

# SCALING-UP FOR BETTER HEALTH (IHP+)

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## HIGHLIGHTS

In this fifth issue of the Scaling-up for Better Health (IHP+) update, we profile Nepal, provide updates on activities in Nepal, recent IHP events and those upcoming in Kampala.

## COUNTRY PROFILE – NEPAL



**3-10 December 2007:** The sixth Joint Annual Review (JAR) of the Nepal Health Sector Program (NHSP), also served as a Strategic Mid Term Review (MTR) of the first health SWAp. Following upon their enthusiasm to be one of the first countries to sign the Global IHP Compact, this meeting provided a good opportunity for discussions on how to proceed with a roadmap towards signing a country compact, and how Nepal can maximize the potential of the IHP by making it inclusive of all partners at the national level. Participants at the meeting included representatives from key

ministries, as well as development partners. Given the logistic challenges to providing healthcare to much of the country as a result of both remote access and political conflict, the NHSP has made good progress in several areas of healthcare provision. Nepal's implementation of SWAps throughout the country adds a measure of stability to the delivery of health systems strengthening approaches in the midst of an unstable political situation. Given the high cost of healthcare provision in Nepal, this is a great step towards improving services. In addition, Nepal benefits from a great number of donors, so steps taken to coordinate services will clearly improve fund allocation opportunities. With this system in place, it is likely that smaller donors will see more tangible results resulting from their contributions.

The Mid Term Review found that increasing access to essential health care services through scaling up has been successful in four areas:

- family planning and safer motherhood
- under-5 child health (a significant reduction in child mortality rates);
- control of communicable diseases; and
- outpatient services (outpatient care is free in 35 low human development indicator districts).

Results were collected using an improved demographic review system, also suggesting that measurement techniques in less accessible areas are improving. The 2006 Demographic and Health Survey (DHS) indicated that there are still significant inequalities in health outcomes and access to health care based on income, gender and other factors.

The Government of Nepal is developing a policy of universal free essential health care. Since December 2006, emergency and inpatient services have been free for those considered to be the most socio-economically disadvantaged. It is also planned that these services will be offered at all health and sub-health posts in 2008 as well. However, for this policy to succeed, a number of cross cutting issues need to be addressed - health information systems management, human resources, drugs availability as well as related financial and non-financial barriers.

Challenges exist to sustain the initial progress; for example, there are concerns that the reduction in child mortality rates has been the result of the admirable efforts of Female Community Health Volunteers (FCHVs) at district hospitals and primary health care centres. Since their presence is supported by funding to vertical healthcare programmes, the reliability of this resource is not enough to be sustainable. In addition, the decentralisation of management of health facilities to Village Development Committees has had mixed results.

The MTR recommended the use of public-private partnerships and performance incentive schemes to address the human resource bottlenecks that exist. The overall consensus was that significant improvements have been made; these changes inspire motivation to continue to find ways to improve delivery of aid effectiveness and support newly developing national health policies.

**Useful links:** [Ministry of Health, Nepal](#) | [WHO Nepal](#) | [UNICEF Nepal](#) | [UNAIDS Nepal](#) | [World Bank Nepal](#)

## RECENT EVENTS

**Consultation with PEPFAR on the IHP: 10-11 January 2008 in Addis Ababa.** The Global Health Workforce Alliance, Ministries of Health and donor staff from Zambia, Ethiopia, Mozambique and Kenya met to clarify the flexibilities of PEPFAR funding for health system strengthening including salary support, pre-service training, twinning, and infrastructure development. It is clear that these countries all face a health workforce crisis but are at different stages of development of a comprehensive national response. Work will continue at country level to develop short to mid term priorities as well as to establish potential for support of these commitments.

**GAVI HSS 'Broad Forum' meeting: 7-8 January 2008.** The meeting focused on progress with GAVI-HSS in countries, and included a session to consider how the GAVI HSS initiative could be better aligned in future with the IHP and related work.

**Monitoring performance and evaluation of the scale-up for better health: 10-11 January 2008 in Geneva.** The [common framework](#) was discussed with representatives from 8 countries, 4 bilateral donors, 4 global health partnerships, and 5 UN agencies. There was strong buy-in from the countries for the draft framework as it would reduce duplication and fragmentation of data collection, management and reporting and maximize country benefits and the quality of evaluation. This requires coordination and collaboration among the major partners, both at global and country levels. The table provides a summary of five goals for 2008 with proposed actions.

| Goal   | Action   |
|--|--|
| <i>Common framework and principles</i>   | Endorsement by all major international actors  |
| <i>Aid effectiveness monitoring</i><br>Bi-annual assessment using a core set of monitoring indicators and measurement methods for the health sector                                      | Develop plan for assessments, building upon existing OECD Aid Effectiveness monitoring process, disease-specific and country experiences, and make it specific to the scale-up for better health   |
| <i>Alignment with national information systems</i><br>Data collection and analysis for monitoring performance and evaluation are part of country plans and processes to monitor progress | Develop generic roadmap for working in countries, including proper coordination<br><br>Share general and country data collection and evaluation plan   |
| <i>Harmonization of international reporting requirements</i><br>Minimizing the reporting burden on countries and coordinating support to improve data availability and quality           | Global and country level review of reporting needs and gaps in data availability and quality<br><br>Share and align country reporting requirements and global or specific reporting needs, while maintaining initiative-specific characteristics |
| <i>Health systems monitoring</i><br>Standardized way to monitor results of investments in health systems   | Agreement on core set of monitoring indicators, measurement methods and roadmap for data improvement in countries  |

**Update on the International Health Partnership and Related Initiatives (IHP+) - Prepared for Heads of Health 8 Agencies Meeting. 28 January 2008 Geneva.** A follow-up meeting on 28 January provided an opportunity to [report back on progress](#). The full report is available on the IHP web-site; the key challenges identified for 2008 included:

- **Maintaining political support:** During the development of country compacts, it is crucial that international donors realize that signing up to the IHP and related initiatives means commitment to long-term, predictable financing for health systems strengthening.
- **Widening engagement in the IHP+:** Work continues to engage more key players in the IHP+. Of particular importance are PEPFAR and PMI, and other bilateral organizations that provide significant funds and resources to developing countries.
- **Adhering to commitments on HIV/AIDS and Reproductive Health:** With the move to a more country-led process in line with Paris principles, commitments to scaling up services in more sensitive areas such as HIV/AIDS and Reproductive Health should not be lost.
- **Development forums to discuss major bottlenecks in the global health architecture:** Forums are required to discuss some of the more difficult issues related to the Global Health Architecture, such as the mushrooming of partnerships and initiatives. Options for holding such a forum, linked to existing meetings, are being explored.

**WHO's Medium-term Strategic Plan 2008 - 2013.** This includes two objectives specific to strengthening health systems: i) *To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research;* and ii) *To ensure improved access, quality and use of medical products and technologies.* The two year budget for these areas in 2008-9 is US \$650 million and includes partnerships hosted by WHO, including the Global Health Workforce Alliance, the Health Metrics Network, and the Alliance for Health Policy and Systems Research.

**Scaling-up Reference Group Meeting: 8 January 2008.** The group discussed: the management structure for the IHP+ and agreed to a review in a few months' time; the country health sector team meeting with 13 countries in Lusaka on 28<sup>th</sup> February; the progress with inter-agency work on national strategies and plans; and options for dialogue with bilateral donor partners and civil society organizations. A policy paper on a CSO consultation was requested for discussion at the next meeting.

## UPCOMING EVENTS

**First Global Forum on Human Resources for Health: 2-7 March 2008, Kampala.** This Forum will provide an extraordinary platform for sharing and exploring solutions, consensus and capacity building, and will further galvanize a global movement that is emerging as a response to the increasingly pertinent human resources for health (HRH) crisis.

[Version Française](#) du bulletin - *Accroître les efforts et les ressources pour la santé (IHP+)* - now on the IHP website.