance etc) according to the government aid policy (e.g., budget support, pooled fund, project financing, funding non-state actors etc).
- k. Process for resolution of non-performance and disputes.** A clear process for handling non-performance and resolution in cases of disputes and conflicts needs to be in place.

The following process is proposed to arrive at the completion (signing) of a compact, recognizing that all countries are at different levels in this process.

- a. IHP+ core team will provide guidance on the elements of a compact by mid March 2008 and will facilitate a discussion by members of the Scaling Up Reference Group to achieve a consensus around the checklist..
- b. Country teams develop and finalize the draft compact; depending on country circumstances and progress the time frame will vary from country to country and many countries have elements already in place.
- c. Country team agrees a mechanism for validation of the compact at country level
- d. Possibly, organize a high level roundtable with all stakeholders in country. This round table could include for example, cabinet and parliament members, high level donor representation, citizen representatives etc.
- e. Signing of compact and implementation

3. Monitoring and evaluation

The global M&E framework agreed across agencies (covering inputs, processes, outputs, outcomes and impact) now needs to be taken up at the country level and be linked to the planning and budgeting process, using the principles agreed, namely: collective action; alignment with country processes; balance between country participation and independence; harmonized approaches; capacity building and health information system strengthening; and adequate resources, both financial and human. To enable this to happen, the following actions will be required for all external health investments (i) using the framework as a basis to develop results focused evaluation frameworks for specific initiatives focusing on maternal newborn, child health, nutrition, HIV/AIDS, TB and Malaria; (ii) sharing and integration of evaluation plans and activities; (iii) serious investment in evaluation, timely, with institutional capacity building link. As part of the roadmap to developing a compact, countries will therefore:

- Strengthen the M&E component in national health sector strategic plans and strategies and link this to planning and budgeting processes at all levels;

- Incorporate M&E of scaling-up initiatives in country plans and processes in a way that it strengthens the Health Management and Information System (HMIS) and is linked to analysis and use of data;
- Strengthen country HMIS in comprehensive manner by (i) addressing key information gaps: health systems, causes of death, & health impact, and (ii) support implementation of the Health Metrics Network framework for country health information systems, (iii) strengthen systems for validation of data; and (iv) reduction in the numbers of indicators being demanded by external agencies.

Investment in M&E systems is a priority for compacts and there is now a strong interest from external financiers. Financial resources for this could come from various sources, including UN agencies, development Banks and global health partnerships.

4. Changing development partner culture, behaviors and procedures

For the IHP and related initiatives to be a success, development partners will need to make changes to the way they do business, as agreed in the global compact that many signed in September 2007. Mutual accountability is key and will require periodic monitoring of global donors. Suggestions for changing the way business is carried out included from those present:

- Increasing delegation of authority to country representatives;
- Ensuring country offices follow H&A policies agreed in HQ and that HQ policies take H&A policies developed at the country level into account;
- Cross-representation that maintains or increases resources but allows a reduction of numbers of bilateral and multilateral Development Partners in country;
- Use Board influence in multilateral agencies and partnerships to ensure adherence to the Paris Principles including the H&A policies;
- Review adherence to codes of conducts and compacts as part of annual health sector reviews;
- Peer review project portfolios and assist government in saying no to those whose transactions costs outweigh the benefits;
- Requesting country teams to give specific examples of needed behavior change through informal and formal mechanisms.
- Amending policies and priorities to encourage longer term investments in the national health workforce .

Additional changes and developments may be specific for one or more development partners, for example:

- The implementation of the Global Fund board decision to finance validated national strategies, including consensus by partners as to the criteria and process for validation, will be a positive step in further advancing to the Paris principles.
- The lack of progress in harmonizing procurement policies across World Bank and UN agencies, was leading to continued delays in scaling up access to essential life-saving commodities. It was agreed that this was an unacceptable delay and all agencies and all partners should use their influence at the Board level of these organizations to assist in bringing forward a quick and urgent resolution.

For many of the changes to be successful, mutual accountability of national and international stakeholders, as agreed in the compact, will be key. To encourage these changes, an independent review of progress with the IHP will include reviewing behavior change and providing an open forum to feedback to Development Partners.

5. Engagement with civil society

The global IHP compact signed by many partners and countries made a commitment for civil society to participate in the design, implementation and review of the partnership. At global level, a consultation process has started with the development of a concept note that proposes several modalities of engagement. An initial step will be the inclusion of civil society in the bi-monthly dialogue with countries and development partners. At country level, country teams should strengthen the engagement of key stakeholders of civil society in the full IHP+ process. This full engagement will ensure the accountability to citizens and all partners in this process.

6. Harmonized support for technical assistance and capacity development support

In Africa, the Harmonization for Health in Africa initiative is central to efforts for developing country driven approaches for technical support that responds to country needs, and ensures quality and feedback mechanisms. This will help respond to critical areas identified in country, including:

- Development of costed, results orientated national plans and budgets
- Application of common monitoring and evaluation framework
- Harmonization and alignment of development partners
- Identification and removal of health systems bottlenecks, in particular human resources for health, in order to achieve desired results

For more information please contact the HHA Secretariat: Chris Mwikisa (mwikisac@afro.who.int).

7. Joining IHP. For more information on how to sign up to the International Health Partnership, please send an email to Bob Fryatt (fryattr@who.int), Nicole Klingen (nklingen@worldbank.org) or Rudolf Knippenberg (rknippenberg@unicef.org).

8. Inter-agency Working Groups

These will continue to complete their work according to agreed terms of reference and timetables, for example:

- a. **National plans and strategies:** agreeing criteria and mechanisms for appraisal, and links between health and HIV/AIDS plans
- b. **Results Based Financing:** facilitated by World Bank and Centre for Global Development.
- c. **Common monitoring and evaluation framework:** taking forward agreements reached in this meeting.
- d. **Aid effectiveness in health:** Preparing for the Accra meeting in September.

9. Monitoring of the way forward

The IHP+ core team will prepare a matrix, building on countries and development partners work. This will help all stakeholders keep track of the progress of the process and the results achieved. This matrix will be available in mid March. In addition, the country teams will provide by mid March timelines on compact development. The IHP+ core team will facilitate an independent review process by civil society in order to evaluate the progress and impact of IHP+ at country level.

10. Report of Meeting

A full draft report will be available within one week of the meeting, with comments to be returned within two weeks. This will then be used to communicate the way forward and commitments made from all stakeholders.

11. High level political advocacy

Efforts will continue to widen the engagement of all partners that are committed to working with partner countries to achieve the health-related MDGs. The aim must be to look for a more binding global agreement engaging global senior politicians and cabinets to make these commitments become real.

High level events will be used to get endorsement of the process suggested in the IHP+ countries, to clarify what commitments have been made by national and international stakeholders, to inform wider stakeholders of progress and to mobilize additional resources. Key messages for these events will be prepared in advance by the IHP+/HHA core team. For 2008, these events include:

- HHA Ministerial meeting in Ouagadougou, April 25th tbc
- IHP+ Ministerial meeting during World Health Assembly, May 19-23
- TICAD and G8 meetings, May-July 2008
- Regional political forums, such as African Union, July 2008
- WPRO, SEARO and AFRO Regional Committees, Sept/Oct 2008
- Secretary General meeting on MDGs, September 2008
- OECD/DAC High Level Forum on aid effectiveness, September 2008