



**Technical Briefing at the 61st World Health Assembly
The International Health Partnership and Related Initiatives (IHP+)
Thursday 22 May 2008, 13.00-14.30
Salle XII, UN Palais des Nations**

This Technical Briefing was co-chaired by **Dr. Julian Lob-Levyt**, Executive Secretary of the GAVI Alliance and by **Dr. Carissa Etienne**, WHO Assistant Director-General for Health Systems and Services.

Opening Remarks, Dr. Margaret Chan

Dr. Margaret Chan, Director-General of WHO, opened the event, welcoming the unprecedented momentum for achieving the health-related Millennium Development Goals (MDGs) and calling the International Health Partnership and related initiatives (IHP+) a bold effort to address these goals. She added that the impact of the IHP+ would be measured based on its success in improving health-related MDG outcomes, especially for those in greatest need. In order for the IHP+ to achieve such bold objectives, Dr. Chan underlined the need for long-term predictable financing of country health plans based on country priorities and capacities, requiring the scale-up of donor and recipient investments in health. She emphasized that the strengthening of country health systems should not be at the expense of disease-specific programs. Dr. Chan closed by noting that the IHP+ was still in its initial stage and that it is necessary for all development partners, including civil society, to challenge the dynamic process of the IHP+, to challenge each other and hold each other accountable against commitments made, and to improve results for achieving the health-related MDGs.

Progress of the IHP+, Mr. Julian Schweitzer

Mr. Julian Schweitzer, Director of Health, Nutrition, and Population at the World Bank, gave a brief introduction to the IHP+, noting that in light of the increased fragmentation, the lack of progress towards the health MDGs, and the goals of the Paris Declaration on Aid Effectiveness, a dynamic process was conceived to support country-focused, country-led compacts to achieve improved results. He emphasized that existing structures and mechanisms constitute the basis of IHP+ work and that the IHP+ aims to achieve *results* rather than increase processes. To date, Mr. Schweitzer noted successful advances were made in engaging civil society and developing a draft common framework for Monitoring and Evaluation. He also noted that the first 'country compacts' are expected by September 2008. He closed by affirming the critical importance for the coming months, as development partners will be called to deliver against their financial, institutional and political commitments to support 'country compacts'.

IHP+ Progress in Zambia, Dr. Brian Chituwo

Dr. Chituwo, Health Minister of Zambia, gave a brief presentation on the Zambian experience of working with development partners through the IHP+ process. Since 1994, donor coordination in Zambia has improved and increased fragmentation was addressed through Sector-wide Approaches (SWAs) - a Memorandum of Understanding (MoU) was signed calling for joint sector reviews based upon agreed indicators. Despite these efforts, however, Dr. Chituwo noted that the current existence of multiple plans for different donors created high transaction costs and an extensive administrative burden - between ten to fourteen days each month are required for reporting on donor plans. Dr. Chituwo's expectation for the IHP+ is that it will signal a shift to a more holistic approach to financing for health based on full and complete harmonization and alignment and mutual accountability under the leadership of the government for improved health-related MDG results.

IHP+ Progress in Ethiopia, Dr. Nejmudin Kedir

Dr Tedros Adhanom, Health Minister of Ethiopia, introduced Dr. Kedir, Director of Planning and Programming, who gave a brief presentation on the progress made towards Country Compact development through the IHP+ process in Ethiopia. Ethiopia currently has a Code of Conduct with forty-three development partners, based on implementing

one country health plan, with one budget, and with one reporting mechanism. This Code of Conduct is part of the five-year health sector development program (HSDP), under which harmonization and alignment is already taking place. Dr. Kedir noted that the road map to development of the country compact showed updated costs of HDSP, including financing gaps. The financing gaps, based on three different costed-scenarios, presented a large challenge. Dr. Kedir stated that development of a common monitoring and evaluation results framework, including strengthened mechanisms for financial management and tracking, will be critical to the financial arrangement for compact support. Additionally, Dr. Kedir strongly stated the need for holding development partners to account, lest the strong potential of the IHP+ be usurped by inaction or lack of significant behavioral change by development partners.

Panel Discussion

Following the presentations on progress on the IHP+ at both global and country levels, panelists from Cambodia, UNICEF, Madagascar, UK, and Norway gave their perspectives on the IHP+. Major points are as follows:

Professor Eng Huot, Permanent Secretary of Health of Cambodia, stated that harmonization at country level would add a significant value to the IHP+ process in Cambodia.

Dr. Jean-Louis Robinson, Minister of Health of Madagascar, echoed the sentiment of Professor Huot, stating that weak infrastructure, lack of financial and human resources, and poor monitoring and evaluation and health management and information systems were serious constraints in Madagascar. Additionally, Dr. Robinson also stated the need for greater community involvement and increased political will for lasting change. He noted that the IHP+ could add value by working towards a more coordinated multisectoral approach to reaching improved results for health and by bringing additional funds to meet identified financing gaps.

Ms. Gillian Merron, Permanent Under-Secretary of State, Department for International Development, UK, noted that the IHP+ presented a number of opportunities for achieving the health-related MDGs, but that realizing such opportunities would require a shift in the development architecture for health. She stated the UK's commitment to taking this agenda forward, both functionally and financially and also noted the critical importance of civil society involvement in the IHP+.

Dr. Tore Godal, Special Advisor to the Prime Minister of Norway, noted that at the heart of the IHP+ process was the goal of bringing services to people. Innovative financing mechanisms, such as Results-based Financing (RBF) will be important to achieving such goals, as will mutual accountability and increased harmonization and alignment. Dr. Godal also stated Norway's financial commitment to the IHP+ and related activities, including RBF.

Mr. Nicholas Alipui, UNICEF Director of Programmes, reemphasized the need to use the IHP+ to build capacity in countries and to provide additional funding for health and affirmed that implementation of the IHP+ should be through existing country-level mechanisms and processes based on the primary healthcare model and health MDG targets. He commented that harmonization and alignment would reduce transaction costs at country level and also noted that, in this context, eight countries of the Catalytic Initiative joined the IHP+ (Benin, Burkina Faso, Cambodia, Ethiopia, Ghana, Mali, Mozambique, and Niger).

Open Discussion

A number of audience members commented or posed questions to the panel, most notably, Swedish International Development Cooperation Agency (SIDA), Oxfam, Treatment Action Group (TAG), and the Ministry of Health, Ghana.

Dr. Anders Molin, Head of Health Division of SIDA, commented on the need for strong national ownership and long-term predictable financing for implementation of the IHP+ process. Dr. Molin noted that development partners should be cognizant that change will take time and investment, but that the IHP+ represents an opportunity to link existing mechanisms in country with global dialogue to hasten progress to achieving the health MDGs.

Ms. Anna Marriot of Oxfam emphasized the need of the IHP+ to explicitly support the goal of universal access to primary healthcare, to commit to additional financing for Country Compacts and meeting the Abuja targets, and to

maintain transparent processes and engage meaningfully with civil society as an equal partner in decision making in the IHP+ process.

Ms. Sue Perez of TAG echoed Oxfam's comments on civil society involvement and the need for commitments for additional financing. She also enquired about civil society participation in the stages of development of the Ethiopia country compact, the reaction of donors to the financing scenarios presented, the role of civil society in monitoring implementation of the compact, and the degree to which the Health Eight (H8) is engaging Civil Society at the country level.

Mr. Eddie Addai, Director for Policy Planning Monitoring and Evaluation at the Ministry of Health of Ghana, restated the high transaction costs at country-level and enquired as to whether the IHP+ would add to such burden. He stated the need to ensure that aid is channeled into the country health budgets, that financing gaps are met, and underlined his hope that the IHP+ would lead to global-level predictability of financing for health, with less transaction costs for countries.

Closing Remarks, Dr. Margaret Chan and Dr. Carissa Etienne

In closing, Dr. Chan stated that initially the workload at country level might increase to make the IHP+ successful – more discussions, meetings, and increased commitments will be needed to achieve such bold goals. However, once streamlined she stressed that the IHP+ will bring much needed reduction in fragmentation and transaction costs for all parties. She stated that the donor community will need to actualize their commitments to the IHP+ by providing additional financing to fill gaps, that countries will need to increased financing for health, and that country-level coordination of all development partners was pivotal for improving country-level results.

Dr. Etienne closed the technical briefing, underlining the need to reduce transaction costs for donor aid for health, to support one costed, validated national health plan, to ensure mutual accountability, and to join together to meet the goals of improving health outcomes and eradicating poverty.