International Health Partnership
+ Related Initiatives

Update on the International Health Partnership and Related Initiatives (IHP+)

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IHP+ Third Report on Progress

Background

The International Health Partnership was launched on 5 September 2007[1] and calls for international agencies, bilateral donors, partner countries, civil society organizations and the private sector to accelerate action to scale-up coverage and use of health services, and to deliver improved outcomes against the health-related MDGs and universal access commitments. The IHP came at the same time that other closely related initiatives were launched to scale-up access to interventions and address health system bottlenecks. The IHP and these related initiatives have created a coordination process and common work-plan called the IHP+.[2]

Since the first signing of the global compact in September 2007, significant progress[3] has been made in many areas including development of a strategic framework to monitor performance and evaluate progress in countries, ongoing work to develop a common appraisal/validation process for country health plans, widened engagement as evidenced by five new signatories to the global IHP compact during the 61st World Health Assembly[4] and full engagement of Civil Society. Additionally, the first compact has been drafted (Ethiopia) and four other countries (Cambodia, Mali, Mozambique, and Zambia) aim to have compacts by December 2008. For more on country progress to date see Annex 2.

Key issues for the H8

In light of such progress, significant attention should be paid to delivering on existing commitments, both to sustain momentum and to meet the high expectations of IHP+ countries. New funding channels are not required, but increases in the volume of long-term predictable financing are needed for completed country compacts linked to results-oriented and costed country health plans and strategies.

- **Showing global commitment to compacts.** HQ high-level joint agency missions are planned for when countries have completed their compact signing to show support to countries and to consider the implications, including leveraging additional financing to cover gaps, and changes in the behaviours and in the ways different agencies function. Sustained collective effort by all partners is required to commit to increase resources through existing channels and to expand to new partners. Efforts of country health sector teams to conduct preparatory work on developing compacts were done in good faith. The first compact will be an opportunity to set a precedent for the value-added of the IHP+ for both governments and development partners.

- **Agreement on country-level validation/appraisal processes of country health plans**. This is of particular importance at this stage, given the implications on government financial planning and on future financial investments of development partners. Signatories to the country compact will agree that all existing and future investments are based on ONE country health plan. (See Annex 3).

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[1] Original signatories of the IHP global compact include eight Ministers from developing country governments (Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal, Zambia), nine international organizations (WHO, World Bank, Global Fund, GAVI Alliance, UNFPA, UNAIDS, UNICEF, UNDP, EC), eight bilateral donors (UK, Norway, Germany, France, Italy, Portugal, Canada and Netherlands), and other donors (Bill & Melinda Gates Foundation & African Development Bank).

[2] In addition to signatories of the IHP global compact, the following developing countries are participating countries from IHP related initiatives (IHP+): Benin, Burkina Faso, Ghana, Mali, and Niger.

[3] Annex 1: IHP+ Progress since September 2007

[4] Additional signatories of the IHP global compact include two Ministers from developing country governments (Madagascar and Nigeria), and three bilateral donors (Australia, Finland, Sweden).

- **Discussion of country-level implementation challenges.** Ensuring that country health sector teams are both responsive to country needs and representative of all relevant stakeholders is a significant challenge, particularly given the different interests of the diverse group of country-level stakeholders and different levels of representation and delegation. It will be important to have a strategy to ensuring effective representation of all stakeholders at the country level.

- **Remove bottlenecks and reduce transaction costs.** Administrative and institutional bottlenecks need to be fixed at the global and country level to reduce transaction costs and individual agencies will have to be proactive in making this happen.

Annex 1: IHP+ progress since September 2007

Work is starting on establishing good practice for country health sector teams, and to look at what incentives can be used for better collaboration across international agencies working with national stakeholders. The work should be completed before the end of 2009.

An **IHP+ Compact Guidance note** for the health MDGs has been drafted and shared with countries for comment. These are guidelines for arriving at the Compact and provide current thinking on good practice. These are not to be considered as rigid guidelines. The Compact might come in different formats based on local circumstances and agreements. (See Annex 4)

Civil Society (CS) is fully engaged in the IHP+ process. It is a full partner and has a voice in all IHP+ discussions and decision-making processes. Currently, two CS representatives participate in the steering SuRG (one northern, one southern) and participation of two CS representatives has been solicited for the business SuRG (one northern, one southern). CS representatives are currently finalizing a selection process for CS representation in the IHP+ advisory group. Participation of one CS representative in each thematic working group and increased participation of CS in country health sector teams are also being encouraged and pursued. A note on CS engagement in country health sector teams is being finalized. The aim is building stronger CS participation in country health policy and planning for strengthening country health systems and getting services to vulnerable groups.

An inter-agency group is working on a **common appraisal/validation process** to attract more investments in national health plans and strategies (see Annex 3). The next step will be to have country-level discussions on the attributes agreed, and the options for country based appraisal for donors engaged in the IHP+, including the World Bank, GAVI, Global Fund and some bilateral development partners. This work is relevant to the Global Fund National Strategy Applications to be started in 2009.

A **common communication strategy** for the IHP+ is currently being prepared to promote better understanding of the IHP+ by all stakeholders and outline mechanisms for collaboration and coordination of the related initiatives at the country level.

Work is underway with some development partners to look at the **options for increasing investments in national health systems** in developing countries (see Annex 6).

Other inter-agency work of relevance to the IHP+ will focus on **Health Services Delivery**. Inter-agency work on **Health Financing and Social Protection** will be taken forward as the Providing for Health (P4H) workplan is implemented. The Results-Based Financing Inter-agency working group held its first meeting in March 2008, identifying the focus of future work: learning what works, being better prepared to support country demand, and global dissemination of what works towards the introduction of and in scale-up of results-based financing approaches.

A **common monitoring and evaluation (M&E) framework** was developed in February 2008 following technical and country consultations. This will now be taken forward on a country by country basis, linked to discussions on validation and completion of country compacts. An external review of the IHP+ was commissioned in May 2008 to further assess progress and performance of the partnership and help ensure mutual accountability of national and international stakeholders. The external review has two phases: a one-time, short-term external review by *Responsible Action* to be completed by September 2008, and a Global Monitoring and Evaluation Report to be performed

annually by a north-south consortium of agencies. A request for proposals was circulated in June 2008; the selection team will decide on the North-South Consortium by end of August/early September.

The IHP+ country health sector teams meeting took place from 28 February to 1 March 2008 in Lusaka and organized for 13 IHP+ countries[5], donors and civil society, to discuss progress and challenges in the IHP+ process. Key outcomes included:

- A better understanding on the meaning of a 'compact', the key elements of a compact, and the importance of benchmarking, monitoring performance, and mutual accountability.
- The importance of strengthening country M&E systems to achieve harmonization and align M&E to country planning and budgeting processes at all levels and the importance of strengthening Health Management Information Systems (HMIS) in a comprehensive manner.
- The need to change development partner culture, behaviour, and procedures.
- Acknowledgement of the need to increase civil society engagement.
- The role of Harmonization for Health in Africa (HHA) in providing harmonized support for technical assistance and capacity development support in Africa.
- Monitoring of the way forward at the country-level, including an external review of progress.

At the 61st World Health Assembly that took place from 19 to 24 May 2008 in Geneva, five new signatories were added to IHP+ global compact. Also during the Assembly, a technical briefing was held updating ministers on the development of country 'compacts' and the commitment required by development partners and progress in taking forward the various related global health initiatives. On 23 May the IHP+ Core Team hosted a Forum on Civil Society Engagement in the IHP+, which was attended by over 70 members of CS, and other development partners (e.g. DfID, NORAD, AusAID, UNAIDS, GAVI) to discuss mechanisms of engagement in IHP+ processes.

[5] Africa: Burundi, Ethiopia, Kenya, Mali, Mozambique, Zambia, Madagascar, Benin, Burkina Faso, Ghana, and Niger; Asia: Cambodia and Nepal.

Annex 2: Country Progress

Country	Current Status	Date signed IHP Global Compact	Current Country Health Plan	Stocktaking Report	Compact Drafted*	Compact Signed*	Proposed HQ level mission
Burundi	• Signed IHP Global Compact in September 2008. • Government and development partners signed a Memorandum of Understanding (MoU). • A SWAP process has been initiated and is being developed. • Medium-Term Expenditure Framework (MTEF) has been initiated. • National Health Accounts development is being finalized. • HHA support was requested for the elaboration of key documents for the Country Compact.	Sep 07	La Politique Nationale de Santé (2005-2015). Plan National pour le Développement de Secteur de Santé (2006-2010).	Yes	n/a	Mar 09	n/a
Cambodia	• Signed IHP Global Compact in September 2008. • Ministry of Health finalized the second Health Strategic Plan (HSP2, 2008-2015), with Development Partner (DP) collaboration, and aligned it with the National Strategic Development Plan, April 2008. • Commitment to Government-DP collaboration and alignment documented in Declaration on Harmonization and Alignment (2004), and subsequent Action Plan 2006-2010. • Government finalizing agreement with several key DPs for mutual commitment to support the HSP2; DPs developing separate agreement for harmonization, in consultation with the MoH. • Due to existence of documents, MoH considered a separate IHP-specific Compact redundant, although IHP+ provides further impetus and support to this process.	Sep 07	Health Strategic Plan (2008-2015).	Yes	n/a	n/a	no date agreed
Ethiopia	• Signed IHP Global Compact in September 2008. • Mid-term review of HSDP III concluded in May 2008. • Taskforce for Compact established and operational. • First draft Compact share with development partners, Apr 2008; Revised Draft released, June 2008; work to finalize compact in progress. • New Civil Society Legislation passed.	Sep 07	Health Sector Development Program III (2005/6-2009/10).	Yes	Apr 08	Aug 08	Late Aug/early Sep 08 (tbc)

Country	Current Status	Date signed IHP Global Compact	Current Country Health Plan	Stocktaking Report	Compact Drafted*	Compact Signed*	Proposed HQ level mission
Kenya	• Signed IHP Global Compact in September 2008. • MOH split into two: the Ministry of Medical Services and the Ministry of Public Health and Sanitation. • SWAp in place to strengthen support to service delivery objectives; Code of Conduct and realignment of partnership and governance structures used to guide SwAp.	Sep 07	2nd National Health Sector Strategic Plan (NHSSP II, 2005 – 2010).	No	n/a	n/a	n/a
Madagascar	• Signed IHP Global Compact in May 2008. • HHA Technical support requested for elaboration of Compact and costing of the health and social sector development plan.	May 08	The Plan for the Development of the Health Sector and Social Protection (PDHSSP),	Yes	n/a	Mar 09	n/a
Mali	• Signed IHP Global Compact in September 2008. • Timetable for Compact development completed, Compact to be ready by November 2008. • Major activities underway: (i) creation of common framework of dialogue for 2009-11 (ii) agreement on a common results/indicators matrix (iii) revision of health MTEF.	Sep 07	Cadre Stratégique de Croissance et de Réduction de la Pauvreté	Yes	Aug 08	Nov 08	Oct 08 (tbc)
Mozambique	• Signed IHP Global Compact in September 2008. • First draft of a Compact prepared by MOH and development partners; costing scenarios outlining financing gaps to be added. • One-day workshop on IHP+ and compact development held in July 2008; rationale and value-added of IHP+ for Mozambique clarified. • Presentation of recommendations of IHP+ workshop at CCS, July 2008. • Work ongoing in defining and clarifying funding modalities. • Wider engagement is needed; discussions with interested partners ongoing. • Special CCS to be held to agree on content of compact, August 2008.	Sep 07	Health Sector Strategic Plan (2007-12).	Yes	Jul 08	Sep 08	not yet agreed
Nepal	• Signed IHP Global Compact in September 2008. • Implementing SWAp since 2004. • Biannual Joint Review of Health Sector program exists. • New Code of Conduct drafted; working group to finalize Code of Conduct and/or a new compact.	Sep 07	The Nepal Health Sector Programme – Implementation Plan (2004-2009)	Yes	Jul 08	Oct 08	n/a

Country	Current Status	Date signed IHP Global Compact	Current Country Health Plan	Stocktaking Report	Compact Drafted*	Compact Signed*	Proposed HQ level mission
	• Monthly health partners' forum held for compact progress updates. • Roadmap for technical assistance under IHP+ recently submitted. • Preparation for Nepal Health Sector Program-ii Phase (SWAp-ii) 2011-2016 will be linked with Roadmap for TA under IHP+.						
Nigeria	• Signed IHP Global Compact, May 2008. • HHA technical support requested for development of national investment plan and Compact.	May 08		No	n/a	n/a	n/a
Zambia	• Signed IHP Global Compact in September 2008. • Revision of its MoU/compact and costing scenarios being undertaken through HHA to develop and agree on strategy to reach the MDG's. • Conducting midterm review of National Health Strategic Plan 2006 to 2010, August 2008. • Costing of National Health Strategic Plan 2006 to 2010 have been undertaken and are in advanced stage. • Government support requested to 1) revalidate costing of the national health strategic document, and 2) review existing MoU. • Revised MoU/compact hoped to be completed and signed by Jul/Aug 2008. • Preparing for mid term review of National health Strategic Plan for September 2008.	Sep 07	National Health Strategic Plan (2006-2010).	Yes	tbd	Oct 08	Oct 08 (tbc)

*These dates are estimates.

Annex 3: Validation of National Health Strategies

Background

1. The preparation of a comprehensive country health strategy, embedded in an overall national development framework, and incorporating priority programmes such as immunization, tuberculosis, malaria, maternal, child and newborn health and the health components of multi-sectoral HIV/AIDS strategies, is a basic element of the Global Compact signed at the launch of the **International Health Partnership** in September 2007. The same idea is central to related initiatives, in particular the **Global Campaign to Reach the Health MDGs** and the **Catalytic Initiative**. Similarly, robust country health strategies or disease-specific national strategies will be the basis on which decisions on **National Strategy Applications** will be made by the Board of the Global Fund to Fight AIDS, TB and Malaria beginning in late 2009.

2. Work carried out under the auspices of the **IHP+ Scaling-up Reference Group** (SURG) has focused on a) defining the **key attributes** of a national strategy (and relevant complementary documentation) necessary for enabling funding decisions (See Table), and b) proposing underlying principles and options for a jointly-accepted process for **validating** the soundness of such strategies. The process of validation, while country-based, will include an independent element to ensure the objectivity of the process and its outcome.

3. The two work streams have involved members of the H8 agencies. The group working on key attributes has been led by the Global Fund and the group on validation by WHO. Both groups have also brought in a few other participants from bilateral agencies and civil society. Earlier in the year a similar process was started by UNAIDS - focusing on the preparation and validation of national AIDS strategies. However, to avoid duplication and to ensure complementarity between the work, efforts have been made to coordinate the two processes, most importantly by sharing the same consultant. A **framework document** consolidating the output of the two IHP work streams is currently being prepared and will be forwarded to H8 members as soon as the next draft is available.

Points to note

4. The current output of the IHP+ work consists of a consensus on a draft set of key attributes together with a draft set of underlying principles and options for the validation approach – all of which are planned to be subjected to consultation with countries and other key stakeholders.

5. The attributes against which national strategies and plans are to be validated are articulated in terms of high-level principles. Work has begun on how these attributes can be demonstrated and what a concrete (self-) assessment tool might look like.

6. It has been agreed that the process of validation will be **country-based**. Those carrying out the validation will have an understanding of country context, but will not, themselves, have been involved in strategy development or have a stake in the implementation of the strategy. There is also a strong feeling that the validation process should help in defining

areas that require strengthening, and in identifying ways in which this can take place. In this sense, the validation process will be developmental and not just one in which national strategies "pass" or "fail".

7. The purpose of validation is to provide potential donors with the confidence that requires funders to agree to fund based on the national strategies, and ensure that those contributions are aligned to country priorities. Several countries in the IHP+ "first wave" already have national strategies and plans that are supported by a group of donors, and subjected to annual review. In addition to being acceptable to a wider circle of development partners, the more formal validation process now proposed will therefore need to **fit into existing cycles of planning and review**.

8. In the case of the Global Fund to Fight AIDS, Tuberculosis and Malaria, support for **National Strategies Applications** may take the form of support for national disease specific strategies (national HIV/AIDS, malaria or TB strategies) or support for overall national health strategies. Thus it will be important to work towards a *single* validation approach to avoid confusion and limit transaction costs.

9. The IHP compact emphasizes the important role played by **civil society** organizations - in implementation, in policy processes and in accountability. It is therefore critical that civil society - at country level - be involved, separately, in the process of developing national strategies and plans, in their validation and in their implementation and oversight.

10. Lastly, validation will only have credibility if - when national strategies are validated as being sound - it eventually results in an **increase in resources** for implementation. There is thus an important link between the discussions on financing for sound national strategies (including in the context of the IHP+) and how validation works in practice.

Next steps

11. There remains some work to define how the suggested attributes can be demonstrated and how a concrete validation tool would look like. However, the more urgent task is to discuss the proposed process for validation with partners at country level - starting in countries that are well-advanced in the process of preparing national compacts. The aim will thereby be to ensure that the development of both instruments and process are informed by the realities of working at country level, fitting into national planning cycles and so forth. Visits to both IHP+ and non-IHP+ countries are planned but necessarily timing is determined by national processes. Wider consultation on the validation process will then benefit from being informed by country experience.

Table: Draft Validation Attributes

Attribute Category	Generic Characteristics
Process *How the national strategy has been developed, including who was involved and process of development*	• **Multi-stakeholder involvement in development** of national strategy (which is led by government, with a transparent consultative/participative process) and multi-stakeholder final **endorsement** of national strategy • High level of **political commitment** (at the highest level) to national strategy

Attribute Category	Generic Characteristics
	• National strategy **consistent with relevant higher- and/or lower-level strategies, financing frameworks** and **underlying operational plans**
Situation Analysis and Programming *Quality of the analysis underlying the national strategy and assessment of programme strengths and weaknesses*	• National strategy is based on **sound situational analysis** of political, social, cultural, gender, epidemiological and regulatory context • **Programmatic gaps, system weaknesses, and availability of resources** are identified (in situational analysis) and addressed • Clearly-defined **objectives**, **priority areas and strategies** (contributing to MDGs) • Planned interventions are **feasible, locally appropriate**, and **based on evidence and international good practice**, including consideration of **cost effectiveness** and **sustainability**; • Assessment of risks (which analyses the ambition, feasibility and potential obstacles to successful implementation) and proposed mitigation strategies (including specification of any technical assistance needs)
Finance and Auditing *Detail of financial management and auditing arrangements in support of the national strategy*	• **Expenditure framework** with the following characteristics: – Comprehensive, realistic **budget/costing** of the program areas covered by the national strategy – Financial **gap analysis** – including a specification of known financial pledges against the budget from key domestic and international funding sources (specification of sources of domestic funds desirable) – Specification of the approach for **allocating funds** to **sub-national level** using an appropriate, equitable resource-allocation formula; and to **priority program areas** as well as to **non-state actors** and (where relevant) across **government sectors** • Examination of the **financial management system** and evidence that it is adequate, accountable, and transparent. To what extent has the financial management system been subjected to a review • Description of **audit procedures** and evidence of appropriate scope of audit work, as well as independence and capacity of auditors. To what extent have the audit procedures been subjected to a review? • In the context of national development policies (where applicable): – Explanation of how external resources will be **channelled**, **managed** and **reported on** – Description of relevant **domestic financing policies** (in relation to different approaches to resource pooling) – If relevant, description of how **fiscal space constraints** to scaling-up spending will be managed
Implementation and Management *Arrangements and systems for managing the programmes related to the national strategy, including human resources, procurement, logistics and programme governance and coordination.*	• Process for inclusive, **periodic development** and for regular, multi-stakeholder **reviews** of operational plans based on the national strategy; • Description of **how resources will be deployed to achieve clearly defined outcomes and address system weaknesses identified in situation analysis** (with attention to staffing, procurement, logistics and distribution, financial management, supervision, appropriate inclusion of key actors, and mechanisms for transfer of resources [financial, human, commodities] to sub-national level and non-state actors) • Procurement policy that **complies with international guidelines** and evidence of adequate, accountable, and transparent procurement and supply management systems with capacity to reach target populations

Attribute Category	Generic Characteristics
	• Specification of **governance, management and coordination mechanisms/ framework** for implementation (describing roles, responsibilities and decision-making of all stakeholders)
Results, Monitoring and Review *Details of the review and evaluation mechanisms set in place, and results of reviews will be used.*	• **Plan for monitoring and evaluation** with the following characteristics: • Clearly-described **output and outcome/impact multi year indicators** (including their source of information), with related **targets**, that can be used to measure progress and to make performance-based funding decisions • Description of information flows, **data collection/data management** methods, tools and analytical processes (including quality assurance) • Plan for **joint periodic performance reviews** (reporting of results against specified objectives and respective targets explaining any deviations), including health-systems reviews and development of related strengthening measures • Description of **processes by which monitoring results can influence decision making** (including financial disbursement) • Clear link between situation analysis and desired outcomes

Annex 4: Compact Guidance Note[6]

The purpose of this note is to provide guidance to countries who may wish to develop an MDG country Compact with the international community of development partners.[7] The purpose of a country Compact to achieve the health-related MDGs is to improve aid effectiveness and provide a framework for increasing aid for health, which addresses fragmentation, volatility, reduces transaction costs of aid and focuses on mutual accountability.

This guidance note is meant to support country health teams in the development of a compact. It should not be interpreted as prescriptive rules, but rather as guidelines. It is important to note that this process is dynamic and will go through changes over time.

Background

It has become clear to both countries and their development partners that unless current efforts are significantly expanded it is unlikely that many national health targets and MDGs[8] will be achieved. There is a growing awareness that health outcome related targets cannot be achieved and sustained without adequate investment in the systems that underpin health service delivery; that increased financing for priority disease interventions based on country priorities and health plans is necessary; that investment in health needs to be embedded in broader social and economic development planning; that countries need long-term predictable aid from development partners; that partners need to see a clear link between financing and results; and that mechanisms are needed to hold all partners accountable for their performance against agreements.

Several expressions of this consensus were reflected in the work to follow up the 2005 High-Level Forum on the Health MDGs (HLF)[9] and many countries have already begun developing better coordinated and/or sector-wide approaches (SWAps) to the development of the health sector in response to these global initiatives and country and development partner recommendations.

The International Health Partnership and related initiatives (IHP+) aims to foster inter-agency cooperation rather than competition, reduce transaction costs, improve aid effectiveness, improve predictability of aid, increase government and development partner resources to the health sector, create knowledge and improve knowledge sharing across countries and Development partners.

The IHP+ is linked to the overall country development plan (e.g., PRSP) and builds on existing in-country processes and agreements, such as MoUs and Code of Conducts for improving development assistance, which commonly focus on working in a more harmonized and aligned way, thus simplifying the way development partners work with partner countries.

What is the value-added of IHP+?

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[6] Draft #2– July 17, 2008

[7] In the context of the IHP+, "development partners" refers to any and all parties contributing to achieving health-related MDGs at the country level through active participation in the IHP+ process, such as civil society, the private sector, bilaterals, multilaterals, foundations, country level non-state actors, and other relevant stakeholders. In contrast to signatories of the IHP global compact, country-level development partners can and will likely include non-signatories.

[8] The health related MDGs encompass MDG1b (hunger/malnutrition), MDG4 (child mortality), MDG5 (maternal health), MDG6 (HIV/AIDS).

[9] The Paris Declaration on Aid Effectiveness; the development of the GAVI health systems window; the discussion within GFATM on modalities for health systems support and conditions for more programmatic funding; the G8 communiqué on scaling up for health in Africa – and most recently the launch of the International Health Partnership, the Catalytic Initiative to Save a Million Lives, Providing for Health, Innovative Results Based Financing, and the Secretary-General's MDGs Africa Initiative - which broadly share similar objectives, including the better coordination of development assistance and increased predictable and long-term investment in health systems strengthening to accelerate the achievement of the health MDGs.

The value-added of IHP+ is in the process itself as all stakeholders involved (i.e., country and development partners) collectively work together to support achieving the health-related MDGs and hold each other accountable. IHP+ is a way of doing business which builds on the lessons learned from sector wide approaches (SWAps, PRSPs, and other processes[10]) and harmonization and intends to enhance the focus on verifiable health-related MDG results and to establish a framework for mutual accountability of all stakeholders (i.e., country, development partners, etc.) at country level that will be monitored and evaluated in an agreed upon open and transparent way.

As part of IHP+, activities must be country focused and country-led, build on already existing in-country structures (i.e., country sector coordination mechanisms), mechanisms and health plans (HIV/AIDS, tuberculosis, malaria, child survival, and others). The goal is to arrive at **ONE single country health plan** that includes the scaling up for health, nutrition, maternal, neonatal and child health, malaria, tuberculosis and HIV MDGs (MDGs 1b, 4, 5 and 6). Once the country health plan is developed, countries will need to agree on a validation/appraisal process that helps the various stakeholders in their investment decisions making process.

The value-added of the IHP+ process varies based on country need, context and processes that already exist in country. The aim of the IHP+ process is for countries to develop and sign a country Compact, that will harmonize and rally development partners to a country-led, country-organized process linked to measurable results, costed scenarios for scale-up and country leadership. This process will also facilitate a culture of mutual accountability with a monitoring process to foster transparent monitoring of commitments made by all parties.

What is a country Compact?

The country Compact is a negotiated and signed time-bound agreement in which all partners agree to implement and uphold the defined country health priorities outlined in the appraised/validated country health plan. Therefore, signatories to the country Compact agree that all existing and future investments are based on the ONE country health plan (which is results based and costed) with clear performance benchmarks for all parties that are monitored and evaluated in an agreed upon, open and transparent way, in order to hold all parties accountable for their actions.

The main objective is to set out a framework for increased and more effective aid in order to permit countries to make faster progress towards the health-related MDGs. The country Compact should result in:

- Increased focus on health-related MDG results and on country health strategies and plans
- Long-term predictable financing of the country health strategies and plans (from both domestic and international sources)
- Improved harmonization of aid
- Improved coordination between governments, national stakeholders and development partners
- Strengthened transparency and mutual accountability of all development partners
- Reduced complexity and transaction cost

The country Compact will in most countries build on existing country work and mechanisms (i.e., MoUs ore Code of Conducts, national strategies and plans). It will always be based on the existing (and possibly enhanced) comprehensive country health strategy and plan which brings together all health-related plans and strategies and has undergone wide consultation at the country level. Once the country health plan is developed, countries will establish (or agree to) a process on how this country strategy and plan is appraised/validated at country level, in order for development partners and the country to make financing decisions. The compact (negotiated and time-bound agreement) is then drawn up. This agreement will

[10] Such as GAVI HSS, ASAP, etc.

always have an agreed on in-country process of monitoring verifiable results and the performance of the process (e.g., reduction of transaction costs, inclusion of all stakeholders in process, etc.).

The country Compact will likely establish many of the following:

- The guiding principles and management arrangements that will be observed by the country and development partners in order to improve the contribution of official development assistance (ODA) to achieving the health-related MDGs;
- The specific commitments and obligations agreed by the Government for the implementation of the compact;
- The minimum level of total aid for health that the signatories collectively commit to provide to the country in each year in a defined time period;
- The specific commitments and obligations agreed by the development partner signatories with respect to the future management of their development assistance;
- The agreed arrangements for monitoring compliance and resolving disputes, and the remedies available in the event of noncompliance with the provisions of this agreement;
- A monitoring and evaluation framework and plan; and
- The expected outcomes and timeframe for achieving the health MDGs if all the above arrangements, commitments and obligations are met.

The guidelines of arriving at the Compact, while important and meaningful, should not be considered hard and fast requirements. The Compact might come if different formats based on local circumstances and agreements.

Basis for a country Compact –
Country Health Plan, Results Framework, Policy Matrix and Budget

The country Compact would ideally be based on the following underlying elements. As country compacts will vary and countries will have various processes and documents developed, in some cases, a country may not have all elements fully developed. While the single, results-oriented and costed country health plan is the foundational aspect of the compact and thereby necessary for compact signing, it is possible that finalization of other elements may be outlined in the benchmarks of the compact with an associated timeline.

- **ONE single country health plan** that includes the scaling up for health, nutrition, maternal, neonatal and child health, malaria, tuberculosis and HIV MDGs (MDGs 1b, 4, 5 and 6). This plan needs to integrate and be integrated with other planning processes, such as the multi-sectoral plans for AIDS, and into the country macro-economic framework.

  It is important that this country health plan be costed, normally based on three scenarios (needs based, resources based and results based) and include a phased budget (aligned with the overall macro-economic framework), that makes it possible to identify the financing gap, which would be covered by domestic and international financing. The country health plan must be results-focused, in order for all stakeholders to assess the progress in achieving the health MDGs. In addition, the health plan would include efforts to strengthen the system capacities that underpin service delivery (e.g. health workforce, infrastructure, supply chain management, public financial management, health information and evaluation).

  As mentioned above, most countries already have a country health plan in place, which might be results focused and costed and might be ideal as a basis or might need enhancement. While developing/enhancing a country health plan, bottlenecks will be identified and strategies to resolve them elaborated. It is important that these strategies (e.g., health workforce plans) also be costed and fully integrated in the plans.

All in-country stakeholders (Government and development partners, including local non-state actors) need to contribute to such a plan, and other existing in-country processes and plans be linked to its development.

- **ONE single results framework,** which is the basis for the monitoring process of the country health plan and the Compact. This results framework will need to be linked to the health plan, the budget, and include data collection and verification processes. 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.

- **ONE single policy matrix,** which summarizes the key analytical, policy and implementation milestones required for the country health plan to be successfully implemented (e.g., human resources, financing, public sector management and other policies). The policy matrix would also include a plan for integration of "sub-plans or strategies" that might for example exist for specific diseases into the overall country health plan.[11]

- **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 (it could also be in form of pooled funding or project financing) but that donors who traditionally do not contribute to pooled funding mechanisms will allocate resources according to priority areas and in line with timeframes described in the national health plan and budget.

- In some instances, ONE single fiduciary risk management/mitigation framework with a shared procurement and financial management procedure that should be aligned with country systems.

Appraisal/Validation process of a country health plan[12]

Once the costed and results-focused country health plan is developed, country and development partners need to agree on:

- **ONE single country-based appraisal and validation process for the country health plan** which includes key stakeholders and is accountable to citizens

This process will give all partners the confidence that the country health plan is sound, will achieve results and is a good basis for investment. This process will vary in countries but should be inclusive of all key stakeholders.[13]

Compact development and negotiation

The most important aspect of the Compact is the process of in-country development, building trust and common systems and ways of working. This process should be seen as inclusive and meaningful engagement of all partners and stakeholders (including civil society and private sector) is needed to achieve of the MDGs.

[11] The financial support of a sub-plan or strategy would be possible through various aid modalities.
[12] A global inter-agency working group with many stakeholders (e.g., WHO, GF, GAVI, UNAIDS, World Bank among others) is discussing options for this process. Once the options are more concrete more intensive discussions with country representatives will start.
[13] All stakeholders (Government, civil society, development partners, global health programs, private sector, etc.) need to feel that the investments into a plan are sound and will yield results. For example this will be important as the GF will move towards National Strategy Applications.

Increasing aid effectiveness, scaling up delivery of health services, and improving health outcomes and outputs necessitates proactive engagement of all relevant development partners, particularly those with access to and knowledge of the poorest and most vulnerable. It is important that these development partners, including civil society and the private sector, are meaningfully and actively engaged in all aspects of the IHP+ processes, including in the development, implementation and monitoring of the country health plans and compact.

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 country aid policy (e.g., budget support, pooled fund, project financing, funding non-state actors etc) and the policies of development partners.

Agreement on Mutual Monitoring and Reporting Process

- **ONE single mutual monitoring and reporting process** that is shared by all relevant stakeholders and forms the basis for the accountability of both national and international stakeholders. Many countries have such a process in place (e.g., annual or bi-annual joint-reviews), which could be strengthened through the inclusion of civil society. It is important that such meetings focus on results and process.

Agreement on Benchmarks for Country and Development Partner Performance[14]

- **Benchmarks for country performance**, which may include:
  - Ensuring that country health plans contain clear measurable results targets for high impact interventions contributing to the health-related MDGs; that measures to achieve these targets are evidence-based and costed; that targets are the outcome of a consultative process involving all key stakeholders.
  - Costed scenarios for scaling up (at least three scenarios: needs based, resources based; and results based) and a phased budget that identifies the financing gap.
  - Government commitments on domestic budget support allocations to health.
  - Measures around budget execution (i.e., capacity of country to fully spend the allocated funds within the budget cycle).
  - Measures around capacity development to manage and coordinate aid flows.
  - Measures regarding policies to remove major bottlenecks to achieve the MDGS (e.g., human resources, supply chain, financing, incentives, etc).
  - Use of single clear results framework for measuring progress or development of single clear process for improving the results framework in a certain time frame.
  - Prepare bi-annual or annual progress report that includes verifiable results.

- **Benchmarks for development partner performance,** which may include:
  - Level of partner funds to fill the financing gap as per agreed upon scenario. This commitment should be in line with the medium term expenditure framework. Funds would need to be committed at compact signing.
  - Clear cross-partner agreement on a disbursement schedule linked to timetable for MTEF & national plan.
  - Commitment to alignment with country planning and budgeting process.
  - Commitment to alignment with common monitoring and reporting process.

[14] The Benchmarks will vary in countries as these need to be specific to count context.

- Commitment to process in case of reductions in aid flows.
- Benchmarks for civil society

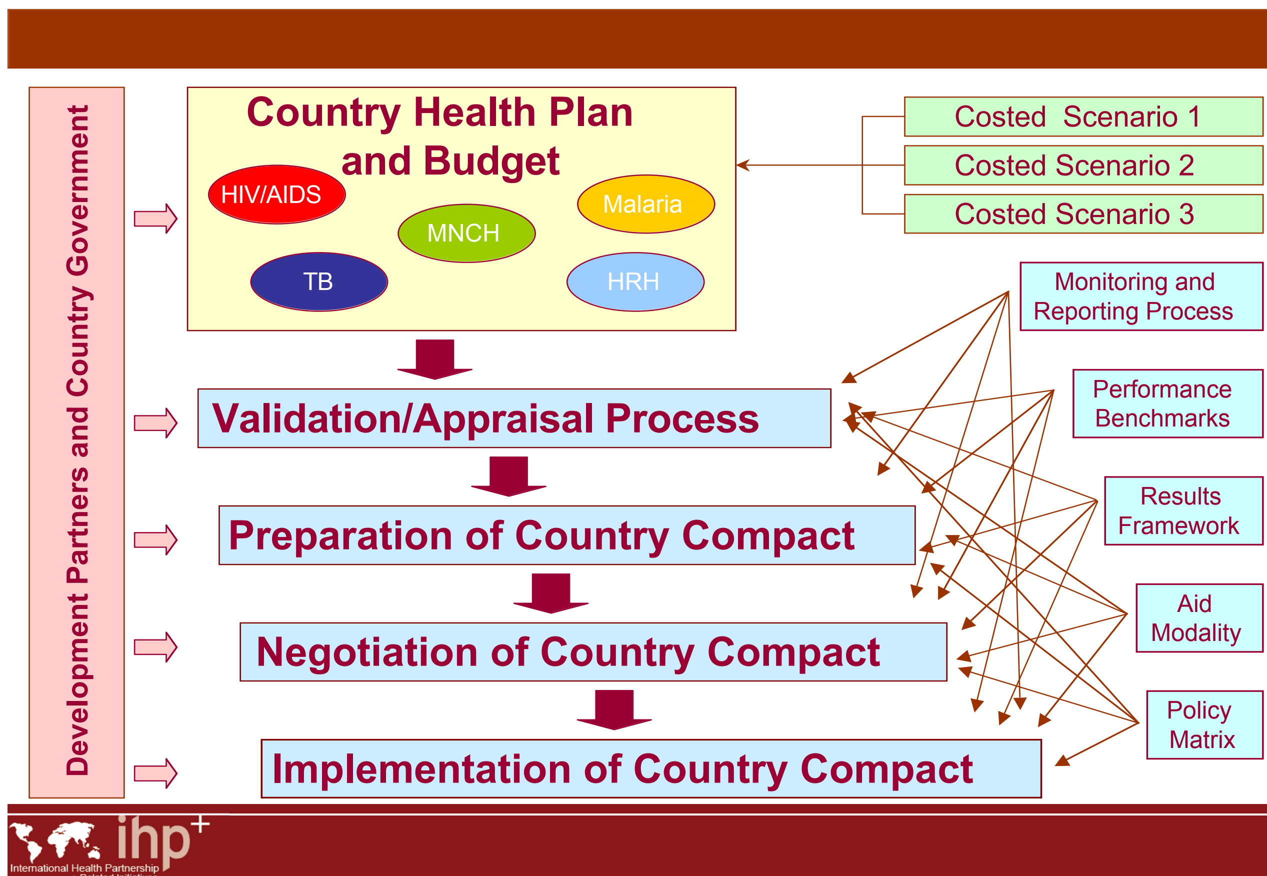
Agreement on Dispute Resolution

- **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.

Signing of Compact

After negotiating the various processes (aid modalities, monitoring and reporting process, benchmarks and dispute resolution), the Compact is signed by all parties, who wish to engage in this form of collaboration. The Compact agreement will then be monitored based on the previously agreed on monitoring and reporting process. The duration of the Compact will also vary according to country context and in alignment with the overall national development plan.

The process described above is a suggestion and every country might take a slightly different path. The graph below shows the Compact development process:



Annex 5: Upcoming High-level Events Related to the IHP+

	Date	Event	Details
	JULY		
	7-9th July 08	G8 Summit	G8 Summit in Hokkaido, Japan. Represents opportune time for the agencies behind the IHP+ to have common message on international approaches to dealing with global health challenges.
	17-18th July 08	Technical meeting on Providing for Health Initiative (P4H)	This meeting is hosted by hosted by the World health Organization (WHO) together with the German Ministry of Economic Cooperation and the French Ministry of Foreign and European Affairs. The meeting will be held in Geneva, Switzerland at WHO/HQ. The expected outcome of the meeting is an agreement on the implementation of P4H, concrete modes of operation and the modalities of support to the initiative.
	22nd July 08	H8 meeting	Third H8 informal meeting to be held in Washington DC. Opportune time to report to H8 leaders on IHP+ progress made.
	AUGUST		
	IHP+ COMPACT GUIDANCE NOTE FINALIZED.		
	3-8th August 08	International AIDS Conference	Held in Mexico City. Satellite session on Global Health Initiatives and Health Systems (6th), and IHP+ to be discussed in panel discussions by (Carissa Etienne) 8th lunchtime (Sustainable Health Care Financing) and 8th evening (Aid effectiveness and HIV/AIDS financing).
	5th August 08	SuRG Video Conference	Monthly videoconference with SuRG members 10-11:30am EST.
	5-8th August 08	International Primary Health Care Conference	Brazil.
	END AUGUST	*COMPLETE SELECTION OF NORTH-SOUTH CONSORTIUM FOR LONG-TERM EVALUATION OF IHP+.*	
	END AUGUST	***POTENTIAL COUNTRY COMPACT FOR ETHIOPIA.***	
	SEPTEMBER		
	SHORT-TERM IHP+ EXTERNAL REVIEW FINALIZED.		
	5th Sept 08	*IHP+'s 1st YEAR ANNIVERSARY/BIRTHDAY!*	
	2-4th Sept 08	OECD/DAC High Level Forum on Aid Effectiveness (HFL3) - Accra	Task Team on “health as a tracer sector” is helping to organize Roundtable 8 on Health, Education, Infrastructure and Agriculture, which will be Co-chaired by Anders Nordstrom (Sweden) and Ricardo Arias (Honduras); a more detailed report on health as a tracer sector will also be presented.

	Date	Event	Details
	16th Sept 08	Opening of the UN General Assembly	New York.
	25th Sept 08	UN High level meeting on MDGs	New York.
	END SEPTEMBER	***POTENTIAL COUNTRY COMPACT FOR MOZAMBIQUE.***	
	DELIVER NOW'S FIRST REGIONAL LAUNCH, CHILE, HOSTED BY PRESIDENT BACHELET.		
	OCTOBER		
	11-13th Oct 08	World Bank-IMF Annual Meetings	Possible side event on taking stock of IHP+ progress made with ministers.
	END OCTOBER	***POTENTIAL COUNTRY COMPACT FOR ZAMBIA AND NEPAL.***	
	NOVEMBER		
	29th Nov-2nd Dec 08	Financing for Development	Held in Doha, Qatar. The objective of the meeting is to review the implementation of the Monterrey Consensus. The road to Doha includes hearings with representatives of civil society and the business sector.
	END NOVEMBER	***POTENTIAL COUNTRY COMPACT FOR MALI.***	
	DECEMBER		
	JANUARY		
	late January-early February (tbc)	Ministerial review of progress	Signatories to the IHP Global Compact will be invited for a ministerial review of IHP+ progress.
	OTHER		
	Aug – Oct 08	Regional Committees	AFRO, SEARO, WPRO. Sessions to be agreed.

Event legend

IHP+ specific event	
IHP+ related initiative event	
Event of relevance to IHP+	

Annex 6: Expanding Investments in Health Systems Strengthening

The IHP+ Core Team has facilitated informal discussions in recent weeks on the expansion of mechanisms to support investments in national health plans and health system strengthening. This note provides a short summary of these discussions. Key points are as follows:

- **The case for strengthening health systems:** While there is good recognition of the need to expand investments for health systems strengthening (HSS), funds still tend to go to priority disease and life-cycle interventions. The case for strengthening health systems, as part of investments in national plans, need to be linked to results and outcomes and there is growing body of evidence for this. The arguments and debates that took place in GF and GAVI Boards to create HSS windows provide are of particular use. Work will continue to strengthen the case adapting existing mechanisms to expand investments to fill the health plan financing gaps and health system strengthening needs of developing countries.

- **Mechanisms for expanding HSS investments:** The feasibility of adapting existing mechanisms will look at both the benefits and challenges. Mechanisms that need to be more closely reviewed include: the International Financing Facility for Immunization (IFFIm), World Bank global/country multi-donor trust funds (MDTFs), Global Fund and GAVI Alliance support to HSS, and the European Commission and MDG contracts. Other innovative mechanisms and public private partnerships also need to be explored.

- **Expanding HSS and technical support.** Helping countries access and utilize funds for health systems strengthening - in the context of robust national health sector plans - must be seen as core business for technical agencies at all levels. This requires active collaboration between staff working on systems and in specific technical programmes and strong leadership at country level. The role of top management in creating an environment where there is an incentive to collaborate is critical. For GAVI and GFATM HSS, it is important to try and harmonize approaches to health systems strengthening. Currently countries are preparing separate proposals, following different guidelines, at different points in the planning cycle and this leads to duplication of effort, inefficient use of scarce resources and lack of coherence in the quality of proposals developed.

- **Clarifying the case for IFFIm expansion:** Some development partners have already shown an interest in expansion of IFFIm, based on the initial benefits shown to immunization of the facility: predictability, frontloading, political commitment, and leveraging of domestic commitments. Further clarity is need on its position among other investment mechanisms and its cost-benefit profile. Characteristics that rendered IFFIm successful would need to be in place, i.e. clear implementation mechanisms for using funds to deliver results in country.

- **Link with IHP+ validation and Board discussions:** Decisions on how funds should be used should take place as much as possible at the country level, based on financial gaps in national plans. Work to expand mechanisms to increase HSS investments in country plans must be linked with the IHP+ inter-agency working group on validation of national plans and strategies. Similarly, these discussions will be linked to upcoming GAVI and GF Board discussions, where there will be discussion on links to IHP (in GAVI) and to future support of validated national strategy applications (the Global Fund).

- **Next steps:** The IHP+ Core Team and SuRG has started to map out a programme of work to outline principles and options for expanding investments for health systems strengthening in time for the UN SG meeting on 25 Sept.